

## DOCKETED

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April 12, 2016

Mr. Keith Winstead  
Project Manager  
California Energy Commission  
1516 Ninth Street  
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**Subject: Alamos Energy Center Supplemental Application for Certification (13-AFC-01) Revised Air Quality, Biological Resources, and Public Health Assessment**

Dear Mr. Winstead:

AES Alamos Energy, LLC (Applicant) is submitting this letter informing the California Energy Commission (CEC) of recent changes to the Alamos Energy Center's (AEC) operating profile. Specifically, the Applicant has revised the number of monthly and annual cold starts for the combined-cycle combustion turbine units, and revised the maximum monthly and annual auxiliary boiler fuel consumption and emissions. The following items are attached to this letter and convey these changes:

- 1) A revised Section 5.1, Air Quality, of the AEC Supplemental Application for Certification (SAFC), which documents the AEC's emissions, air quality impacts, and regulatory compliance.
- 2) A revised Section 5.2, Biological Resources, of the AEC SAFC, which documents the AEC's nitrogen deposition impacts.
- 3) A revised Section 5.9, Public Health, of the AEC SAFC, which documents the AEC's air toxics emissions and public health impacts.

Five CDs containing the modeling files associated with the revised AEC SAFC sections will be hand delivered.

If you require further information, please do not hesitate contacting me at 562-493-7840.

Sincerely,

Stephen O'Kane  
Vice-President

Sustainability and Regulatory Compliance  
AES Alamos Energy, LLC  
Attachment

cc: Jerry Salamy/CH2M  
Jennifer Didlo/AES  
Jeff Harris/ESH

**Attachment 1**  
**SAFC Section 5.1, Air Quality**

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## 5.1 Air Quality

This section describes and evaluates the potential air quality effects of the Alamitos Energy Center (AEC). Section 5.1.1 describes the project setting, and Section 5.1.2 provides an overview of the project related to air quality. Section 5.1.3 provides an overview of the existing air quality settings. Section 5.1.4 provides an overview of air quality standards. Section 5.1.5 presents information on the existing air quality in the region and in the general area of the project. Section 5.1.6 provides the project's environmental analysis related to air quality, the emission estimates for the facility, and the methodology used to determine the potential air quality impacts associated with construction, commissioning, and operation of the AEC. Section 5.1.7 evaluates potential cumulative effects to air quality, and Section 5.1.8 addresses proposed mitigation measures that would avoid or minimize any adverse impacts. Section 5.1.9 describes the laws, ordinances, regulations, and standards (LORS) that apply to the project, and Section 5.1.10 presents agencies and agencies' contacts. Section 5.1.11 identifies the permits and permit schedule related to air quality, and Section 5.1.12 contains the references used to prepare this section. Potential public health risks posed by emissions of toxic air contaminants (TAC), including ammonia, are addressed in Section 5.9, Public Health.

### 5.1.1 Setting

AES Alamitos Energy, LLC, will construct, own, and operate the AEC, a natural-gas-fired, air-cooled, combined-cycle and simple-cycle, electrical generating facility in Long Beach, California. The proposed AEC will have a nominal generating capacity of 1,040 megawatts (MW). The AEC will be constructed on the site of the existing AES Alamitos Generating Station (AGS), located on an approximately 21-acre site within a larger, 71.1-acre parcel.

The AEC will feature two gas turbine power blocks. Combined-cycle power block will consist of two natural-gas-fired combustion turbine generators (CTG) in a combined-cycle configuration, two unfired heat recovery steam generators (HRSG), one steam turbine generators, an air-cooled condenser, an auxiliary boiler, and related ancillary equipment. Simple-cycle power block will consist of four simple-cycle LMS-100PB CTGs with fin-fan coolers and ancillary facilities.

The AEC will meet the demand for new generation in the Los Angeles basin local electrical reliability area. The demand is caused in large part by the closure of the San Onofre Nuclear Generating Station and the anticipated retirement of the older, natural-gas-fired generation currently using once-through ocean water-cooling (OTC). As a result of the promulgation of the California State Water Resources Control Board's (SWRCB) *Water Quality Control Policy on the Use of Coastal and Estuarine Waters for Power Plant Cooling* (SWRCB, 2010), more than 4,000 MW of OTC generation are expected to be retired in the Los Angeles local electrical reliability area by December 31, 2020.

The AEC will use water provided by the City of Long Beach Water Department (LBWD) for construction, operational process, and sanitary uses but at substantially lower volumes than the existing AGS historically has used. This water will be supplied through existing, onsite water lines. The AEC will include a new, 1,000-foot process/sanitary wastewater pipeline to the first point of interconnection with the existing LBWD sewer system, ~~the potential upgrade of an additional 4,000 feet of existing pipeline downstream from the first point of interconnection,~~ and the elimination of the current practice of treatment and discharge of process/sanitary wastewater to the San Gabriel River. Stormwater runoff from the power block areas will be directed to oil/water separators and to an existing retention basin and then ultimately discharged to the Los Cerritos channel via existing stormwater outfalls.

The AEC will interconnect to the existing, Southern California Edison (SCE) 230-kilovolt (kV) switchyard adjacent to the north side of the AGS. Natural gas will be supplied to the AEC via the existing, offsite, 30-inch-diameter pipeline owned and operated by Southern California Gas Company (SoCalGas) that currently serves Units 5 and 6 of the AGS. The AEC will require construction of new natural gas-metering facilities and construction of two new natural gas compressor buildings within the AEC footprint.

The AEC is designed to serve both peak and intermediate loads with the added capabilities of rapid startup, significant turndown capability (ability to turn down to a low load), and fast ramp rates. As California's intermittent renewable energy portfolio continues to grow, operating in either load-following or partial shutdown mode will become necessary to maintain electrical grid reliability, thus placing an increased importance upon the rapid startup, high turndown, steep ramp rate, and superior heat rate employed at the AEC.

As an in-basin generating asset, the AEC will provide local generating capacity, voltage support, and reactive power that are essential for transmission system reliability in the Western Los Angeles basin subarea and larger Los Angeles basin local reliability area. The AEC will be able to provide system stability by supplying reactive power, voltage support, frequency stability, and rotating mass in the heart of the critical Western Los Angeles local reliability area. By virtue of its location in a transmission constrained load center, the AEC also helps to avoid potential transmission line overloads and can provide reliable local energy supplies when electricity from more distant generating resources is unavailable. In recognition of its critical grid reliability benefits, the AEC combined-cycle CTGs were selected by SCE in its Local Capacity Requirements Request for Offer on November 5, 2014, and the simple-cycle CTGs will meet the capacity needs anticipated to be identified in future California Public Utilities Commission Long-term Procurement Plans.

Owing to the critical need for generating capacity at the AEC site at all times, existing Units 1 through 6 will remain in operation through much of the AEC development and construction. Given that the removal of existing Units 1 through 6 is not required for construction of the AEC, the continued operation of the AGS will not impede AEC construction. Demolition of the retired and decommissioned turbine peaking generating Unit 7 and fuel tank, ancillary equipment, small maintenance shops, and two retention basins will be required for site preparation for the construction of the AEC. Construction and site preparation activities at the AEC site are anticipated to last 56 months, from the first quarter of 2017 until the third quarter of 2021. The project will commence construction with the removal of former Unit 7's building and ancillary equipment, fuel storage tank, tank berms, small maintenance shops, and two wastewater retention basins in January 2017 to make room for construction and laydown area for the AEC [combined-cycle gas turbine block \(CCGT\)](#). Construction of the AEC CCGT will commence during the second quarter of 2017 and will be completed by the second quarter of 2020. The AEC CCGT is expected to commence commercial operation before May 1, 2020. Construction of the AEC [simple-cycle gas turbine block \(SCGT\)](#) is scheduled to proceed from the second quarter of 2020 through the third quarter of 2021, and ~~Power Block 2~~ is expected to commence commercial operation in the third quarter of 2021. ~~A temporary construction access road may be constructed offsite beginning at the intersection of Studebaker Road and Loynes Drive traveling southeast to the AEC site.~~ Construction of the AEC will require the use of onsite laydown areas (approximately 8 acres dispersed throughout the existing site) and an approximately 10-acre laydown area located adjacent to the existing site.

### 5.1.2 Project Overview as it Relates to Air Quality

The AEC CCGT will consist of two General Electric (GE) Frame 7FA.05 CTGs, one steam turbine generator, an air-cooled condenser, and an auxiliary boiler. Each CTG will be equipped with an unfired HRSG. The combined-cycle CTGs will use dry low oxides of nitrogen (NO<sub>x</sub>) burners and selective catalytic reduction (SCR) to limit NO<sub>x</sub> emissions to 2 parts per million by volume (ppmv). Emissions of carbon monoxide (CO) will be limited to 2 ppmv and volatile organic compounds (VOC) to 2 ppmv through the use of best combustion practices and the use of an oxidation catalyst. The auxiliary boiler will use SCR and flue gas recirculation to limit NO<sub>x</sub> emissions to 5 ppmv and CO emissions to 50 ppmv. Best combustion practices and burning pipeline-quality natural gas will minimize emissions of the remaining pollutants from the combined-cycle CTGs and auxiliary boiler.

The AEC SCGT will consist of four GE LMS-100PB CTGs with intercooling supported by fin-fan coolers. The simple-cycle CTGs will use dry low NO<sub>x</sub> burners and SCR to limit NO<sub>x</sub> emissions to 2.5 ppmv. Emissions of CO will be limited to 4 ppmv and VOC to 2 ppmv through the use of best combustion practices and an oxidation

catalyst. Best combustion practices and the use of pipeline-quality natural gas will minimize emissions of the remaining pollutants.

The project's air quality and other related objectives and its ability to realize the project's benefits is also contingent on the use of the offset provisions contained in South Coast Air Quality Management District's (SCAQMD) Rule 1304(a)(2). Rules 1304 and 1304.1 allow the replacement of older, less-efficient electric utility steam boilers with specific new generation technologies on a MW-to-MW basis (that is, the replacement MW are equal to or less than the MW produced from the electric utility steam boilers).

### 5.1.3 Existing Site Conditions

The AEC will be constructed entirely within the 71-acre site of the existing AGS, an operating power plant in Long Beach, California. The AEC site is located at 690 N. Studebaker Road.

#### 5.1.3.1 Geography and Topography

The existing AGS is located on a gently sloping coastal terrace above the Alamitos Bay marina, and the topography of the site ranges from approximately 7 to 20 feet above mean sea level. The nearest complex terrain (terrain exceeding stack height) in relation to the AEC is located in the city of Signal Hill, approximately 3.5 miles northwest of the AEC site. Although Signal Hill is the highest area within 6 miles of the AEC site, it is not a significant terrain feature, with gradual rising terrain less than 0.5 mile in width. The nearest Class I area is the San Gabriel Wilderness, which is approximately 33 miles (approximately 53 kilometers [km]) northeast of the AEC site.

#### 5.1.3.2 Climate and Meteorology

The climate of the South Coast Air Basin (SCAB) is determined by its terrain and geographical location. The SCAB is a coastal plain with connecting broad valleys and low hills, bounded by the Pacific Ocean in the southwest quadrant with high mountains forming the remainder of the perimeter. The general region lies in the semi-permanent high-pressure zone of the eastern Pacific. As a result, the climate is mild, tempered by cool sea breezes. This usually mild climatological pattern is interrupted by periods of extremely hot weather, winter storms, or Santa Ana winds (SCAQMD, 1993).

The annual average temperature varies little throughout the 6,600-square-mile SCAB, averaging 62 degrees Fahrenheit (°F). However, with a less-pronounced oceanic influence, the eastern portion shows greater variability in annual minimum and maximum temperatures. Practically all of the annual rainfall in the SCAB falls during the November–April period. Summer rainfall normally is restricted to widely scattered thundershowers near the coast and slightly heavier shower activity in the east and over the mountains. Annual average rainfall varies from 9 inches in Riverside to 14 inches in downtown Los Angeles; however, higher amounts are measured at foothill locations. Monthly and yearly rainfall totals are extremely variable. Rainy days vary from 5 to 10 percent of all days in the SCAB, the frequency of such days being higher near the coast. Except for infrequent periods when dry, continental air is brought into the SCAB by offshore winds, the ocean effect is dominant. Periods with heavy fog are frequent, and low stratus clouds, sometimes referred to as “high fog,” are a characteristic climate feature. Annual average relative humidity is 70 percent at the coast and 57 percent in the eastern part of the SCAB (SCAQMD, 1993).

Long-term average temperature and precipitation data have been collected from the Long Beach Daugherty Field surface climatological station near the AEC site. The data indicate that the normal daily maximum temperatures are relatively consistent throughout the year, with average daily maximum temperatures ranging from 67.0 to 83.9°F, and normal daily minimum temperatures ranging from 45.3 to 64.9°F (Western Regional Climatic Center [WRCC], 2015). The Long Beach location receives an average of 12 inches of rain annually (WRCC, 2015).

Atmospheric stability and mixing heights are important parameters in the determination of pollutant dispersion. Atmospheric stability reflects the amount of atmospheric turbulence and mixing. In general, the less stable an atmosphere, the greater the turbulence, which results in more mixing and better dispersion. The mixing height, measured from the ground upward, is the height of the atmospheric layer in which

convection and mechanical turbulence promote mixing. Good ventilation results from a high mixing height and at least moderate wind speeds within the mixing layer.

With very light average wind speeds, the SCAB's atmosphere has a limited capability to disperse air contaminants horizontally. Downtown Los Angeles wind speeds average 5.7 miles per hour with little seasonal variation. Summer wind speeds average slightly higher than winter wind speeds. Inland areas record slightly lower wind speeds than downtown Los Angeles, while coastal wind speeds average about 2 miles per hour higher than downtown Los Angeles. The dominant daily wind pattern is a daytime sea breeze and a nighttime land breeze. This regime is broken only by occasional winter storms and infrequent strong northeasterly Santa Ana flows from the mountains and deserts north of the SCAB (SCAQMD, 1993).

Along the southern California coast, surface air temperatures are relatively cool. The resultant shallow layer of cool air at the surface, coupled with warm, dry, subsiding air from aloft, produces early morning inversions on approximately 87 percent of the days of the year. The SCAB-wide average occurrence of inversions at the ground surface is 11 days per month; the averages vary from 2 days in June to 22 days in December and January. Higher inversions, but less than 2,500 feet above sea level, occur 22 days each month—occurring on an average of 25 days in June and July to 4 days in December and January. Restricted maximum mixing heights, 3,500 feet above sea level or less, average 191 days each year. The potential for high concentrations varies seasonally for many contaminants. During late spring, summer, and early fall, light winds, low mixing heights, and brilliant sunshine combine to produce conditions favorable for the maximum production of photochemical oxidants, mainly ozone. During the spring and summer, when fairly deep marine layers are frequently found in the SCAB, sulfate concentrations are at their peak (SCAQMD, 1993).

#### 5.1.4 Overview of Air Quality Standards

The U.S. Environmental Protection Agency (EPA) has established National Ambient Air Quality Standards (NAAQS) for the following seven pollutants, termed criteria pollutants: ozone, nitrogen dioxide (NO<sub>2</sub>), CO, sulfur dioxide (SO<sub>2</sub>), particulate matter with aerodynamic diameter less than or equal to 10 microns (PM<sub>10</sub>), particulate matter with aerodynamic diameter less than or equal to 2.5 microns (PM<sub>2.5</sub>), and airborne lead. The federal Clean Air Act (CAA) requires the EPA to designate areas (counties) as attainment or nonattainment with respect to each criteria pollutant, depending on whether the areas meet the NAAQS. An area that is designated nonattainment means the area is not meeting the NAAQS and is subject to planning requirements to attain the standard.

In addition to the seven pollutants listed above, the California Air Resources Board (ARB) has established state standards for visibility-reducing particles, sulfates, hydrogen sulfide (H<sub>2</sub>S), and vinyl chloride. Similar to EPA, ARB designates counties in California as attainment or nonattainment with respect to the California Ambient Air Quality Standards (CAAQS). The state standards were designed to protect the most sensitive members of the population, such as children, the elderly, and people who suffer from lung or heart diseases.

Both state and federal ambient air quality standards are based on two variables: maximum concentration and an averaging time over which the concentration would be measured. Maximum concentrations were based on levels that may have an adverse effect on human health. The averaging times were based on whether the damage caused by the pollutant would occur during exposures to a high concentration for a short time (for example, 1 hour), or during exposures to a relatively lower average concentration over a longer period (8 hours, 24 hours, or 1 month). For some pollutants, there is more than one air quality standard, reflecting both short- and long-term effects. Table 5.1-1 presents the NAAQS and CAAQS.

TABLE 5.1-1

##### Ambient Air Quality Standards

Pollutant	Averaging Time	California	National
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TABLE 5.1-1  
Ambient Air Quality Standards

Pollutant	Averaging Time	California	National
Ozone	1-hour	0.09 ppm (180 µg/m <sup>3</sup> )	—
	8 hour	0.070 ppm (137 µg/m <sup>3</sup> )	0.070 ppm (137 µg/m <sup>3</sup> )
CO	1-hour	20 ppm (23 mg/m <sup>3</sup> )	35 ppm (40 mg/m <sup>3</sup> )
	8-hour	9.0 ppm (10 mg/m <sup>3</sup> )	9 ppm (10 mg/m <sup>3</sup> )
NO <sub>2</sub>	1-hour	0.18 ppm (339 µg/m <sup>3</sup> )	100 ppb (188 µg/m <sup>3</sup> ) <sup>a</sup>
	Annual Arithmetic Mean	0.030 ppm (57 µg/m <sup>3</sup> )	0.053 ppm (100 µg/m <sup>3</sup> )
SO <sub>2</sub> <sup>b</sup>	1-hour	0.25 ppm (655 µg/m <sup>3</sup> )	75 ppb (196 µg/m <sup>3</sup> )
	3-hour (Secondary Standard)	—	0.5 ppm (1,300 µg/m <sup>3</sup> )
	24-hour	0.04 ppm (105 µg/m <sup>3</sup> )	—
PM <sub>10</sub>	24-hour	50 µg/m <sup>3</sup>	150 µg/m <sup>3</sup>
	Annual Arithmetic Mean	20 µg/m <sup>3</sup>	—
PM <sub>2.5</sub>	24-hour	—	35 µg/m <sup>3</sup> <sup>c</sup>
	Annual Arithmetic Mean	12 µg/m <sup>3</sup>	12 µg/m <sup>3</sup> <sup>d</sup>
Sulfates	24-hour	25 µg/m <sup>3</sup>	—
Lead	30-day Average Calendar Quarter	1.5 µg/m <sup>3</sup>	—
		—	1.5 µg/m <sup>3</sup>
H <sub>2</sub> S	1-hour	0.03 ppm (42 µg/m <sup>3</sup> )	—
Vinyl Chloride	24-hour	0.01 ppm (26 µg/m <sup>3</sup> )	—
Visibility-reducing Particles	8-hour (10 a.m. to 6 p.m. PST)	In sufficient amount to produce an extinction coefficient of 0.23 per km due to particles when the relative humidity is less than 70 percent	—

<sup>a</sup> To attain this standard, the 3-year average of the 98th percentile of the 1-hour daily maximum concentrations at each monitor within an area must not exceed 100 ppb.

<sup>b</sup> On June 2, 2010, EPA established a new 1-hour SO<sub>2</sub> standard, effective August 23, 2010, which is based on the 3-year average of the annual 99th percentile of 1-hour daily maximum concentrations. The EPA also revoked both the 24-hour SO<sub>2</sub> standard of 0.14 ppm and the annual primary SO<sub>2</sub> standard of 0.030 ppm, effective August 23, 2010. The secondary SO<sub>2</sub> standard was not revised at that time; however, the secondary standard is undergoing a separate review by EPA.

<sup>c</sup> The 24-hour standard is attained when 98 percent of the daily concentrations, averaged over 3 years, are equal to or less than the standard.

<sup>d</sup> 3-year average of the weighted annual mean concentrations.

Notes:

mg/m<sup>3</sup> = milligram(s) per cubic meter  
 µg/m<sup>3</sup> = microgram(s) per cubic meter  
 ppb = part(s) per billion  
 ppm = part(s) per million  
 PST = Pacific Standard Time

Source: ARB, 2015a

## 5.1.5 Existing Air Quality

The federal CAA requires EPA to classify areas in the country as attainment or nonattainment with respect to each criteria pollutant, depending on whether areas meet the NAAQS. In addition, ARB makes area designations within California for CAAQS. The attainment statuses for the NAAQS and CAAQS are listed in Table 5.1-2.

TABLE 5.1-2

**State and Federal Air Quality Designations for Los Angeles County (SCAB), California**

<b>Pollutant</b>	<b>State Designation</b>	<b>Federal Designation</b>
Ozone	1-hour: Nonattainment (Extreme) 8-hour: Nonattainment	1-hour: N/A 8-hour: Nonattainment (Extreme)
CO	1-hour: Attainment 8-hour: Attainment	1-hour: Attainment 8-hour: Attainment
NO <sub>2</sub>	1-hour: Attainment Annual: Attainment	1-hour: Attainment Annual: Attainment
SO <sub>2</sub>	1-hour: Attainment 24-hour: Attainment	1-hour: Attainment 24-hour: N/A
PM <sub>10</sub>	24-hour: Nonattainment Annual: Nonattainment	24-hour: Attainment <sup>a</sup> Annual: N/A
PM <sub>2.5</sub>	24-hour: N/A Annual: Nonattainment	24-hour: Nonattainment Annual: Nonattainment
Lead	Attainment	Nonattainment
H <sub>2</sub> S, Sulfates	Unclassified, Attainment	N/A, N/A

<sup>a</sup> Effective July 26, 2013, Los Angeles County was reclassified by the EPA from nonattainment to attainment for PM<sub>10</sub> (78 Federal Register 38223; EPA-R09-OAR-2013-0007-0021).

## Notes:

N/A = Not applicable (i.e., no standard)

Sources: ARB, 2015b; EPA, 2015a

According to Appendix B (g)(8)(G) of the California Energy Commission (CEC) data adequacy checklist, the ambient concentrations of all criteria pollutants for the previous 3 years as measured at the three ARB-certified monitoring stations closest to the project site, along with an analysis of whether these data are representative of conditions at the project site, is required. The applicant may also substitute an explanation regarding why information from one, two, or all stations is either not available or unnecessary. Table 5.1-3 lists the pollutants monitored at each of the monitoring stations used for the AEC's air quality analyses. A discussion of the representativeness of each station is included in Section 5.1.6.3.

Several monitoring stations are located near the AEC site, including monitoring stations in the cities of Long Beach, Anaheim, and Compton. The three closest ARB-certified monitoring stations relative to the AEC site with three or more years of data available are located approximately 4.6 miles northwest of the AEC site in South Long Beach (South Coastal Los Angeles County 2), 6.4 miles northwest of the AEC site in North Long Beach (South Coastal Los Angeles County 1), and 7.2 miles to the northwest of the AEC site in (Hudson) Long Beach (South Coastal Los Angeles County 3, EPA ID 06-037-4006). Other ARB-certified monitoring stations identified near the AEC site include the Central Orange County monitoring station in Anaheim and the South Central Los Angeles County monitoring station in Compton. However, these monitoring stations are farther from the AEC site and less representative than the three other monitoring stations identified. Therefore, these monitoring stations were not evaluated as part of the air quality analysis and will not be discussed in any more detail.

The ambient air quality data are based on data published by ARB (ADAM Web site), SCAQMD (SCAQMD Web site), and EPA (AIRS Web site). The SCAQMD data summaries were used as the primary source of data, and the ARB and EPA database summaries were used when data were unavailable on the SCAQMD Web site. The modeled concentrations will be combined with the respective background concentrations presented in Table 5.1-27 and used for comparison to the NAAQS and CAAQS.

TABLE 5.1-3

**Summary of the Nearest Monitoring Stations and the Pollutants at Each Station**

Monitoring Location	Ozone	NO <sub>2</sub>	CO	SO <sub>2</sub>	PM <sub>10</sub>	PM <sub>2.5</sub>
South Coastal Los Angeles County 1 (North Long Beach)	Yes	Yes	Yes	Yes	Yes	Yes
South Coastal Los Angeles County 2 (South Long Beach)	N/A	N/A	N/A	N/A	Yes	Yes
South Coastal Los Angeles County 3, EPA ID 06-037-4006 (Long Beach) <sup>a</sup>	Yes	Yes	Yes	Yes	N/A	N/A

<sup>a</sup> Station, referred to as the Hudson site by the SCAQMD, was commissioned in 2010 and, at the request of the SCAQMD, is used to represent hourly NO<sub>2</sub> background because EPA Region 9 believes that it captures the large NO<sub>x</sub> sources in the Ports area that are upwind of the project site.

Notes:

Yes = Pollutant was monitored at this location

N/A = Not applicable (i.e., pollutant was not monitored at this location)

### 5.1.5.1 Nitrogen Dioxide

NO<sub>2</sub> is a byproduct of combustion sources such as on-road and off-road motor vehicles or stationary fuel-combustion sources. The principle form of nitrogen oxide produced by combustion is nitric oxide (NO); however, NO reacts quickly with oxygen to form NO<sub>2</sub>, creating a mixture of NO and NO<sub>2</sub> commonly called NO<sub>x</sub> (SCAQMD, 1993). Exposures to NO<sub>2</sub>, along with pollutants from vehicle exhaust, are associated with respiratory symptoms, episodes of respiratory illness, and impaired lung function (ARB, 2015c). The SCAB is currently designated attainment status for NO<sub>2</sub> by both EPA and ARB.

As shown in Table 5.1-4, the 1-hour (max and 98th percentile) and annual NO<sub>2</sub> concentrations measured at the North Long Beach and Hudson Long Beach stations have not exceeded either the state or federal standards for the five most recent years of data.

TABLE 5.1-4

**Background NO<sub>2</sub> Concentrations (µg/m<sup>3</sup>)**

Station	Averaging Time	CAAQS/NAAQS	2009	2010	2011	2012	2013
South Coastal Los Angeles County 1 (North Long Beach)	1-hour (Max)	339/—	209	175	200	145	126
	1-hour (98th Percentile)	—/188	132	132	127	118	105
	Annual <sup>a</sup>	57/100	39.9	37.3	33.3	INC	INC
South Coastal Los Angeles County 3, EPA ID 06-037-4006 (Hudson Long Beach)	1-hour (Max)	339/—	NM	222	169	170	153
	1-hour (98th Percentile)	—/188	NM	134	139	146	134
	Annual <sup>a</sup>	57/100	NM	41.4	39.9	INC	INC

<sup>a</sup> Annual Arithmetic Mean

Notes:

INC = Incomplete (i.e., data were collected but did not meet the completeness criteria)

NM = Pollutant was not measured at this station during this year

Sources: SCAQMD, 2015b; ARB, 2015d; and EPA, 2015b

### 5.1.5.2 Ozone

Ozone is a photochemical oxidant that is formed when VOC and NO<sub>x</sub> react in the presence of ultraviolet sunlight. The principal sources of NO<sub>x</sub> and VOC, often termed ozone precursors, are combustion processes (including motor vehicle engines) and evaporation of solvents, paints, and fuels.

Exposure to levels of ozone above the current ambient air quality standards can lead to human health effects such as lung inflammation, lung tissue damage, and impaired lung functioning. Ozone exposure is also associated with symptoms such as coughing, chest tightness, shortness of breath, and the worsening of

asthma symptoms. The greatest risk for harmful health effects belongs to outdoor workers, athletes, children, and others who spend greater amounts of time outdoors during smoggy periods. Elevated ozone levels can reduce crop and timber yields, as well as damage native plants. Ozone can also damage materials such as rubber, fabrics, and plastics (ARB, 2015c). The SCAB is designated as a nonattainment area for ozone by both EPA and ARB.

As shown in Table 5.1-5, the current state regulatory 1-hour ozone concentration standards were exceeded in 2010 at both stations. Similarly, the measured 8-hour ozone concentrations exceeded the federal and state standards at both stations in 2010. The measured 1-hour and 8-hour ozone concentrations were below the federal and state standards in 2009, 2011, 2012, and 2013.

TABLE 5.1-5

**Background Ozone Concentrations ( $\mu\text{g}/\text{m}^3$ )**

Station	Averaging Time	CAAQS/NAAQS	2009	2010	2011	2012	2013
South Coastal Los Angeles County 1 (North Long Beach)	1-hour	180/—	175	198	143	165	INC
	8-hour	137/137	133	165	120	132	INC
South Coastal Los Angeles County 3, EPA ID 06-037-4006 (Hudson Long Beach)	1-hour	180/—	NM	194	145	157	177
	8-hour	137/137	NM	165	124	130	136

Notes:

INC = Incomplete (i.e., data were collected but did not meet the completeness criteria)

NM = Pollutant was not measured at this station during this year

Sources: SCAQMD, 2015b; ARB, 2015d; and EPA, 2015b

**5.1.5.3 Sulfur Dioxide**

$\text{SO}_2$  is a colorless, pungent gas formed primarily by the combustion of sulfur-containing fossil fuels. Effects from  $\text{SO}_2$  exposures at levels near the 1-hour standard include broncho-constriction accompanied by symptoms that may include wheezing, shortness of breath, and chest tightness, especially during exercise or physical activity (ARB, 2015c). The SCAB is designated as attainment for  $\text{SO}_2$  by both EPA and ARB.

As shown in Table 5.1-6, the 1-hour (max and 99th percentile) and 24-hour  $\text{SO}_2$  concentrations measured at the North Long Beach and Hudson Long Beach monitoring stations have not exceeded state or federal standards in the five most recent years of data.

TABLE 5.1-6

**Background  $\text{SO}_2$  Concentrations ( $\mu\text{g}/\text{m}^3$ )**

Station	Averaging Time	CAAQS/NAAQS	2009	2010	2011	2012	2013
South Coastal Los Angeles County 1 (North Long Beach)	1-hour (Max)	655/—	52.4	105	38.8	INC	INC
	1-hour (99th Percentile)	—/196	31.4	41.9	28.0	INC	INC
	24-hour	105/—	13.1	15.7	10.5	INC	INC
South Coastal Los Angeles County 3, EPA ID 06-037- 4006 (Hudson Long Beach)	1-hour (Max)	655/—	NM	94.2	113	59.4	39.5
	1-hour (99th Percentile)	—/196	NM	41.9	64.7	55.8	30.4
	24-hour	105/—	NM	10.5	31.4	10.5	10.5

Notes:

~~EPA Secondary Standard~~

INC = Incomplete (i.e., data were collected but did not meet the completeness criteria)

NM = Pollutant was not measured at this station during this year

Sources: SCAQMD, 2015b; ARB, 2015d; and EPA, 2015b

### 5.1.5.4 Carbon Monoxide

CO is a colorless, odorless gas formed by incomplete combustion of fossil fuels. Exposure to CO near the levels of the NAAQS and CAAQS can lead to fatigue, headaches, confusion, and dizziness (ARB, 2015c). The SCAB is designated as attainment for the CO standards by both EPA and ARB.

As shown in Table 5.1-7, the 1-hour and 8-hour CO concentrations measured at the North Long Beach and Hudson Long Beach monitoring stations have not exceeded either the state or federal standards in the past 5 years.

TABLE 5.1-7  
Background CO Concentrations ( $\mu\text{g}/\text{m}^3$ )

Station	Averaging Time	CAAQS/NAAQS	2009	2010	2011	2012	2013
South Coastal Los Angeles County 1 (North Long Beach)	1-hour	23,000/40,000	3,437	3,437	3,666	2,979	INC
	8-hour	10,000/10,000	2,520	2,406	2,979	2,520	INC
South Coastal Los Angeles County 3, EPA ID 06-037-4006 (Hudson Long Beach)	1-hour	23,000/40,000	NM	4,695	4,237	4,810	4,695
	8-hour	10,000/10,000	NM	2,978	3,779	2,978	2,978

Notes:

INC = Incomplete (i.e., data were collected but did not meet the completeness criteria)

NM = Pollutant was not measured at this station during this year

Sources: SCAQMD, 2015b; ARB, 2015d; and EPA, 2015b

### 5.1.5.5 Fine Particulates ( $\text{PM}_{10}$ and $\text{PM}_{2.5}$ )

Fine particulate matter ( $\text{PM}_{10}$  and  $\text{PM}_{2.5}$ ) includes a wide range of solid or liquid particles, including smoke, dust, aerosols, and metallic oxides. Extensive research indicates that exposures to ambient  $\text{PM}_{10}$  and  $\text{PM}_{2.5}$  concentrations that exceed current air quality standards are associated with increased risk of hospitalization for lung- and heart-related respiratory illness, including emergency room visits for asthma. Particulate matter (PM) exposure is also associated with increased risk of premature death, especially in the elderly and people with pre-existing cardiopulmonary disease. In children, studies have shown associations between PM exposure and reduced lung function and increased respiratory symptoms and illnesses (ARB, 2015c). The SCAB is designated as attainment and nonattainment by EPA for  $\text{PM}_{10}$  and  $\text{PM}_{2.5}$  standards, respectively, and nonattainment by ARB for both  $\text{PM}_{10}$  and  $\text{PM}_{2.5}$  standards.

As shown in Table 5.1-8,  $\text{PM}_{10}$  concentrations measured at the North Long Beach and South Long Beach monitoring stations did not exceed the 24-hour  $\text{PM}_{10}$  NAAQS in the past 5 years. The 24-hour  $\text{PM}_{10}$  CAAQS was not exceeded during the past 5 years at the North Long Beach monitoring station. The 24-hour  $\text{PM}_{10}$  CAAQS was exceeded at the South Long Beach monitoring station for four of the five years. The annual  $\text{PM}_{10}$  CAAQS has been exceeded each year at both monitoring stations in the past 5 years.

TABLE 5.1-8  
Background  $\text{PM}_{10}$  Concentrations ( $\mu\text{g}/\text{m}^3$ )

Station	Averaging Time	CAAQS/NAAQS	2009	2010	2011	2012	2013
South Coastal Los Angeles County 1 (North Long Beach)	24-hour	50/150	38.9	44.0	43.0	45.0	37.0
	Annual <sup>a</sup>	20/—	29.1	22.0	24.2	23.3	23.2
South Coastal Los Angeles County 2 (South Long Beach)	24-hour	50/150	83.0	76.0	50.0	54.0	54.0
	Annual <sup>a</sup>	20/—	33.2	27.3	28.7	25.5	27.3

TABLE 5.1-8

**Background PM<sub>10</sub> Concentrations (µg/m<sup>3</sup>)**

Station	Averaging Time	CAAQS/NAAQS	2009	2010	2011	2012	2013
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<sup>a</sup> Annual Arithmetic Mean

Sources: SCAQMD, 2015b; ARB, 2015d; and EPA, 2015b

As shown in Table 5.1-9, the 24-hour (98<sup>th</sup> percentile) and annual PM<sub>2.5</sub> concentrations measured at the North Long Beach and South Long Beach monitoring stations have not exceeded either the state or federal standards in the past 4 years. In 2009, annual concentrations measured at both stations exceeded the state and federal annual standard and the 24-hour PM<sub>2.5</sub> (98<sup>th</sup> percentile) NAAQS at the North Long Beach monitoring station.

TABLE 5.1-9

**Background PM<sub>2.5</sub> Concentrations (µg/m<sup>3</sup>)**

Station	Averaging Time	CAAQS/NAAQS	2009	2010	2011	2012	2013
South Coastal Los Angeles County 1 (North Long Beach)	24-hour (98 <sup>th</sup> Percentile)	—/35	38.9	28.3	27.8	26.4	26.1
	Annual <sup>a</sup>	12/12	14.2	10.5	11.0	10.4	11.3
South Coastal Los Angeles County 2 (South Long Beach)	24-hour (98 <sup>th</sup> Percentile)	—/35	30.5	26.5	26.6	25.1	24.6
	Annual <sup>a</sup>	12/12	12.5	10.4	10.7	10.6	11.0

<sup>a</sup> Annual Arithmetic Mean

Sources: SCAQMD, 2015b; ARB, 2015d; and EPA, 2015b

### 5.1.5.6 Greenhouse Gases

ARB has promulgated new laws to address the potential effects of increasing atmospheric concentrations of carbon dioxide (CO<sub>2</sub>) and other greenhouse gases (GHG). On September 20, 2006, California signed into law the California Global Warming Solutions Act of 2006 (Assembly Bill [AB] 32, codified at Section 1, Division 25.5, Section 38500 et seq. of the California Health & Safety Code). This law requires ARB to design and implement emission limits, regulations, and other measures, such that statewide GHG emissions are reduced in a technologically feasible and cost-effective manner to 1990 levels by 2020 (representing a 25 percent reduction), and are further reduced by 2050 (an 80 percent reduction over 1990 levels).

AB 32 does not amend or preempt other environmental laws, such as the Warren-Alquist Act or the California Environmental Quality Act (CEQA). Instead, it provides for creation of a GHG emissions program that will involve identification of covered sources, prioritization of covered sources by sector for regulation based on significance of source contribution to GHG emissions, and, eventually, regulation of but a few *de minimis*, exempted sources. ARB has selected, created, and begun implementation of the California Cap-And-Trade Program to further the purposes of AB 32.

GHGs include the following pollutants:

- CO<sub>2</sub> is a naturally occurring gas, as well as a by-product of burning fossil fuels and biomass, land-use changes, and other industrial processes. It is the principal anthropogenic GHG that affects the Earth's radiative balance.
- Methane (CH<sub>4</sub>) is a GHG with a global warming potential (GWP) most recently estimated at 25 times that of CO<sub>2</sub>. GWP is a measure of how much a given mass of GHG is estimated to contribute to global warming and is a relative scale that compares the mass of one GHG to that same mass of CO<sub>2</sub>. CH<sub>4</sub> is produced through anaerobic (without oxygen [O<sub>2</sub>]) decomposition of waste in landfills, animal digestion, decomposition of animal wastes, production and distribution of natural gas and petroleum, coal production, and incomplete fossil fuel combustion.

- Nitrous oxide (N<sub>2</sub>O) is a GHG with a GWP most recently estimated at 298 times that of CO<sub>2</sub>. Major sources of N<sub>2</sub>O include soil cultivation practices, especially the use of commercial and organic fertilizers, fossil fuel combustion, nitric acid production, and biomass burning.
- Hydrofluorocarbons (HFCs) are compounds containing only hydrogen, fluorine, chlorine, and carbon. HFCs have been introduced as a replacement for the chlorofluorocarbons identified as ozone-depleting substances.
- Perfluorocarbons (PFCs) are compounds containing only fluorine and carbon. Similar to HFCs, PFCs have been introduced as a replacement for chlorofluorocarbons. PFCs are also used in manufacturing and are emitted as by-products of industrial processes. PFCs are powerful GHGs.
- Sulfur hexafluoride (SF<sub>6</sub>) is a colorless gas soluble in alcohol and ether, and is slightly soluble in water. It is a very powerful GHG used primarily in electrical transmission and distribution systems, as well as dielectrics in electronics.

Emissions of HFCs, PFCs, or SF<sub>6</sub> are not expected to be significant for the AEC relative to the other GHGs. Therefore, the project impact assessment is focused on the impacts from emissions of CO<sub>2</sub>, CH<sub>4</sub>, and N<sub>2</sub>O.

### 5.1.6 Environmental Analysis

This section describes the analysis conducted to assess the ambient air quality impacts from the AEC and to demonstrate compliance with the local, state, and federal air quality requirements for criteria pollutants. Emission estimates are presented for construction, commissioning, and operation. Dispersion model selection and setup are also described (emissions scenarios and release parameters, building wake effects, meteorological data, and receptor locations). Results are presented for the dispersion modeling analysis and are compared to the applicable local, state, and federal air quality regulations.

#### 5.1.6.1 Criteria Pollutant and Greenhouse Gas Emission Estimates

Criteria pollutant emission rates were calculated for three components of the project: construction of the new electrical generating components, commissioning activities, and operation. Hourly, daily, and annual criteria pollutant emissions were calculated based on a 56-month construction schedule, 4,640~~12~~ hours of operation, including 500 startups and shutdowns, per combined-cycle turbine per year, and 2,358 hours of operation, including 500 startups and shutdowns, per simple-cycle turbine per year. Operational emissions from an auxiliary boiler and oil-water separator system were also incorporated, as appropriate. The criteria pollutants evaluated include NO<sub>x</sub>, SO<sub>2</sub>, VOC, CO, PM<sub>10</sub>, and PM<sub>2.5</sub>.

**Construction Emissions.** Onsite construction activities will consist of the installation of the AEC CCGT and AEC SCGT. The AEC CCGT will consist of two GE Frame 7FA.05 natural-gas-fired combustion turbines, one steam turbine, and an air-cooled condenser. The AEC SCGT will consist of four GE LMS-100~~PB~~ natural-gas-fired combustion turbines and four closed-loop cooling fin-fan coolers. The AEC will reuse existing onsite water, natural gas, and stormwater pipelines as well as electrical transmission facilities to the maximum extent possible; however, some modification and interconnection of the AEC facility into these systems may be required. Additionally, the AEC will include a new 1,000-foot process/sanitary wastewater pipeline ~~and the potential upgrade of an additional 4,000 feet of existing process/sanitary wastewater pipeline.~~

Construction and site preparation activities at the project site are anticipated to last 56 months, from the first quarter of 2017 until the third quarter of 2021. The project will commence construction with the removal of former Unit 7's building and ancillary equipment, fuel storage tank, tank berms, small maintenance shops, and two wastewater retention basins in January 2017 to make room for construction and laydown area for the AEC CCGT. Construction of the AEC CCGT will commence during the second quarter of 2017 and will be completed by the second quarter of 2020. The AEC CCGT is expected to commence commercial operation before May 1, 2020. The construction of AEC SCGT is scheduled to commence in the second quarter of 2020 through the third quarter of 2021 and is expected to commence commercial operation in the third quarter of 2021. ~~A temporary construction access road may be~~

~~constructed offsite beginning at the intersection of Studebaker Road and Loynes Drive traveling southeast to the AEC site.~~ Construction of the AEC will require the use of onsite laydown areas (approximately 8 acres dispersed throughout the existing site) and an approximately 10-acre laydown area located adjacent to the existing site.

Onsite and offsite project emissions from construction have been divided into two categories: (1) vehicle and construction equipment exhaust; and (2) fugitive dust from vehicle and construction equipment, including grading, bulldozing, and truck loading/dumping during AEC construction.

The following criteria pollutant emissions have been calculated: NO<sub>x</sub>, SO<sub>2</sub>, VOC, CO, PM<sub>10</sub>, and PM<sub>2.5</sub>. Fugitive dust and construction equipment exhaust emissions have been estimated using methodology and emission factors consistent with the California Emissions Estimator Model (CalEEMod; Version 2013.2.2), which incorporates OFFROAD20011 and portions of the EPA's AP-42 (ENVIRON, 2013; EPA, 2006; SCAQMD, et. al., 2011). It was assumed that construction equipment would meet the Tier 4 final engine control standards. Vehicle exhaust emissions for travel on both paved and unpaved roads were estimated using EMFAC2014 (Version 1.0.1) emission factors, as consistent with the CalEEMod methodology.<sup>1</sup> As appropriate, fugitive dust emissions would be mitigated by watering; the control efficiency for each mitigation measure applied was determined per the SCAQMD's *CEQA Air Quality Handbook* (SCAQMD, 2007). It is not expected that large stockpiles of earthen materials would be present during AEC construction; therefore, wind-blown fugitive dust emissions from earthen stockpiles were assumed to be negligible.

Maximum daily and annual emissions were estimated based on the number and type of construction equipment, the number of heavy-duty trucks, and the workforce projected for each month of construction. It was conservatively assumed that the construction activities would occur 10 hours per day, 23 days per month. The maximum daily emissions occur during month ~~183~~ for VOC, NO<sub>x</sub>, ~~and CO, and SO<sub>2</sub> and~~; during month ~~2015~~ for PM<sub>10</sub> and PM<sub>2.5</sub>; ~~and during month 12 for SO<sub>2</sub>~~. The maximum annual construction emissions vary for all pollutants, occurring between months ~~149~~ and ~~259~~ for VOC, ~~SO<sub>2</sub>, and for~~ PM<sub>2.5</sub>; between months ~~159~~ and ~~261~~ for PM<sub>10</sub>; between months ~~138~~ and ~~2419~~ for NO<sub>x</sub> ~~and SO<sub>2</sub>~~; and between months ~~161~~ and ~~272~~ for CO.<sup>2</sup>

The maximum daily and annual emissions from the combined onsite and offsite construction activities are presented in Table 5.1-10. The detailed emission calculations for construction are provided in Appendix 5.1A. Note that the daily and annual maximum NO<sub>x</sub> emissions provided below are less than, but of the same order of magnitude as, the AEC construction emissions presented in the AEC Application for Certification (December 2013).

TABLE 5.1-10

**Maximum Daily and Annual Emissions from Construction<sup>a</sup>**

Construction Emissions	NO <sub>x</sub>	CO	VOC	SO <sub>2</sub>	PM <sub>10</sub>	PM <sub>2.5</sub>
Maximum Daily Emissions (lb/day)	142	113	7.16	0.61	23.4	7.90
Maximum Annual Emissions (tpy)	15.2	14.9	0.82	0.069	2.73	0.91

<sup>a</sup> Maximum daily and annual emissions include contributions from onsite construction equipment, onsite vehicles, and offsite vehicles. The PM<sub>10</sub> and PM<sub>2.5</sub> emissions include exhaust and fugitive dust emissions.

Notes:

lb/day = pound(s) per day

<sup>1</sup> CalEEMod is a statewide computer model created by ENVIRON and SCAQMD to quantify criteria pollutant and GHG emissions associated with the construction activities from a variety of land use projects (ENVIRON, 2013). Developed in cooperation with air districts throughout the state, CalEEMod is intended to standardize air quality analyses while allowing air districts to provide specific defaults reflecting regional conditions, regulations, and policies (SCAQMD, et. al., 2011).

<sup>2</sup> Construction of the AEC CCGT occurs during months ~~61~~ through ~~394~~. These activities contribute to the maximum daily and annual construction emissions.

TABLE 5.1-10

**Maximum Daily and Annual Emissions from Construction<sup>a</sup>**

Construction Emissions	NO <sub>x</sub>	CO	VOC	SO <sub>2</sub>	PM <sub>10</sub>	PM <sub>2.5</sub>
tpy = ton(s) per year						

The maximum annual GHG emissions from construction activities are presented in Table 5.1-11. Construction equipment GHG emissions have been estimated using emission factors from The Climate Registry (TCR) (TCR, 2015), and fuel consumption rates from OFFROAD2011. Vehicle emissions (from vehicles used in commuting and from trucks) have been estimated using TCR emission factors (TCR, 2015) and fuel economy values from the EMFAC2014 Web Tool Database, based on EMFAC2007 vehicle categories.<sup>3</sup> No significant emissions of HFCs, PFCs, or SF<sub>6</sub> are expected during construction.

SCAQMD staff has recommended a GHG significance threshold that would apply to stationary source/industrial projects and would include direct and indirect emissions during construction and operation. Following the Tier 3 screening level approach, construction emissions would be amortized over the life of the project (assumed as 30 years) and would be added to the operational emissions for comparison to the significance threshold of 10,000 metric tons (MT) of carbon dioxide equivalent (CO<sub>2</sub>e).<sup>4</sup> Because the GHG potential to emit (PTE) emissions from AEC operation are expected to exceed 1,000,000 MT of CO<sub>2</sub>e, the project would exceed the 10,000 MT of CO<sub>2</sub>e limit. However, the AEC has been designed to incorporate energy-efficient technologies for reducing GHG PTE emissions from the power generation equipment; additionally, SCAQMD will define the BACT for reducing GHG emissions as part of the Prevention of Significant Deterioration (PSD) permitting process. Therefore, for purposes of evaluating the potential GHG impacts associated with AEC construction activities, the construction GHG emissions in Table 5.1-11 were compared to the 10,000 MT of CO<sub>2</sub>e threshold. Based on this comparison, the annual GHG emissions from construction activities before amortization would be significantly less than 10,000 MT of CO<sub>2</sub>e. As a result, it is concluded that the GHG emissions from construction activities are less than significant.

Estimated total fuel use during construction would be 1,085,692,16,406 gallons of diesel and 291,122,79,954 gallons of gasoline. Construction equipment fuel consumption rates were obtained from the OFFROAD2011 model. Vehicle fuel economies were estimated using the EMFAC2014 Web Tool Database, based on EMFAC2007 vehicle categories. Detailed GHG emission and fuel use calculations are included in Appendix 5.1A.

TABLE 5.1-11

**Maximum Annual Greenhouse Gas Emissions Estimates for AEC Construction Activities**

GHG Emissions	CO <sub>2</sub>	CH <sub>4</sub>	N <sub>2</sub> O	CO <sub>2</sub> Equivalent <sup>a</sup>
Total (MT/yr)	6,591	0.13	0.057	6,611

<sup>a</sup> CO<sub>2</sub>e assumes a GWP of 25 for CH<sub>4</sub> and 298 for N<sub>2</sub>O (TCR, 2015).

Note:

MT/yr = metric ton(s) per year

**Commissioning Emissions.** During commissioning, each turbine will be initially operated at various load rates without the benefit of the emission control systems while these systems are being commissioned and tested. The emission estimates are based on the estimated duration of each commissioning event, emission

<sup>3</sup> The database is available online at <http://www.arb.ca.gov/emfac/2014/>.

<sup>4</sup> Information on thresholds is available online at <http://www.aqmd.gov/home/regulations/ceqa/air-quality-analysis-handbook/ghg-significance-thresholds>.

control efficiencies expected for each event, and turbine operating rates. The commissioning phase for each turbine type is described in more detail below.

**Combined-cycle Turbines.** The total duration of the AEC CCGT commissioning period is expected to be up to 1,992 hours (996 hours per turbine). During the commissioning period, each GE 7FA.05 will be operated for up to 216 hours without emission control systems in operation. The maximum hourly and event commissioning emission rates for the GE 7FA.05s are presented in Table 5.1-12. Because commissioning is expected to be completed within 1,992 hours (for both turbines), annual impacts for the combined commissioning and operation of the AEC CCGT were also evaluated since annual emissions during the commissioning year could be higher than those during a noncommissioning year. Therefore, the annual average emission rates associated with commissioning and operation of the GE 7FA.05s are also presented in Table 5.1-12. Detailed calculations are provided in Appendix 5.1B.

TABLE 5.1-12

**GE 7FA.05 Turbine Commissioning Emission Rates**

Commissioning Emissions	VOC	CO	NO <sub>x</sub>	SO <sub>2</sub>	PM <sub>10</sub>	PM <sub>2.5</sub>
<b>Short-Term Emission Rates</b>						
Maximum Hourly, lb/hr (per turbine) <sup>a</sup>	270	1,900	130	4.86	8.50	8.50
Total Commissioning Period, tons (per 2x1 block) <sup>b</sup>	14.7	101	27.6	4.84	8.47	8.47
<b>Annual Emission Rates</b>						
Annual Average Hourly, lb/hr (per turbine) <sup>c</sup>	N/A	N/A	12. <del>63</del>	N/A	5.4 <del>74</del>	5.4 <del>74</del>
Total Commissioning/Operation Period, tons (per 2x1 block) <sup>d</sup>	N/A	N/A	110 <del>8</del>	N/A	47.9 <del>7</del>	47.9 <del>7</del>

<sup>a</sup> SO<sub>2</sub>, PM<sub>10</sub>, and PM<sub>2.5</sub> emissions are not emitted in amounts greater than normal operating rates.

<sup>b</sup> Total commissioning period SO<sub>2</sub>, PM<sub>10</sub>, and PM<sub>2.5</sub> emissions are based on the maximum emission rates at 28°F (see Appendix 5.1B) multiplied by the total number of commissioning hours.

<sup>c</sup> Annual average hourly emissions for evaluating annual impacts are based on the sum of total commissioning emissions and annual operation emissions per turbine, divided by 8,760.

<sup>d</sup> Total commissioning/operation period emissions are based on the total commissioning period emissions presented here and the annual average operation emission rates at 65.3°F and 100 percent load (see Appendix 5.1B).

Note:

N/A = Not applicable (i.e., no annual average ambient air quality standard exists for these pollutants; therefore, annual average emissions were not modeled)

**Simple-Cycle Turbines.** The total duration of the AEC SCGT commissioning period is expected to be up to 1,120 hours (280 hours per turbine). During the commissioning period, each GE LMS-100PB will be operated for up to 4 hours without emission control systems in operation. The maximum hourly and event commissioning emission rates for the GE LMS-100PBs are presented in Table 5.1-13. Because commissioning is expected to be completed within 1,120 hours, annual impacts for the combined commissioning and operation of the AEC SCGT were also evaluated since annual emissions during the commissioning year could be higher than those during a noncommissioning year. Therefore, the annual average emission rates associated with commissioning and subsequent operation of the GE LMS-100PBs are also presented in Table 5.1-13. Detailed calculations are provided in Appendix 5.1B.

TABLE 5.1-13

**GE LMS-100PB Turbine Commissioning Emission Rates**

Commissioning Emissions	VOC	CO	NO <sub>x</sub>	SO <sub>2</sub>	PM <sub>10</sub>	PM <sub>2.5</sub>
<b>Short-Term Emission Rates</b>						

TABLE 5.1-13

**GE LMS-100PB Turbine Commissioning Emission Rates**

Commissioning Emissions	VOC	CO	NO <sub>x</sub>	SO <sub>2</sub>	PM <sub>10</sub>	PM <sub>2.5</sub>
Maximum Hourly, lb/hr (per turbine) <sup>a</sup>	5.08	244	40.1	1.62	6.23	6.23
Total Commissioning Period, tons (per 4-turbine block) <sup>b</sup>	1.67	50.8	11.4	0.91	3.49	3.49
<b>Annual Emission Rates</b>						
Annual Average Hourly, lb/hr (per turbine) <sup>c</sup>	N/A	N/A	3.65	N/A	1.88	1.88
Total Commissioning/Operation Period, tons (per 4-turbine block) <sup>d</sup>	N/A	N/A	63.9	N/A	32.9	32.9

<sup>a</sup> SO<sub>2</sub>, PM<sub>10</sub>, and PM<sub>2.5</sub> emissions are not emitted in amounts greater than normal operating rates.

<sup>b</sup> Total commissioning period SO<sub>2</sub>, PM<sub>10</sub>, and PM<sub>2.5</sub> emissions are based on the maximum emission rates at 65.3°F (see Appendix 5.1B) multiplied by the total number of commissioning hours.

<sup>c</sup> Annual average hourly emissions for evaluating annual impacts are based on the sum of total commissioning emissions and annual operation emissions per turbine, divided by 8,760.

<sup>d</sup> Total commissioning/operation period emissions are based on the total commissioning period emissions presented here and the annual average operation emission rates at 65.3°F and 100 percent load (see Appendix 5.1B).

Note:

N/A = Not applicable (i.e., no annual average ambient air quality standard exists for these pollutants; therefore, annual average emissions were not modeled)

**Turbine Emissions—Operations.** Operational emission estimates were prepared for the combustion turbine and auxiliary boiler startup and shutdown modes and the steady-state operating modes. Emission estimates for these operating modes are based on manufacturer data and engineering estimates. Natural gas will be the only fuel burned at the AEC. Operational emissions were estimated for two GE 7FA.05s, four GE LMS-100PBs, and one auxiliary boiler, as described in the following sections. The GE 7FA.05s will use dry low NO<sub>x</sub> combustors, combined with SCR, to limit emissions of NO<sub>x</sub> to 2 ppmv, corrected to 15 percent O<sub>2</sub> (ppmvdc). Best combustion practices, combined with the use of an oxidation catalyst, will be used to limit CO and VOC emissions to 2 ppmvdc and 2 ppmvdc, respectively. The GE LMS-100PBs will use dry low NO<sub>x</sub> combustors, combined with SCR, to limit emissions of NO<sub>x</sub> to 2.5 ppmvdc. Best combustion practices, combined with the use of an oxidation catalyst, will be used to limit CO and VOC emissions to 4 ppmvdc and 2 ppmvdc, respectively. The auxiliary boiler will use SCR and flue gas recirculation to limit emissions of NO<sub>x</sub> and CO to 5 ppmv and 50 ppmv, corrected to 3 percent O<sub>2</sub>, respectively. PM<sub>10</sub>, PM<sub>2.5</sub>, and SO<sub>2</sub> emissions will be kept to a minimum through the exclusive use of natural gas, inlet air filtration (for PM control), and the oxidation catalyst system.

### Combined-Cycle Turbines.

**Startup and Shutdown Emissions.** During the startup and shutdown operating modes, the emission control systems are not fully functional, which may result in higher air emission rates for VOC, CO, and NO<sub>x</sub> relative to the steady-state operating mode.<sup>5</sup> Three startup scenarios and one shutdown scenario have been developed for the GE 7FA.05s. The time from fuel initiation until reaching the base load operating rate is expected to take up to 60 minutes for a cold start event and up to 30 minutes for a warm or hot start event. A shutdown event is expected to take up to 30 minutes. The maximum GE 7FA.05 startup and shutdown emission rates are presented in Table 5.1-14, on a pound(s) per event (lb/event) and pound(s) per hour (lb/hr) basis. Detailed calculations are provided in Appendix 5.1B.

<sup>5</sup> Emission rates of SO<sub>2</sub>, PM<sub>10</sub>, and PM<sub>2.5</sub> are expected to be equal to or lower than normal operating rates due to reduced loads during startup/shutdown events.

TABLE 5.1-14

**GE 7FA.05 Startup/Shutdown Emission Rates <sup>a</sup>**

	NO <sub>x</sub>	CO	VOC	SO <sub>2</sub> <sup>b</sup>	PM <sub>10</sub>	PM <sub>2.5</sub>
<b>Cold Start</b>						
Startup (lb/event/turbine)	61.0	325	36.0	—	—	—
Startup (lb/hr/turbine)	61.0	325	36.0	< 4.86	< 8.50	< 8.50
<b>Warm Start <sup>c</sup></b>						
Startup (lb/event/turbine)	17.0	137	25.0	—	—	—
Startup (lb/hr/turbine)	25.2	142	<del>27.95-8</del>	< 4.86	< 8.50	< 8.50
<b>Hot Start <sup>c</sup></b>						
Startup (lb/event/turbine)	17.0	137	25.0	—	—	—
Startup (lb/hr/turbine)	25.2	142	<del>27.95-8</del>	< 4.86	< 8.50	< 8.50
<b>Shutdown <sup>c</sup></b>						
Shutdown (lb/event/turbine)	10.0	133	32.0	—	—	—
Shutdown (lb/hr/turbine)	18.2	138	<del>34.92-8</del>	< 4.86	< 8.50	< 8.50

<sup>a</sup> Maximum emission rates were based on an ambient temperature of 20°F. Startup and shutdown emission rates at other ambient temperatures are provided in Appendix 5.1B.

<sup>b</sup> The maximum SO<sub>2</sub> hourly emission rate is based on a fuel sulfur concentration of 0.75 grain of sulfur per 100 dry standard cubic feet (dscf) of natural gas.

<sup>c</sup> The NO<sub>x</sub>, CO, and VOC emissions for the balance of the hour for a warm start, hot start, and shutdown event were based on the hourly emission rate for 100 percent load at 28°F.

**Steady-State Operating Emissions.** The GE 7FA.05 operational emission rates for steady-state operations have been provided by the manufacturer. The SO<sub>2</sub> emission rate was estimated based on a fuel sulfur concentration of 0.75 grain of sulfur per 100 dry standard cubic feet (dscf) of natural gas. The emission rates for the GE 7FA.05s are shown in Table 5.1-15. Emission estimates are provided in Appendix 5.1B.

TABLE 5.1-15

**Maximum Pollutant Emission Rates for Operation of One GE 7FA.05 Turbine <sup>a</sup>**

Pollutant	ppmvd @ 15% O <sub>2</sub>	Emission Rate (lb/hr)
NO <sub>x</sub>	2 (1-hour)	16.5
CO	2 (1-hour)	10.0
VOC	2 (1-hour)	<del>1-585.75</del>
SO <sub>2</sub> <sup>b</sup>	N/A	4.86
PM <sub>10</sub> /PM <sub>2.5</sub> <sup>c</sup>	N/A	8.50
Ammonia	5	15.3

<sup>a</sup> Maximum values are for each turbine at an ambient temperature of 28°F and excludes startups and shutdowns.

<sup>b</sup> Estimated using a maximum fuel sulfur concentration of 0.75 grain of sulfur per 100 dscf of natural gas.

<sup>c</sup> 100 percent of PM emissions assumed to be emitted as PM<sub>10</sub> and PM<sub>2.5</sub>.

Note:

N/A = Not applicable

**Simple-Cycle Turbines.**

**Startup and Shutdown Emissions.** Similar to the GE 7FA.05s, the GE LMS-100PB emission control systems are not fully functional during the startup and shutdown operating modes, which may result in higher air emission

rates for VOC, CO, and NO<sub>x</sub> relative to the steady-state operating mode.<sup>6</sup> One startup scenario and one shutdown scenario have been developed for the GE LMS-100PBs. The time from fuel initiation until reaching the base load operating rate is expected to take up to 30 minutes for a hot start event. A shutdown event is expected to take up to 13 minutes. The maximum GE LMS-100PB startup and shutdown emission rates are presented in Table 5.1-16, on a lb/event and lb/hr basis. Detailed calculations are provided in Appendix 5.1B.

TABLE 5.1-16  
GE LMS-100PB Startup/Shutdown Emission Rates<sup>a</sup>

	NO <sub>x</sub>	CO	VOC	SO <sub>2</sub> <sup>b</sup>	PM <sub>10</sub>	PM <sub>2.5</sub>
<b>Hot Start<sup>c</sup></b>						
Startup (lb/event/turbine)	16.6	15.4	2.80	—	—	—
Startup (lb/hr/turbine)	20.7	19.4	3.95	< 1.62	< 6.23	< 6.23
<b>Shutdown<sup>c</sup></b>						
Shutdown (lb/event/turbine)	3.12	28.1	3.06	—	—	—
Shutdown (lb/hr/turbine)	9.56	34.4	4.86	< 1.62	< 6.23	< 6.23

<sup>a</sup> Maximum emission rates were provided by the manufacturer. Additional details are provided in Appendix 5.1B.

<sup>b</sup> The maximum SO<sub>2</sub> hourly emission rate is based on a fuel sulfur concentration of 0.75 grain of sulfur per 100 dscf of natural gas.

<sup>c</sup> The NO<sub>x</sub>, CO, and VOC emissions for the balance of the hour for a hot start and shutdown event were based on the hourly emission rate for 100 percent load at 28°F.

**Steady-State Operating Emissions.** The GE LMS-100PB operational emission rates for steady-state operations have been provided by the manufacturer. The SO<sub>2</sub> emission rate was estimated based on a fuel sulfur concentration of 0.75 grain of sulfur per 100 dscf of natural gas. The emission rates for the GE LMS-100PBs are shown in Table 5.1-17. Emission estimates are provided in Appendix 5.1B.

TABLE 5.1-17  
Maximum Pollutant Emission Rates for Operation of One GE LMS-100PB Turbine<sup>a</sup>

Pollutant	ppmvd @ 15% O <sub>2</sub>	Emission Rate (lb/hr)
NO <sub>x</sub>	2.5 (1-hour)	8.23
CO	4 (1-hour)	8.01
VOC	2 (1-hour)	2.30
SO <sub>2</sub> <sup>b</sup>	N/A	1.62
PM <sub>10</sub> /PM <sub>2.5</sub> <sup>d</sup>	N/A	6.23
Ammonia	5	6.09

<sup>a</sup> Maximum values are for each turbine at an ambient temperature of 28°F and excludes startups and shutdowns.

<sup>b</sup> Estimated using a maximum fuel sulfur concentration of 0.75 grain of sulfur per 100 dscf of natural gas.

<sup>d</sup> 100 percent of PM emissions assumed to be emitted as PM<sub>10</sub> and PM<sub>2.5</sub>.

Note:

N/A = Not applicable

### Auxiliary Boiler.

**Startup Emissions.** As with the combustion turbines, the auxiliary boiler emission control systems are not fully functional during the startup operating modes, which may result in higher air emission rates for VOC,

<sup>6</sup> Emission rates of SO<sub>2</sub>, PM<sub>10</sub>, and PM<sub>2.5</sub> are expected to be equal to or lower than normal operating rates due to reduced loads during startup/shutdown events.

CO, and NO<sub>x</sub> relative to the steady-state operating mode.<sup>7</sup> Three startup scenarios have been developed for the auxiliary boiler. The time from fuel initiation until reaching the base load operating rate is expected to take up to 170 minutes for a cold start event, 85 minutes for a warm start event, and 25 minutes for a hot start event. The maximum auxiliary boiler startup emission rates are presented in Table 5.1-18, on a lb/event and lb/hr basis. Detailed calculations are provided in Appendix 5.1B.

TABLE 5.1-18  
Auxiliary Boiler Startup Emission Rates<sup>a, b</sup>

	VOC	CO	NO <sub>x</sub>	SO <sub>2</sub> <sup>c</sup>	PM <sub>10</sub> <sup>c</sup>
<b>Cold Start</b>					
Startup (lb/event)	4.69	4.34	4.22	<del>-0.24</del>	<del>-0.84</del>
Startup (lb/hr)	1.65	1.53	1.49	<del>0.084 &lt; 0.048</del>	<del>0.30 &lt; 0.30</del>
<b>Warm Start</b>					
Startup (lb/event)	2.34	2.17	2.11	<del>-0.12</del>	<del>-0.42</del>
Startup (lb/hr)	1.65	1.53	1.49	<del>0.084 &lt; 0.048</del>	<del>0.30 &lt; 0.30</del>
<b>Hot Start</b>					
Startup (lb/event)	0.69	0.64	0.62	<del>-0.035</del>	<del>-0.12</del>
Startup (lb/hr) <sup>d</sup>	<del>0.9685</del>	2.29	0.87	<del>0.12 &lt; 0.048</del>	<del>0.42 &lt; 0.30</del>

<sup>a</sup> Unless otherwise noted, event emission rates were provided by the manufacturer.

<sup>b</sup> Hourly emission rates represent the highest hour during the event.

<sup>c</sup> SO<sub>2</sub> and PM<sub>10</sub> emission rates were estimated using SCAQMD's default Annual Emission Reporting emission factors and the fuel consumption per startup event.

<sup>d</sup> The emissions for the balance of the hour for a hot start were based on operation at the maximum heat input of 70.8 million British thermal units per hour (MMBtu/hr).

**Steady-State Operating Emissions.** The auxiliary boiler operational emission rates for steady-state operations, shown in Table 5.1-19, have been estimated based on the maximum heat input rating of 70.8 million British thermal units per hour (MMBtu/hr) and the assumption that the boiler will operate at 100 percent load. Detailed calculations are provided in Appendix 5.1B.

TABLE 5.1-19  
Maximum Pollutant Emission Rates for Steady-State Operation of One Auxiliary Boiler

Pollutant	ppmvd @ 3% O <sub>2</sub>	Emission Rate (lb/hr) <sup>a</sup>
VOC	N/A	<del>0.4728</del>
CO	50 (1-hour)	2.83
NO <sub>x</sub>	5 (1-hour)	0.42
SO <sub>2</sub>	N/A	<del>0.14048</del>
PM <sub>10</sub> /PM <sub>2.5</sub>	N/A	<del>0.5130</del>
Ammonia	5	0.16

<sup>a</sup> Maximum hourly emission rates ~~assume 100 percent load~~ are based on the maximum hourly firing rate.

Note:

N/A = Not applicable

<sup>7</sup> Emission rates of SO<sub>2</sub>, PM<sub>10</sub>, and PM<sub>2.5</sub> are expected to be equal to or lower than normal operating rates due to reduced loads during startup events.

**Facility Emissions.** Emission sources at the AEC would include two GE 7FA.05 combined-cycle combustion turbines, four GE LMS-100PB simple-cycle combustion turbines, and an auxiliary boiler. Natural gas will be the only fuel used during plant operation. The typical natural gas composition is shown in Table 5.1-20. Natural gas combustion results in the formation of NO<sub>x</sub>, CO, unburned hydrocarbons (VOC), SO<sub>2</sub>, PM<sub>10</sub>, and PM<sub>2.5</sub>. Because natural gas is a clean-burning fuel, there will be minimal formation of combustion PM<sub>10</sub>, PM<sub>2.5</sub>, and SO<sub>2</sub>.

TABLE 5.1-20

**Typical Natural Gas Specifications**

Component Analysis		Chemical Analysis	
Component	Average Concentration, Volume	Molecular Weight	Weighted Average
CH <sub>4</sub>	96.19	16.04	15.43
C <sub>2</sub> H <sub>6</sub>	1.67	30.07	0.50
C <sub>3</sub> H <sub>8</sub>	0.27	44.00	0.12
C <sub>4</sub> H <sub>10</sub>	0.098	58.12	0.057
C <sub>5</sub> H <sub>12</sub>	0.0072	72.15	0.0052
C <sub>6</sub> H <sub>14</sub>	0.022	86.18	0.019
N <sub>2</sub>	0.41	28.01	0.11
CO <sub>2</sub>	1.34	44.01	0.59
<b>Average</b>			<b>16.83</b>

Notes:

C<sub>2</sub>H<sub>6</sub> = Ethane  
 C<sub>3</sub>H<sub>8</sub> = Propane  
 C<sub>4</sub>H<sub>10</sub> = Butane  
 C<sub>5</sub>H<sub>12</sub> = Pentane  
 C<sub>6</sub>H<sub>14</sub> = Hexane  
 N<sub>2</sub> = Nitrogen

Table 5.1-21 presents the maximum fuel use expected for each of the combustion emission sources included at the AEC, as well as the facility total. Detailed calculations are provided in Appendix 5.1B.

TABLE 5.1-21

**Estimated Facility Fuel Use (MMBtu) <sup>a, b</sup>**

Period	GE 7FA.05 (per unit) <sup>a</sup>	GE LMS-100PB (per unit) <sup>b</sup>	Auxiliary Boiler <sup>c</sup>	Total Fuel Use (All Units)
Per hour	2,275	879	70.8	8,137
Per day	54,604	21,094	535878	194,117460
Per year	10,437,686374,700	2,064,775	189,155310,096	29,323,625318,594

<sup>a</sup> The maximum hourly and daily fuel use were based on the maximum heat input for the turbine at an ambient temperature of 28°F. The annual fuel use was based on an average heat input at 65.3°F ~~and~~, ~~4,640,100~~ hours of ~~steady-state~~ operation per turbine, ~~including~~, ~~and~~ 500 startups and shutdowns per turbine.

<sup>b</sup> The maximum hourly and daily fuel use were based on the maximum heat input at an ambient temperature of 28°F. The annual fuel use was based on an average heat input at 65.3°F ~~and~~, ~~2,358,000~~ hours of ~~steady-state~~ operation per turbine, ~~including~~ and 500 startups and shutdowns per turbine.

<sup>c</sup> ~~The maximum hourly fuel use was based on the maximum heat input of 70.8 MMBtu/hr. The annual fuel use was based on an annual heat input of 189,155 MMBtu over 8,760 hours, which includes 120 startup events with a heat input of 41.36 MMBtu/hr for 156 hours. The daily fuel use is the maximum monthly fuel consumption averaged over 30 days. Fuel use was based on operation at 100 percent load. Additionally, the annual fuel use assumed 120 startups and 8,760 hours of operation.~~

Note:

MMBtu = million British thermal unit(s)

For the combined-cycle combustion turbines, maximum hourly NO<sub>x</sub>, VOC, and CO emissions are based on a cold startup event. Because PM and SO<sub>2</sub> emissions are based on fuel consumption, the maximum hourly PM<sub>10</sub>, PM<sub>2.5</sub>, and SO<sub>2</sub> emissions are based on each turbine operating at full load at the minimum ambient temperature. Similarly, maximum hourly NO<sub>x</sub>, VOC, and CO emissions for the simple-cycle combustion turbines are based on one hot startup, one shutdown, and the balance of the hour at full load at the minimum ambient temperature. The maximum hourly PM<sub>10</sub>, PM<sub>2.5</sub>, and SO<sub>2</sub> emissions for the simple-cycle combustion turbines are based on each turbine operating at full load at the minimum ambient temperature. Maximum hourly emissions for the auxiliary boiler assume operation at ~~the maximum heat input of 70.8 MMBtu/hr~~ ~~100 percent load~~, without any startups.

Monthly and annual emissions for the combined- and simple-cycle turbines are based on the operating profile presented in Table 5.1-22. The annual natural gas sulfur content is expected to average 0.25 grain per 100 dscf. However, on rare occasions, the natural gas fuel sulfur content can deviate and approach up to 0.75 grain of sulfur per 100 dscf. Therefore, hourly, ~~daily, and monthly~~ SO<sub>2</sub> emissions have been estimated assuming a natural gas sulfur content of 0.75 grain per 100 dscf. ~~Daily, monthly, and a~~ Annual SO<sub>2</sub> emissions are based on an expected average fuel sulfur level of 0.25 grain per 100 dscf of natural gas. ~~Monthly emissions for the auxiliary boiler assume 2 cold startups, 4 warm startups, and 4 hot startups, with a heat input of 16,055 million British thermal units (MMBtu) per month. and a~~ Annual emissions for the auxiliary boiler assume ~~operation~~ ~~24 cold startups, 48 warm startups, and 48 hot startups, with a heat input of 189,155 MMBtu per year at 100 percent load with 10 startups per month.~~

TABLE 5.1-22

Combustion Turbine Operating Profile

Parameter	GE Frame 7FA.05		GE LMS-100PB	
	Events	Hours	Events	Hours
<del>Total Annual Operating Hours (per turbine, including startup/shutdown hours)</del>	--	<del>4,640,100</del>	--	<del>2,358,000</del>
Annual Cold Startup	<del>2480</del>	<del>24,980.0</del>	0	--
Annual Warm Startup	<del>10088</del>	<del>50,044.0</del>	0	--
Annual Hot Startup	<del>376332</del>	<del>188,166</del>	500	250
Annual Shutdown	500	250	500	108
Total Annual Startup/Shutdown Hours	--	<del>512,540</del>	--	358
<del>Total Annual Operating Hours (per turbine)</del>	--	<del>4,612</del>	--	<del>2,358</del>

TABLE 5.1-22

**Combustion Turbine Operating Profile**

Parameter	GE Frame 7FA.05		GE LMS-100PB	
	Events	Hours	Events	Hours
<u>Total Monthly Operating Hours (per turbine, including startup/shutdown hours)</u>	--	<u>744</u>	--	<u>744</u>
Monthly Cold Startup	<u>215</u>	<u>2,0015.0</u>	0	--
Monthly Warm Startup	<u>1512</u>	<u>7,506.00</u>	0	--
Monthly Hot Startup	<u>4535</u>	<u>22,517.5</u>	62	31.0
Monthly Shutdown	62	31.0	62	13.4
Total Monthly Startup/ Shutdown Hours (per turbine)	--	<u>63,069.5</u>	--	44.4
<u>Monthly Operating Hours (per turbine)</u>	--	<u>681</u>	--	<u>700</u>

Table 5.1-23 presents the AEC PTE criteria pollutant emissions. Detailed calculations are provided in Appendix 5.1B.

TABLE 5.1-23

**AEC Facility Emissions**

	NO <sub>x</sub>	SO <sub>2</sub> <sup>a</sup>	VOC <sup>b</sup>	CO	PM <sub>10</sub>	PM <sub>2.5</sub>
Maximum Hourly Emissions, lb/hr						
Per GE 7FA.05 <sup>c</sup>	16.5	4.86	<u>1,585.75</u>	10.0	8.50	8.50
Per GE LMS-100PB <sup>d</sup>	8.23	1.62	2.30	8.01	6.23	6.23
Auxiliary Boiler <sup>e</sup>	0.42	<u>0.14048</u>	<u>0.4728</u>	2.83	<u>0.5130</u>	<u>0.5130</u>
Average Daily Facility Emissions <sup>f</sup> , lb/day	<u>1,831.782</u>	<u>403.160</u>	<u>772.562</u>	<u>2,884.600</u>	1,044	1,044
Maximum Monthly Facility Emissions <sup>g</sup> , lb/month	<u>54,933.4</u> <u>61</u>	<u>12,103.8</u> <u>11</u>	<u>23,155.8</u> <u>61</u>	<u>86,516.8</u> <u>00</u>	<u>31,313.2</u>	<u>31,313.2</u>
Average Annual Facility Emissions, tpy <sup>h</sup>	<u>136.4</u>	11.3	<u>66,949.4</u>	<u>253.46</u>	<u>69.53</u>	<u>69.53</u>

<sup>a</sup> Hourly, daily, and monthly SO<sub>2</sub> emissions are based on a maximum fuel sulfur content of 0.75 grain per 100 dscf of natural gas. Daily, monthly, and annual SO<sub>2</sub> emissions are based on an average fuel sulfur content of 0.25 grain per 100 dscf of natural gas.

<sup>b</sup> Average daily, maximum monthly, and average annual facility emissions include VOC emissions from two oil-water separator systems (see Appendix 5.1B, Table 5.1B.17).

<sup>c</sup> Maximum hourly VOC, CO, and NO<sub>x</sub> emissions were based on a cold startup. Maximum hourly SO<sub>2</sub>, PM<sub>10</sub>, and PM<sub>2.5</sub> emissions were based on each turbine operating at full load at 28°F.

<sup>d</sup> Maximum hourly VOC, CO, and NO<sub>x</sub> emissions were based on one hot startup, one shutdown, and the balance of the hour at full load at 28°F. Maximum hourly SO<sub>2</sub>, PM<sub>10</sub>, and PM<sub>2.5</sub> emissions were based on each turbine operating at full load at 28°F.

<sup>e</sup> Maximum hourly emissions are based on the maximum hourly heat input assume operation at 100 percent load. Startup emissions are not included.

<sup>f</sup> Average daily emissions represent the maximum monthly total divided by 30 days.

<sup>g</sup> Maximum monthly emissions are based on the following:

- GE 7FA.05s: 744 hours of operation at 100 percent load and 28°F, including 152 cold startups, 125 warm startups, 435 hot

TABLE 5.1-23

**AEC Facility Emissions**

	NO <sub>x</sub>	SO <sub>2</sub> <sup>a</sup>	VOC <sup>b</sup>	CO	PM <sub>10</sub>	PM <sub>2.5</sub>
startups, <del>and 62 shutdowns, and 681 hours of steady-state operation at 100 percent load and 65.3°F.</del>						
• GE LMS-100PBs: <del>744 hours of operation at 100 percent load and 28°F, including 62 hot startups and, 62 shutdowns, and 700 hours of steady-state operation at 100 percent load and 65.3°F.</del>						
• Auxiliary Boiler: <del>2 cold startups, 4 warm startups, 4 hot startups, and monthly heat input of 16,055 MMBtu</del> <del>40 startups and 31 days of operation.</del>						
<sup>h</sup> Average annual emissions are based on the following:						
• GE 7FA.05s: <del>4,640 hours of operation at 100 percent load and 65°F, including 8024 cold startups, 88400 warm startups, 33276 hot startups, and 500 shutdowns, and 4,100 hours of steady-state operation at 100 percent load and 65.3°F.</del>						
• GE LMS-100PBs: <del>2,358 hours of operation at 100 percent load and 65.3°F, including 500 hot startups and, 500 shutdowns, and 2,000 hours of steady-state operation at 100 percent load and 65.3°F.</del>						
• Auxiliary Boiler: <del>24 cold startups, 48 warm startups, 48 hot startups, and annual heat input of 189,155 MMBtu</del> <del>120 startups and 365 days of operation.</del>						

**Note:**

lb/month = pound(s) per month

Criteria pollutant emissions from worker commutes and material deliveries were also calculated. The emissions are presented in Table 5.1-24. Emissions were estimated using emission factors from EMFAC2014. Detailed calculations are included in Appendix 5.1B.

TABLE 5.1-24

**Criteria Pollutant Emissions from Worker Commute and Deliveries During Operation**

Emission Source	VOC	CO	NO <sub>x</sub>	SO <sub>2</sub>	PM <sub>10</sub>	PM <sub>2.5</sub>
Worker Commute (lb/yr)	17.0	945	82.5	2.62	44.8	18.6
Material Deliveries (lb/yr)	0.76	3.23	24.6	0.10	0.73	0.34
<b>Total (lb/yr)</b>	<b>17.7</b>	<b>948</b>	<b>107</b>	<b>2.72</b>	<b>45.5</b>	<b>19.0</b>

**5.1.6.2 Greenhouse Gas Emission Estimates**

Combustion of natural gas in the combined- and simple-cycle combustion turbines and auxiliary boiler would result in emissions of CO<sub>2</sub>, CH<sub>4</sub>, and N<sub>2</sub>O. GHG emissions for normal facility operations were calculated based on the maximum fuel use predicted for AEC and ~~EPATCR~~ emission factors (~~EPATCR~~, 2014~~5~~). The emission factors used to estimate the GHG emissions are summarized in Appendix 5.1B. Emissions of CO<sub>2</sub>, N<sub>2</sub>O, and CH<sub>4</sub> resulting from AEC operation are presented in Table 5.1-25.

TABLE 5.1-25

**Estimated Annual Greenhouse Gas Emissions from AEC**

	CO <sub>2</sub>	CH <sub>4</sub>	N <sub>2</sub> O	CO <sub>2</sub> e <sup>a</sup>
AEC (PTE), MT/yr	1,555,9124,247	29,351.4	2,9367.3	1,557,65472,593

<sup>a</sup> Value includes SF<sub>6</sub> emissions associated with 12 circuit breakers with an assumed annual leak rate of 0.1 percent, as allowed by 17 California Code of Regulations 95350 - 95359 (see Appendix 5.1B, Table 5.1B.18).

GHG emissions from worker commutes and material deliveries were also calculated as part of the analyses. The GHG emissions are presented in Table 5.1-26. Emissions were estimated using TCR emission factors

(TCR, 2015) and fuel economy values from the EMFAC2014 Web Tool Database, based on EMFAC2007 vehicle categories. Detailed calculations are included in Appendix 5.1B.

TABLE 5.1-26

**Greenhouse Gas Emissions from Worker Commute and Deliveries During Operation**

Emission Source	GHG Emissions (MT/yr)			
	CO <sub>2</sub>	CH <sub>4</sub>	N <sub>2</sub> O	CO <sub>2</sub> e
Worker Commute, MT/yr	160	0.0075	0.0016	160
Material Deliveries, MT/yr	5.06	0.000014	0.000014	5.06
<b>Total (MT/yr)</b>	<b>165</b>	<b>0.0076</b>	<b>0.0016</b>	<b>165</b>

### 5.1.6.3 Air Quality Impact Analysis Methodology

An ambient air quality impact analysis was conducted to compare worst-case ground-level impacts resulting from the AEC with established state and federal ambient air quality standards and applicable SCAQMD significance criteria. The analysis was conducted in accordance with the air quality impact analysis guidelines presented in EPA's 40 Code of Federal Regulations (CFR) Part 51, Appendix W: *Guideline on Air Quality Models* (EPA, 2005), SCAQMD's *AQMD Modeling Guidance for AERMOD* (SCAQMD, 2015a), and the *Dispersion Modeling Protocol for the Alamitos Energy Center*<sup>8</sup> (see Appendix 5.1F).

The analysis includes an evaluation of the possible effects of simple, intermediate, and complex terrain, and aerodynamic effects (downwash) due to nearby building(s) and structures on plume dispersion and ground-level concentrations. A numerical Gaussian plume model was used in this analysis. The model assumes that the concentrations of emissions within a plume can be characterized by a Gaussian distribution of gaseous concentrations about the plume centerline. Gaussian dispersion models are approved by EPA and SCAQMD for regulatory use and are based on conservative assumptions (that is, the models tend to over-predict actual impacts by assuming steady-state conditions, no pollutant loss through conservation of mass, no chemical reactions, etc.).

The subsections below present the following information:

- Modeling methodology for evaluating the impacts on ambient air quality
- Modeling scenarios and source data used to evaluate the impacts on ambient air quality
- Modeling results compared to the CAAQS and NAAQS

**Modeling Methodology for Evaluating Impacts on Ambient Air Quality.** The air dispersion modeling was conducted based on guidance presented in the *Guideline on Air Quality Models* (EPA, 2005) and the EPA-approved dispersion model, AERMOD (Version 15181).

**Model Selection.** The AERMOD model is a steady-state, multiple-source, dispersion model that incorporates hourly meteorological data inputs and local surface characteristics. The AERMOD model is well suited for this assessment based on the ability of the model to handle the various physical characteristics of project emission sources, including point, area, and volume source types. The required emission source data inputs to AERMOD include source locations, source elevations, stack heights, stack diameters, stack exit temperatures, stack exit velocities, and pollutant emission rates. The source locations are specified for a Cartesian (x,y) coordinate system where x and y are distances east and north in meters, respectively. The Cartesian coordinate system used for these analyses is the Universal Transverse Mercator Projection (UTM), 1983 North American Datum (NAD 83).

<sup>8</sup> This modeling protocol was submitted to the CEC in September 2015. Comments were received via email on October 8, 2015. Responses to comments received have been incorporated into this analysis, as applicable.

**Model Options.** The technical options selected for the AERMOD model include:

- Regulatory default control options
- Urban dispersion mode because land use within 3 km of the AEC site is primarily classified as urban based on the Auer Method. A population of 9,862,049 was also used in AERMOD, as recommended by the SCAQMD for projects in Los Angeles County (SCAQMD, 2015a).
- Receptor elevations and controlling hill heights obtained from AERMAP (Version 11103) output

The model output is included on the attached modeling file compact disc.

Where noted, NO<sub>2</sub> concentrations were determined using a default ambient ratio of 0.75 NO<sub>2</sub>/NO<sub>x</sub> (i.e., 75 percent of NO<sub>x</sub> emissions are converted to NO<sub>2</sub>) for annual predicted impacts and 0.8 for 1-hour predicted impacts (EPA, 2010; EPA, 2011).

**Meteorological Data.** The CEC requires a minimum of 1 year of meteorological data approved by ARB or the local air pollution control district to be used in the air dispersion modeling analysis. SCAQMD model guidance recommends use of the nearest station to the project site.

According to EPA's *Guideline on Air Quality Models* (EPA, 2005), representativeness of meteorological data used in dispersion modeling depends on (1) the proximity of the meteorological monitoring site to the area under consideration; (2) the complexity of the terrain; (3) the exposure of the meteorological monitoring site; and (4) the period of time during which data are collected.

Two SCAQMD meteorological data collection sites were identified in proximity to the AEC: Long Beach, which is collocated with the North Long Beach ambient monitoring station, and Anaheim. Of the two locations, the North Long Beach site was selected as the most representative for meteorological data based on the following factors:

- The monitoring site is the closer of the two to the AEC (approximately 6.4 miles to the northwest of the AEC site, versus 10.1 miles to the east-northeast for the Anaheim monitoring station).
- There are no complex terrain features between the two locations.
- The land uses surrounding the monitoring site and the AEC site are similar (both are surrounded by a blend of low-, medium-, and high-intensity land uses with open water less than 10 miles to the south-southwest).

Therefore, the North Long Beach station is considered representative of the AEC site, and the meteorological data collected at the North Long Beach station will be used to model the ambient air quality impacts. The meteorological data used for this analysis have been compiled by SCAQMD specifically for use in dispersion modeling analyses and include the periods of January 1, 2006, through December 31, 2009, and January 1, 2011, through December 31, 2011.<sup>9</sup> The surface data have also been coupled with the National Climatic Data Center twice-daily soundings from the San Diego Miramar National Weather Service station (Station #03190). The final preprocessed AERMET data files for 2006 through 2009 and 2011 were provided via e-mail by the SCAQMD.

The annual and quarterly wind rose plots for the North Long Beach meteorological station are presented in Appendix 5.1C.

**Background Data.** As outlined in 40 CFR 51, Appendix W, Section 9.2, the background data used to evaluate the potential air quality impacts need not be collected on a project site, as long as the data are representative of the air quality in the subject area. The following three criteria were used for determining

<sup>9</sup> At the direction of the SCAQMD, 2010 meteorological data were not recommended for use because the data do not meet the 90 percent completeness requirements. Similarly, 2012 meteorological data were not recommended for use because the collected wind speeds are suspicious.

whether the background data are representative of: (1) location, (2) data quality, and (3) data currentness. These criteria are defined and applied to the project as follows:

- **Location:** The measured data must be representative of the areas where the maximum concentration occurs for the proposed stationary source, existing sources, and a combination of the proposed and existing sources.

The nearest monitoring station relative to the project site is the South Long Beach monitoring station (South Coastal Los Angeles County 2). This monitoring station is located approximately 4.6 miles northwest of the project site. The proximity to the ocean are similar at both locations and no significant terrain features are in the vicinity of either the project site or monitoring station that would significantly affect the representativeness of the winds or monitored background concentrations. However, because this South Long Beach monitoring station only measures PM<sub>10</sub> and PM<sub>2.5</sub>, the South Long Beach monitoring station is considered the most representative location for only those two pollutants. The nearest representative location for the remaining pollutants was selected based on the surrounding features, as discussed below.

The North Long Beach monitoring station (South Coastal Los Angeles County 1) is close to the AEC site (approximately 6.4 miles to the northwest), is located in an urban area near two large industrial sources (the Port of Long Beach and the Long Beach airport), and collects monitored background concentrations comparable to the other monitoring station options located in Long Beach. In addition, the North Long Beach monitoring station measures each of the pollutants required in the air quality impact analysis. The Anaheim monitoring station (Central Orange County) is directly downwind from the project site, but is farther away (approximately 10.1 miles to the east-northeast), farther inland than the project site, and collects monitored background concentrations lower than those collected at the North Long Beach monitoring station (i.e., the North Long Beach monitoring station represents a more conservative analysis).

Based on the information above, the ambient data collected at the North Long Beach monitoring station are considered representative of the project site for the following pollutants not monitored at the South Long Beach monitoring station: CO, SO<sub>2</sub>, ozone, and annual NO<sub>2</sub>. Additionally, a meteorological dataset has also been collected at the North Long Beach monitoring station and is considered representative of the project site using the criteria above.

At the request of the SCAQMD, hourly NO<sub>2</sub> data collected at the Hudson Long Beach monitoring station (South Coastal Los Angeles County 3, EPA ID 06-037-4006) are considered representative of the AEC site. This monitoring station is located approximately 7.2 miles to the northwest of the AEC site and is considered representative because it captures the large NO<sub>x</sub>-emitting sources in the Ports area that are upwind of the proposed project.

- **Data quality:** Data must be collected and equipment must be operated in accordance with the requirements of 40 CFR 58, Appendices A and B, and PSD monitoring guidance.

The SCAQMD, ARB, and EPA ambient air quality data summaries were used as the primary sources of data. Therefore, the data at each of the monitoring stations listed in Table 5.1-3 meet the data quality requirements of 40 CFR 58, Appendices A and B, and PSD monitoring guidance.

- **Data currentness:** The data are current if they have been collected within the preceding 3 years and are representative of existing conditions.

The modeled concentrations will be combined with the respective background concentrations from the three most recent years and used for comparison to the ambient air quality standards. Therefore, the

data at each of the monitoring stations listed in Table 5.1-3 represent the three most recent years of data available.<sup>10</sup>

Based on the criteria presented above, the three most recent years of background hourly NO<sub>2</sub> data from the Hudson Long Beach monitoring station, the three most recent years of background CO, SO<sub>2</sub>, ozone, and annual NO<sub>2</sub> data from the North Long Beach monitoring station, and the three most recent years of background PM<sub>10</sub> and PM<sub>2.5</sub> data from the South Long Beach monitoring station were combined with the modeled concentrations and used for comparison to the ambient air quality standards. For each pollutant, the most recent three years of available monitoring data were used to determine the maximum or average background concentration, as applicable based on the standard. A summary of the background concentrations for 2009 through 2013 is presented in Table 5.1-27. In a few instances, 2012 or 2013 data were unavailable so 2009 or 2010 data were used to maintain the three most recent years of data, as noted in Table 5.1-27.<sup>11</sup>

**Receptor Grid Spacing.** The base modeling receptor grid for the AERMOD modeling consists of receptors that are placed at the ambient air boundary (i.e., the project's property boundary) and Cartesian-grid receptors that are placed beyond the Project's site boundary at spacing that increases with distance from the origin. Property boundary receptors were placed at 30-meter intervals. Beyond the project's property boundary, receptor spacing was as follows:

- 50-meter spacing from property boundary to 500 meters from the origin
- 100-meter spacing from beyond 500 meters to 3 km from the origin
- 500-meter spacing from beyond 3 km to 10 km from the origin
- 1,000-meter spacing from beyond 10 km to 25 km from the origin
- 5,000-meter spacing from beyond 25 km to 50 km from the origin

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<sup>10</sup> It should be noted that the recently established site in Long Beach (South Coastal Los Angeles County 3, EPA ID 06-037-4006) does not have three complete years of data available. In 2012, NO<sub>2</sub> was only monitored during peak conditions; therefore, the collected data do not meet the completeness criteria for an annual averaging time.

<sup>11</sup> Background concentrations shown in Table 5.1-27 are the most recent five years of data from the most representative monitoring stations. Though more recent monitoring data may be available from alternate stations, based on the locations of these stations, these data would not be considered representative and are not, therefore, recommended for use in the air quality impacts analysis.

TABLE 5.1-27

**Background Air Concentrations (2009-2013) <sup>a</sup>**

Pollutant	Averaging Time	2009		2010		2011		2012		2013		Maximum	Average
		Ppm	µg/m <sup>3</sup>	ppm	µg/m <sup>3</sup>	ppm	µg/m <sup>3</sup>	ppm	µg/m <sup>3</sup>	ppm	µg/m <sup>3</sup>	µg/m <sup>3</sup>	µg/m <sup>3</sup>
Ozone <sup>b</sup>	1-hour	0.089	175	0.101	198	0.073	143	0.084	165	INC	INC	198	--
	8-hour	0.068	133	0.084	165	0.061	120	0.067	132	INC	INC	165	--
CO <sup>b</sup>	1-hour	3.0	3,437	3.0	3,437	3.2	3,666	2.6	2,979	INC	INC	3,666	--
	8-hour	2.6	2,520	2.1	2,406	2.6	2,979	2.2	2,520	INC	INC	2,979	--
NO <sub>2</sub>	1-hour (maximum) <sup>c</sup>	--	--	0.1180	222	0.0900	169	0.0905	170	0.0813	153	170	--
	1-hour (98th percentile) <sup>c</sup>	--	--	0.0710	134	0.0740	139	0.0774	146	0.0713	134	--	140
	Annual <sup>b, d</sup>	0.0212	39.9	0.0198	37.3	0.0177	33.3	INC <sup>e</sup>	INC <sup>e</sup>	INC <sup>e</sup>	INC <sup>e</sup>	39.9	--
SO <sub>2</sub> <sup>b</sup>	1-hour (maximum)	0.0200	52.4	0.0400	105	0.0148	38.8	INC	INC	INC	INC	105	--
	1-hour (99th percentile)	0.0120	31.4	0.0160	41.9	0.0107	28.0	INC	INC	INC	INC	--	33.8
	3-hour <sup>f</sup>	0.0200	52.4	0.0400	105	0.0148	38.8	INC	INC	INC	INC	105	--
	24-hour	0.005	13.1	0.006	15.7	0.004	10.5	INC	INC	INC	INC	15.7	--
PM <sub>10</sub> <sup>g</sup>	24-hour	--	83.0	--	76.0	--	50.0	--	54.0	--	54.0	54.0	--
	Annual	--	33.2	--	27.3	--	28.7	--	25.5	--	27.3	28.7	--
PM <sub>2.5</sub> <sup>g</sup>	24-hour (98th percentile)	--	30.5	--	26.5	--	26.6	--	25.1	--	24.6	--	25.4
	Annual	--	12.5	--	10.4	--	10.7	--	10.6	--	11.0	11.0	--

<sup>a</sup> The SCAQMD, ARB, and EPA ambient air quality data summaries were used as reference.

<sup>b</sup> Data from the North Long Beach monitoring station.

<sup>c</sup> Data from the Hudson Long Beach monitoring station.

<sup>d</sup> Annual Arithmetic Mean.

<sup>e</sup> SCAQMD specifically requested that background data from the Hudson Long Beach monitoring station be used for 1-hour NO<sub>2</sub> only. Therefore, annual NO<sub>2</sub> concentrations for 2012 and 2013 were not filled with data from the Hudson Long Beach monitoring station, based on the assumption that concentrations collected at the North Long Beach monitoring station would be more representative, even if older than the three most recent years.

<sup>f</sup> Background concentrations for the 3-hour EPA Secondary Standard for SO<sub>2</sub> were not available for the three most recent years. Therefore, the maximum 1-hour background concentrations were conservatively used.

<sup>g</sup> Data from the South Long Beach monitoring station.

Notes:

INC = Incomplete (i.e., the data collection was incomplete for these years)

N/A = Not applicable (i.e., background data were not available for these years)

Sources: SCAQMD, 2015b; ARB, 2015d; EPA, 2015b

All receptors and source locations were expressed in a UTM NAD 83, Zone 11 coordinate system. AERMAP (Version 11103) was used to calculate the receptor elevations and the controlling hill heights. Terrain in the vicinity of the project was accounted for by assigning base elevations to each receptor. National Elevation Dataset files from the United States Geological Survey were obtained in one-third arc-second resolution for the 50-km grid. The AERMAP domain was large enough to encompass the 10 percent slope factor required for calculating the controlling hill height. Based on the outcome of the dispersion modeling analysis using the grid spacing above, the maximum predicted concentrations for the construction, commissioning, and operational stages of the project were located within the 50-meter spacing receptor grid. As a result, a supplemental refined receptor grid was not required per standard modeling protocols.

A plot of the receptor grid is presented in Appendix 5.1C.

**Building Downwash and Good Engineering Practice Assessment.** For the analysis of the potential impacts during operation, EPA's Building Profile Input Program – Plume Rise Model Enhancement (BPIP-Prime, Version 04274) was used to calculate the projected building dimensions required for AERMOD evaluation of impacts from building downwash. Building downwash was included in AERMOD for each phase of AEC construction, commissioning, and operation, based on the buildings and structures present during each respective phase.

Good engineering practice (GEP), as used in the modeling analyses, is the maximum allowed stack height to ensure that emissions from the stack do not result in excessive concentrations of any air pollutant in the immediate vicinity of the source as a result of atmospheric downwash, eddies, or wakes that may be created by the source itself, nearby structures, or nearby terrain obstacles. In addition, the GEP modeling restriction ensures that any required regulatory control measure is not compromised by the effect of that portion of the stack that exceeds the GEP.

EPA's guidance for determining GEP stack height ( $H_g$ ) (EPA, 1985) is based on the height of a nearby structure(s) measured from the ground-level elevation at the base of the stack ( $H$ ) and the lesser dimension, height, or projected width of the nearby structure(s) ( $L$ ) as follows:

$$H_g = H + 1.5L$$

The GEP modeling restriction is the greater of the calculated GEP stack height or 65 meters. The height of the proposed stacks at the AEC are less than 65 meters, ranging from 24.4 meters to 42.7 meters. Therefore, the proposed AEC stack heights do not exceed GEP stack height.

### Modeling Scenarios and Source Data Used to Evaluate Impacts on Ambient Air Quality

In evaluating the potential impacts of the AEC on ambient air quality, modeling of the worst-case ambient impacts for the project was compared to the CAAQS, NAAQS, and the applicable SCAQMD new source review and PSD thresholds.

**Construction Impacts Analysis.** As previously discussed, the construction activities contributing to the maximum emissions are associated with construction of the AEC CCGT, which will occur for approximately 34 months and coincide with operation of the existing AGS units. To evaluate the overall potential air quality impacts from the construction activities, the maximum daily, monthly, and annual rolling 12-month emissions were developed. A description of the maximum annual construction emissions was provided in Section 5.1.6.1 and a complete summary of the combined maximum daily, monthly, and annual construction emissions is provided in Appendix 5.1A.

The SCAQMD's *CEQA Air Quality Handbook* (1993)<sup>12</sup> includes the SCAQMD's daily CEQA significance thresholds for construction. Therefore, the maximum daily emissions from the construction activities have

<sup>12</sup> According to the SCAQMD website: "The CEQA Air Quality Handbook (SCAQMD, 1993) is still the currently available guidance document for preparing air quality analyses, but is in the process of being revised (and will be called the AQMD Air Quality Analysis Guidance Handbook). The 1993 CEQA Air Quality Handbook is still available, however, there are sections that are obsolete. A list of these obsolete sections can be found on the CEQA Air Quality Handbook (1993) webpage." (Information at: <http://www.aqmd.gov/home/regulations/ceqa/air-quality-analysis-handbook>)

been compared to the SCAQMD *CEQA Air Quality Handbook's* significance thresholds in Table 5.1-28. As shown in Table 5.1-28, the maximum daily emissions are less than the significance thresholds for all pollutants except NO<sub>x</sub>. Therefore, the daily emissions associated with construction activities are expected to be less than significant with the exception of NO<sub>x</sub>.

TABLE 5.1-28

**Maximum Daily Construction Emissions<sup>a</sup>**

Construction Emission Source	NO <sub>x</sub>	CO	VOC	SO <sub>2</sub>	PM <sub>10</sub>	PM <sub>2.5</sub>
Maximum Daily Emissions (lb/day)	142	113	7.16	0.61	23.4	7.90
SCAQMD CEQA Significance Threshold (lb/day)	100	550	75	150	150	55
Exceed Threshold? (Yes or No)	Yes	No	No	No	No	No

<sup>a</sup> Maximum daily emissions include contributions from onsite construction equipment and onsite and offsite vehicles. The PM<sub>10</sub> and PM<sub>2.5</sub> emissions include exhaust and fugitive dust emissions.

In addition to the SCAQMD *CEQA Air Quality Handbook's* significance thresholds, the CEC requires an assessment of the potential ambient air quality impacts for construction activities. However, construction activities associated with the AEC would overlap with operation of the existing AGS units and operation of the AEC CCGT. As the impacts of these overlap scenarios would result in larger modeled impacts, an analysis of impacts from construction activities alone was not conducted. Impacts associated with the overlap scenarios are discussed later in this section.

For these overlap scenarios, the construction exhaust emissions were modeled as a set of point sources spaced approximately 25 meters apart over the construction areas with a horizontal stack release. The horizontal release type is an AERMOD beta option (i.e., nonregulatory default option), which negates mechanical plume rise. This conservative approach was used because it is unknown whether the construction equipment will have vertically oriented exhaust stacks. Stack release parameters consisted of a stack release temperature of 533 degrees Kelvin (K; 500°F), a stack diameter of 0.127 meters (5 inches), and a release height of 4.6 meters (15 feet) based on data for typical construction equipment. The construction-generated wind-blown and fugitive dust emissions were modeled as area sources assuming a ground-level release height with an initial vertical dimension of one meter. A detailed summary of the modeling assumptions and emission factors used to estimate the construction emission rates is presented in Appendix 5.1A.

**Commissioning Impacts Analysis.** During the commissioning of the AEC, the units in each power block will be operated at various load rates without the benefit of the emission control systems to ensure proper operation of the equipment. To provide a complete analysis, a dispersion modeling analysis was conducted for the commissioning of each of the power blocks. For the AEC CCGT, it was conservatively assumed that both turbines would be commissioned simultaneously. For the AEC SCGT, it was conservatively assumed that all four turbines would be undergoing simultaneous commissioning activities while both combined-cycle turbines were operating in cold-start mode. The AERMOD dispersion analysis was conducted using the parameters and emission rates for commissioning of the AEC CCGT, as presented in Table 5.1-29, and the parameters and emission rates for commissioning of the AEC SCGT, as presented in Table 5.1-30.

The short-term concentrations of NO<sub>2</sub> and CO (the 1-hour and 8-hour impacts) from the commissioning of the project were combined with the ambient background concentrations and compared to the short-term ambient air quality standards. Emission rates of PM<sub>10</sub>, PM<sub>2.5</sub>, and SO<sub>2</sub> are expected to be equal to or lower than normal operating rates due to reduced loads during commissioning. Although commissioning of the AEC CCGT and AEC SCGT is expected to be completed within 180 days and 90 days, respectively, annual impacts for a rolling 12-month period were also evaluated because annual emissions during the commissioning year (for both power blocks) could be higher than those during a noncommissioning year. As a result, annual NO<sub>2</sub>, PM<sub>10</sub>, and PM<sub>2.5</sub> impacts from commissioning with operation were combined with the ambient background concentrations and compared to the annual ambient air quality standards. Additional

modeling assumptions used to determine the maximum commissioning emissions are presented in Appendix 5.1B. A summary of the dispersion modeling input files is presented in Appendix 5.1C. The results of the commissioning modeling analysis are presented in the following section.

TABLE 5.1-29

**AEC CCGT Commissioning Dispersion Modeling Scenarios**

Scenarios	No. of Turbines/ Modeling Load	Exit Velocity (m/s)	Exhaust Temperature (K)	Emission Rates <sup>a</sup> (lb/hr)				
				1-hour NO <sub>x</sub>	1-hour CO	8-hour CO	Annual NO <sub>x</sub>	Annual PM <sub>10</sub> /PM <sub>2.5</sub>
CTG Testing (Full Speed No Load)	Two/10%	9.33	361	130	1,900	1,900	N/A	N/A
Steam Blows	Two/40%	11.9	359	68.3	N/A	N/A	N/A	N/A
Emissions Tuning	Two/80%	16.1	366	63.0	N/A	N/A	N/A	N/A
Combined Commissioning and Operation <sup>b</sup>	Two/Worst-Case	11.8	350	N/A	N/A	N/A	9. <del>39</del> <u>42</u>	5.4 <u>74</u>

<sup>a</sup> Emission rate given per turbine.

<sup>b</sup> Emissions rates, stack exit velocity, and stack temperature for the combined annual commissioning and operation are based on the operational load resulting in the highest modeled impact of NO<sub>x</sub>, PM<sub>10</sub>, and PM<sub>2.5</sub>.

Notes:

m/s = meter(s) per second

N/A = Not applicable

TABLE 5.1-30

**AEC SCGT Commissioning Dispersion Modeling Scenarios**

Scenarios	No. of Turbines/ Modeling Load	Exit Velocity (m/s)	Exhaust Temperature (K)	Emission Rates <sup>a</sup> (lb/hr)				
				1-hour NO <sub>x</sub>	1-hour CO	8-hour CO	Annual NO <sub>x</sub>	Annual PM <sub>10</sub> /PM <sub>2.5</sub>
Testing (Full Speed No Load)	Four/5%	10.0	728	40.1	244	244	N/A	N/A
DLN Emissions Tuning	Four/100%	33.3	694	N/A	90.0	90.0	N/A	N/A
Emissions Tuning	Four/75%	23.8	748	N/A	72.5	72.5	N/A	N/A
Combined Commissioning and Operation <sup>b</sup>	Four/Worst-Case	23.6	746	N/A	N/A	N/A	2.95	1.88

<sup>a</sup> Emission rate given per turbine.

<sup>b</sup> Emissions rates, stack exit velocity, and stack temperature for the combined annual commissioning and operation are based on the operational load resulting in the highest modeled impact of NO<sub>x</sub>, PM<sub>10</sub>, and PM<sub>2.5</sub>.

Note:

N/A = Not applicable

**Operation Impacts Analysis.** Turbine emissions and stack parameters, such as flow rate and exit temperature, would exhibit some variation with ambient temperature and operating load. Therefore, to evaluate the worst-case air quality impacts, a dispersion modeling analysis was conducted at minimum, average, and full load at 28°F, 65.3°F, and 107°F for each turbine type. Source parameters for the GE 7FA.05

and GE LMS-100PB exhaust stacks were based on information provided by the manufacturer. A summary of the source parameters and the source UTM locations for each modeled scenario is included in Appendix 5.1C.

*AEC CCGT.* The hourly emission rates used to estimate the maximum 1-hour predicted impacts from the operation of the AEC CCGT were based on the conservative assumption that both GE 7FA.05 units would be in cold startup mode within the same hour. The 1-, 3-, and 24-hour SO<sub>2</sub> emission rates were estimated based on a fuel sulfur concentration of 0.75 grain of sulfur per 100 dscf of natural gas. The hourly emission rate for the 8-hour CO averaging period was based on ~~two~~ cold starts, ~~one warm start~~, two shutdowns, and the balance of the period at steady-state operation. The hourly 24-hour PM<sub>10</sub> and PM<sub>2.5</sub> emission rates were 8.5 lb/hr for each modeling scenario. The annualized hourly NO<sub>x</sub>, PM<sub>10</sub>, and PM<sub>2.5</sub> emission rates for the annual impact assessment were based on ~~the following:~~

~~4,640~~ hours of turbine operation at minimum, average, and maximum load, including  
~~80~~ cold startups,  
~~88~~ warm startups,  
~~332~~ hot startups, and  
~~500~~ shutdowns.

The combined-cycle emission rates and operating scenario resulting in the maximum predicted concentrations are presented in Table 5.1-31.

TABLE 5.1-31

**AEC CCGT Emission Rates and Operating Scenarios Corresponding to the Highest Predicted AERMOD Impacts**

	Operating Scenario	Ambient Temperature (°F)	Operating Load (%)	Exhaust Velocity (ft/s)	Exhaust Temperature (°F)	Turbine Emission Rate (lb/hr) <sup>a</sup>
<b>NO<sub>2</sub></b>						
1-hour	03	28	Minimum	40.0	170	61.0
1-hour (federal)	03	28	Minimum	40.0	170	61.0
Annual	07	65.3	Minimum	38.8	170	<del>5.976</del> <u>24</u>
<b>CO</b>						
1-hour	03	28	Minimum	40.0	170	325
8-hour	03	28	Minimum	40.0	170	<del>95.2</del> <u>118</u>
<b>SO<sub>2</sub></b>						
1-hour	02	28	Average	51.2	178	3.84
1-hour (federal)	06	65.3	Average	48.9	175	3.72
3-hour	06	65.3	Average	48.9	175	3.72
24-hour	06	65.3	Average	48.9	175	3.72
<b>PM<sub>10</sub></b>						
24-hour	07	65.3	Minimum	38.8	170	8.50
Annual	07	65.3	Minimum	38.8	170	<del>4.504</del> <u>8</u>
<b>PM<sub>2.5</sub></b>						
24-hour	07	65.3	Minimum	38.8	170	8.50
Annual	07	65.3	Minimum	38.8	170	<del>4.504</del> <u>8</u>

TABLE 5.1-31

AEC CCGT Emission Rates and Operating Scenarios Corresponding to the Highest Predicted AERMOD Impacts

Operating Scenario	Ambient Temperature (°F)	Operating Load (%)	Exhaust Velocity (ft/s)	Exhaust Temperature (°F)	Turbine Emission Rate (lb/hr) <sup>a</sup>
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<sup>a</sup> Emission rates are based on the following assumptions:

- The maximum 1-hour NO<sub>x</sub> and CO emission rates are based on a 60-minute cold startup event at 20°F.
- The 1-, 3-, and 24-hour SO<sub>2</sub> emission rates are based on the worst-case fuel sulfur content of 0.75 grain per 100 dscf of natural gas.
- The 8-hour CO emission rate is based on ~~two~~ cold startup events, ~~one warm startup event~~, and two shutdown events, and operating at minimum load for the remaining hours.
- The annual emission rates for NO<sub>x</sub>, PM<sub>10</sub>, and PM<sub>2.5</sub> were based on 4, ~~640100~~ hours of turbine operation at minimum load, including 8024 cold startup events, ~~88100~~ warm startup events, 33276 hot startup events, and 500 shutdown events.

**Note:**

ft/s = feet per second

*Simple-Cycle Power Block.* The hourly emission rates used to estimate the maximum 1-hour predicted impacts from operation of the AEC SCGT were based on the conservative assumption that all four GE LMS-100PB units would be in startup mode within the same hour. The 1-, 3-, and 24-hour SO<sub>2</sub> emission rates were estimated based on a fuel sulfur concentration of 0.75 grain of sulfur per 100 dscf of natural gas. The hourly emission rate for the 8-hour CO averaging period was based on two startups, two shutdowns, and the balance of the period at steady-state operation. The hourly 24-hour PM<sub>10</sub> and PM<sub>2.5</sub> emission rates were 6.23 lb/hr for each modeling scenario. The annualized hourly NO<sub>x</sub>, PM<sub>10</sub>, and PM<sub>2.5</sub> emission rates for the annual impact assessment were based on ~~the following:~~

2, ~~358000~~ hours of turbine operation at minimum, average, and maximum load, including 500 startups and 500 shutdowns.

The simple-cycle emission rates and operating scenario resulting in the maximum predicted concentrations are presented in Table 5.1-32.

TABLE 5.1-32

AEC SCGT Emission Rates and Operating Scenarios Corresponding to the Highest Predicted AERMOD Impacts

	Operating Scenario	Ambient Temperature (°F)	Operating Load (%)	Exhaust Velocity (ft/s)	Exhaust Temperature (°F)	Turbine Emission Rate (lb/hr) <sup>a</sup>
<b>NO<sub>2</sub></b>						
1-hour	03	28	Minimum	78.0	888	21.2
1-hour (federal)	03	28	Minimum	78.0	888	21.2
Annual	07	65.3	Minimum	77.4	883	2.29
<b>CO</b>						
1-hour	03	28	Minimum	78.0	888	44.9
8-hour	03	28	Minimum	78.0	888	15.0
<b>SO<sub>2</sub></b>						
1-hour	01	28	Maximum	109	789	1.62
1-hour (federal)	05	65.3	Maximum	108	798	1.61

TABLE 5.1-32

**AEC SCGT Emission Rates and Operating Scenarios Corresponding to the Highest Predicted AERMOD Impacts**

	Operating Scenario	Ambient Temperature (°F)	Operating Load (%)	Exhaust Velocity (ft/s)	Exhaust Temperature (°F)	Turbine Emission Rate (lb/hr) <sup>a</sup>
3-hour	05	65.3	Maximum	108	798	1.61
24-hour	05	65.3	Maximum	108	798	1.61
<b>PM<sub>10</sub></b>						
24-hour	07	65.3	Minimum	77.4	883	6.23
Annual	07	65.3	Minimum	77.4	883	1.68
<b>PM<sub>2.5</sub></b>						
24-hour	07	65.3	Minimum	77.4	883	6.23
Annual	07	65.3	Minimum	77.4	883	1.68

<sup>a</sup> Emission rates are based on the following assumptions:

- The maximum 1-hour NO<sub>x</sub> and CO emission rates are based on one startup event, one shutdown event, and operating at minimum load for the remaining hours~~60 minutes of a startup event.~~
- The 1-, 3-, and 24-hour SO<sub>2</sub> emission rates are based on the worst-case fuel sulfur content of 0.75 grain per 100 dscf of natural gas.
- The 8-hour CO emission rate is based on two startup events, two shutdown events, and operating at minimum load for the remaining hours.
- The annual emission rates for NO<sub>x</sub>, PM<sub>10</sub>, and PM<sub>2.5</sub> were based on 2,358,000~~2,358,000~~ hours of turbine operation at minimum load, including 500 startup events, and 500 shutdown events.

Because the maximum hourly, daily, and annual screening ground-level impacts occurred within the 50-meter receptor grid, a supplemental 50-meter dispersion modeling grid at the point of maximum ground-level impact was not necessary per standard modeling protocols. The results of the modeling analysis are presented in the following section and in Appendix 5.1C.

*Auxiliary Boiler.* The hourly emission rates used to estimate the maximum 1-hour and 3-hour predicted impacts from operation of the auxiliary boiler were based on the maximum hourly firing rate, and excluded startup and shutdown events. The hourly emission rate for the 8-hour CO averaging period was based on one cold startup event and the balance of the period at operation at the maximum hourly firing rate. The hourly 24-hour SO<sub>2</sub>, PM<sub>10</sub>, and PM<sub>2.5</sub> emission rates were based on the 30-day average monthly emission rates, where monthly emission rates were based on the following:

- Heat input of 16,055 MMBtu~~31 days of operation~~
- 2 cold startups
- 4 warm startups
- 4 hot startups

The annualized hourly NO<sub>x</sub>, PM<sub>10</sub>, and PM<sub>2.5</sub> emission rates for the annual impact assessment were based on the following:

- Heat input of 189,155 MMBtu~~8,760 hours of operation~~
- 24 cold startups
- 48 warm startups
- 48 hot startups

The auxiliary boiler emission rates and stack parameters included in each combined- and simple-cycle modeled scenario are presented in Table 5.1-33.

TABLE 5.1-33

**Auxiliary Boiler Emission Rates and Stack Parameters**

	Exhaust Velocity (ft/s)	Exhaust Temperature (°F)	Emission Rate (lb/hr) <sup>a</sup>
<b>NO<sub>2</sub></b>			
1-hour			0.42
1-hour (federal)	69.5	318	0.42
Annual			0.1523
<b>CO</b>			
1-hour			2.83
8-hour	69.5	318	2.37
<b>SO<sub>2</sub></b>			
1-hour			0.14048
1-hour (federal)			0.14048
3-hour	69.5	318	0.14048
24-hour			0.04625
<b>PM<sub>10</sub></b>			
24-hour			0.16
Annual	69.5	318	0.15
<b>PM<sub>2.5</sub></b>			
24-hour			0.16
Annual	69.5	318	0.15

<sup>a</sup> Emission rates are based on the following assumptions:

- The maximum 1-hour NO<sub>x</sub> and CO and 1-hour and 3-hour SO<sub>2</sub> emission rates are based on normal operation at the maximum hourly firing rate.
- The 8-hour CO emission rate is based on one cold startup event and operating at the maximum firing rate for the remaining hours.
- The daily emission rates for SO<sub>2</sub>, PM<sub>10</sub>, and PM<sub>2.5</sub> were based on a heat input of 16,055 MMBtu~~31 days of operation~~, 2 cold startup events, 4 warm startup events, and 4 hot startup events, averaged over 30 days.
- The annual emission rates for NO<sub>x</sub>, PM<sub>10</sub>, and PM<sub>2.5</sub> were based on a heat input of 189,155 MMBtu~~8,760 hours of operation~~, 24 cold startup events, 48 warm startup events, and 48 hot startup events.

*Rule 1303 and Rule 1304.* SCAQMD Rule 1303 requires an ambient air quality analysis for each new emission source to demonstrate that a proposed project will not cause a violation or make significantly worse an existing violation of the CAAQS or NAAQS. Under SCAQMD Rule 1304(a)(2), there is an exemption from the dispersion modeling requirements of SCAQMD Rule 1303(b)(1) and the offset requirement of SCAQMD Rule 1303(b)(2) for projects like the AEC that are classified by SCAQMD's rules as "Electric Utility Steam Boiler Replacement," defined in pertinent part as the replacement of electric utility steam boiler(s) with combined-cycle gas turbine(s)." Therefore, SCAQMD Rule 1304(a)(2) expressly provides that a SCAQMD Rule 1303, Appendix A-2 review is not required as part of this air quality impacts analysis.

Per SCAQMD Rule 1303(b)(5)(C), a modeling analysis is required to evaluate impacts on plume visibility if the net emission increase from the new or modified source exceeds 15 tpy of PM<sub>10</sub> or 40 tpy of NO<sub>x</sub>; and the location of the source, relative to the closest boundary of a specified federal Class I area, is within 28 km. (There is no exemption from this modeling requirement for Electric Utility Steam Boiler Replacement

projects.) Net emissions of PM<sub>10</sub> and NO<sub>x</sub> will exceed the emissions thresholds but the distance to the nearest Class I area is approximately 53 km. Therefore, a visibility analysis is not required for Class I areas under SCAQMD Rule 1303.

Although not required by its rules, the SCAQMD requested an analysis of the project's impacts on visibility for nearby State Parks and National Wilderness Areas designated as Class II areas. As such, a visibility analysis for Class II areas was performed using the EPA-recommended VISCREEN model. The general procedures to determine visibility impacts followed the approach outlined in the *Workbook for Plume Visual Impact Screening and Analysis (Revised)* (EPA, 1992), with clarification of particular inputs below:

- Background visual ranges for the Class II areas were determined using maps supplied by the Interagency Monitoring of Protected Visual Environments (IMPROVE). The average of the annual upper and lower bounds were used.
- When a Tier 1 approach exceeded the Class I criterion for color difference and contrast, a Tier II assessment was conducted. The Tier II assessment used the North Long Beach AERMET meteorological dataset, which was provided by SCAQMD staff for the years 2006 through 2009 and 2011. These data were preprocessed with the EPA Meteorological Processor for Regulatory Modeling Applications (MPRM, Version 99349) for the Industrial Source Complex (ISC) modeling system.<sup>13</sup>

Based on a survey of State Parks and National Wilderness Areas designated as Class II areas within 50 km of the AEC, the following Class II areas were included in the visibility assessment:

- Crystal Cove State Park
- Water Canyon National Park
- Chino Hills State Park
- Kenneth Hahn State Park

*Rule 2005.* SCAQMD Rule 2005 sets forth preconstruction review requirements for new facilities subject to the requirements of the Regional Clean Air Incentives Market (RECLAIM) program, for modifications to RECLAIM facilities, and for facilities that increase their allocation to a level greater than their starting allocation plus nontradable credits. The existing AGS is currently subject to the RECLAIM requirements, and AEC will also exceed the major NO<sub>2</sub> modification threshold of 1 lb/day. Therefore, an ambient air quality analysis is required to demonstrate that AEC will not cause a significant increase in the air quality concentration of NO<sub>2</sub>, as specified in Rule 2005, Appendix A.

*Regulation XVII (PSD).* SCAQMD Regulation XVII sets forth preconstruction review requirements for stationary sources to ensure that air quality in clean air areas does not significantly deteriorate, while maintaining a margin for future industrial growth. PSD applies to preconstruction review of new or modified stationary sources that emit more than 100 tpy of federal attainment air contaminants. Note that although the project is not expected to emit more than 100 tpy of PM<sub>10</sub>, PM<sub>10</sub> impacts were also evaluated against the significant emissions increase thresholds due to Los Angeles County's new designation as an attainment area for PM<sub>10</sub>. Based on the emission estimates and attainment designations, NO<sub>2</sub>, CO, and PM<sub>10</sub> are the only attainment pollutants from the AEC that will exceed the thresholds for which dispersion modeling is applicable and will be subject to dispersion modeling requirements.

The dispersion modeling approach and settings used to evaluate the project's NO<sub>x</sub>, CO, and PM<sub>10</sub> impacts for comparison to the NAAQS and CAAQS were also used to determine the PSD near field (Class II) impacts. Table 5.1-34 summarizes the Class II Significant Impact Levels (SILs), Class II PSD increment Standards, and the significant monitoring concentration levels.

<sup>13</sup> ISC-ready data, preprocessed with MPRM, contain the wind speed, wind direction, and stability class for each hour of the year. These data are required to create the Joint Frequency Distribution tables used to calculate the Tier II wind speed and stability class for each area analyzed.

TABLE 5.1-34

**PSD Air Quality Impact Standards Applicable to the AEC**

Averaging Period/ Pollutant	Significant Impact Level ( $\mu\text{g}/\text{m}^3$ )	PSD Class II Increment Standard ( $\mu\text{g}/\text{m}^3$ )	Significant Monitoring Concentrations ( $\mu\text{g}/\text{m}^3$ )
NO <sub>2</sub> (1-hour)	7.52 <sup>a</sup>	N/A	N/A
NO <sub>2</sub> (Annual)	1.0	25	14
CO (1-hour)	2,000	N/A	N/A
CO (8-hour)	500	N/A	575
PM <sub>10</sub> (24-hour)	5.0	30	10
PM <sub>10</sub> (Annual)	1.0	17	N/A

<sup>a</sup> The SIL for 1-hour NO<sub>2</sub> is based on SCAQMD correspondence.

Note:

N/A = Not applicable (i.e., no standard)

In addition to addressing the AEC's impacts within the near field, a Class I impact analysis was conducted to demonstrate that the AEC will not cause or contribute to an exceedance of the Class I SIL or PSD Class I Increment Standards and will not adversely affect air quality-related values (AQRV). To evaluate the potential impacts on Class I areas near the AEC site, all Class I areas within 300 km of the AEC were identified. Based on this survey, the San Gabriel Wilderness, which is approximately 53 km from the AEC site, was identified as the nearest Class I area. To address PSD Class I Increment Standards, AERMOD was used with a receptor ring at 50 km from the facility. The ring was spaced in 5-degree increments centered on the AEC site location.

Table 5.1-35 summarizes the Class I SIL and allowable PSD increment consumption. If modeled impacts are below the SILs, then the project would be considered to have negligible impact at the more distant Class I areas.

TABLE 5.1-35

**Class I SIL and PSD Class I Increment Standards Applicable to the Project**

Averaging Period/ Pollutant	Significant Impact Level ( $\mu\text{g}/\text{m}^3$ )	PSD Class I Increment Standard ( $\mu\text{g}/\text{m}^3$ )
NO <sub>2</sub> (Annual)	0.1	2.5
PM <sub>10</sub> (24-hour)	0.3	2.0
PM <sub>10</sub> (Annual)	0.2	1.0

To evaluate the potential impacts on visibility and deposition at the nearest Class I area, the federal Class I area air quality guidance (Federal Land Managers [FLM], 2010) allows an emissions/distance (Q/D) factor of 10 to be used as a screening criterion for sources located more than 50 km from a Class I area. This screening criterion includes all AQRVs. Emissions are calculated as the total SO<sub>2</sub>, NO<sub>x</sub>, PM<sub>10</sub>, and sulfuric acid (H<sub>2</sub>SO<sub>4</sub>) annual emissions (in tpy, based on 24-hour maximum allowable emissions). These emissions are divided by the distance (in km) from the Class I area.

The combined AEC annual emissions of NO<sub>x</sub>, SO<sub>2</sub>, H<sub>2</sub>SO<sub>4</sub>, and PM<sub>10</sub>, calculated using the 24-hour maximum allowable emissions, will be approximately 5510 tpy. Therefore, the maximum Q/D for the project will be approximately 10.3 ton/km-year. Because the factor is greater than the federal Class I area air quality screening criterion of 10, visibility and deposition modeling is required for all Class I areas which exceed the screening criterion and any additional Class I areas requested by the FLM. Note that as part of the federal review process running in parallel with the CEC and SCAQMD processes, the results of the visibility and

deposition modeling were prepared as a separate document and submitted to the appropriate FLM for review and approval (see Appendix 5.1G). The *Dispersion Modeling Protocol for Air Quality Related Values at Class I Areas Near the Alamitos Energy Center* (see Appendix 5.1F) was also submitted to the appropriate FLM for review and approval.

#### 5.1.6.4 Air Quality Impact Analysis Results

**Construction Impacts Analysis.** As discussed previously, construction activities associated with the AEC would overlap with operation of the existing AGS units and operation of the AEC CCGT. As the impacts of these overlap scenarios would result in larger modeled impacts than construction-only, an analysis of impacts from construction activities alone was not conducted. Impacts associated with the overlap scenarios are located later in this section.

#### Commissioning Impacts Analysis.

**Combined-Cycle Turbines.** The potential impacts on ambient air quality associated with the AEC commissioning activities were assessed based on engineering estimates of schedule and emissions. As previously discussed, it was assumed that the maximum impact would occur while the two combined-cycle turbines were undergoing simultaneous commissioning activities with the highest unabated emissions presented in Table 5.1-29. Note that the analysis excluded a comparison to the federal 1-hour NO<sub>2</sub> and SO<sub>2</sub> standards because the maximum hourly unabated emission rates that result in the highest predicted concentrations would only occur once during the life of the AEC and that the one time unabated commissioning would be less than 48 hours per turbine.<sup>14</sup> The 1-hour NO<sub>2</sub> and SO<sub>2</sub> standards are also based on 98th and 99th percentile statistical standards, respectively. Therefore, the simultaneous one-time unabated emissions event for both combined-cycle turbines contributing to an exceedance of the NAAQS could not occur.

Table 5.1-36 presents the results of the modeling analysis. As indicated, the maximum predicted CO, NO<sub>2</sub>, SO<sub>2</sub>, and PM<sub>2.5</sub> commissioning impacts combined with the background concentrations will be below the ambient air quality standards for each averaging period. For PM<sub>10</sub>, the background concentrations exceed the CAAQS without adding the respective modeled concentrations. As a result, the predicted impacts combined with the background concentrations would be greater than the CAAQS. However, the commissioning activity would be finite, and the **Applicant/Project Owner** will limit the hours of operation required to complete commissioning activities. Additionally, as described in Section 5.1.8.2, Operational Mitigation, the AEC emissions will be fully offset consistent with SCAQMD Rule 1303 through the SCAQMD internal offset bank under SCAQMD Rule 1304(a)(2). Therefore, impacts from commissioning will be less than significant.

TABLE 5.1-36

**AEC CCGT Commissioning Impacts Analysis – Maximum Modeled Impacts Compared to the Ambient Air Quality Standards**

Pollutant	Averaging Time	Maximum Modeled	Background	Total Predicted	CAAQS,	NAAQS,
		Concentration, µg/m <sup>3</sup> <sup>a</sup>	Concentration, µg/m <sup>3</sup> <sup>b</sup>	Concentration, µg/m <sup>3</sup>	µg/m <sup>3</sup>	µg/m <sup>3</sup>
CO	1-hour	1,231	3,666	4,897	23,000	40,000
	8-hour	835	2,979	3,814	10,000	10,000
NO <sub>2</sub> <sup>c</sup>	1-hour (max)	67.6	170	238	339	—
	Annual	0.26	39.9	40.2	57	100
SO <sub>2</sub>	1-hour (max)	2.2406	105	107	655	—
	3-hour	1.9265	105	107	—	1,300
	24-hour	0.552	15.7	16.32	105	—
PM <sub>10</sub>	24-hour	1.6274	54.0	55.67	50	150
	Annual	0.21	28.7	28.9	20	—

<sup>14</sup> The highest commissioning emission rates occur during turbine testing at full speed with no load; this commissioning event lasts up to 48 hours.

TABLE 5.1-36

**AEC CCGT Commissioning Impacts Analysis – Maximum Modeled Impacts Compared to the Ambient Air Quality Standards**

Pollutant	Averaging Time	Maximum Modeled Concentration, $\mu\text{g}/\text{m}^3$ <sup>a</sup>	Background Concentration, $\mu\text{g}/\text{m}^3$ <sup>b</sup>	Total Predicted Concentration, $\mu\text{g}/\text{m}^3$	CAAQS, $\mu\text{g}/\text{m}^3$	NAAQS, $\mu\text{g}/\text{m}^3$
PM <sub>2.5</sub>	24-hour (98th percentile) <sup>d</sup>	1.1425	25.4	26.57	—	35
	Annual	0.21	11.0	11.2	12	12

<sup>a</sup> Maximum modeled concentrations include impacts from commissioning of two GE 7FA.05 turbines and operation of the auxiliary boiler.

<sup>b</sup> Unless otherwise noted, background concentrations were the highest concentrations monitored over the three most recent, available years (see Table 5.1-27).

<sup>c</sup> The maximum 1-hour and annual NO<sub>2</sub> concentrations include ambient NO<sub>2</sub> ratios of 0.80 (EPA, 2011) and 0.75 (EPA, 2005), respectively.

<sup>d</sup> The total predicted concentration for the federal 24-hour PM<sub>2.5</sub> standard is the 5-year average, high-8th-high modeled concentration combined with the 3-year average, 98th percentile background concentration.

**Simple Cycle Turbines.** The simple-cycle turbines will be commissioned after the combined-cycle turbines are already in operation. Therefore, it was assumed that the maximum impact would occur while the four simple-cycle turbines were simultaneously undergoing commissioning activities with the highest unabated emissions presented in Table 5.1-30 and the two combined-cycle turbines were simultaneously operating with the steady-state emissions presented in Table 5.1-31. The analysis again excluded a comparison to the federal 1-hour NO<sub>2</sub> and SO<sub>2</sub> standards, as explained above.

Table 5.1-37 presents the results of the modeling analysis. As indicated, the maximum predicted CO, NO<sub>2</sub>, SO<sub>2</sub>, and PM<sub>2.5</sub> commissioning impacts combined with the background concentrations will be below the ambient air quality standards for each averaging period. For PM<sub>10</sub>, the background concentrations exceed the CAAQS without adding the respective modeled concentrations. As a result, the predicted impacts combined with the background concentrations would be greater than the CAAQS. However, the commissioning activity would be finite, and the ~~Applicant/Project Owner~~ will limit the hours of operation required to complete commissioning activities. Additionally, as described in Section 5.1.8.2, Operational Mitigation, the AEC emissions will be fully offset consistent with SCAQMD Rule 1303 through the SCAQMD internal offset bank under SCAQMD Rule 1304(a)(2). Therefore, impacts from commissioning will be less than significant.

TABLE 5.1-37

**AEC SCGT Commissioning Impacts Analysis – Maximum Modeled Impacts Compared to the Ambient Air Quality Standards**

Pollutant	Averaging Time	Maximum Modeled Concentration, $\mu\text{g}/\text{m}^3$ <sup>a</sup>	Background Concentration, $\mu\text{g}/\text{m}^3$ <sup>b</sup>	Total Predicted Concentration, $\mu\text{g}/\text{m}^3$	CAAQS, $\mu\text{g}/\text{m}^3$	NAAQS, $\mu\text{g}/\text{m}^3$
CO	1-hour	470	3,666	4,136	23,000	40,000
	8-hour	240	2,979	3,219	10,000	10,000
NO <sub>2</sub> <sup>c</sup>	1-hour (max)	61.9	170	232	339	—
	Annual	0.20	39.9	40.1	57	100
SO <sub>2</sub>	1-hour (max)	2.1296	105	107	655	—
	3-hour	1.695	105	107	—	1,300
	24-hour	0.532	15.7	16.2	105	—
PM <sub>10</sub>	24-hour	1.71	54.0	55.7	50	150
	Annual	0.2049	28.7	28.9	20	—
PM <sub>2.5</sub>	24-hour (98th percentile) <sup>c</sup>	1.25	25.4	26.7	—	35
	Annual	0.2049	11.0	11.26	12	12

<sup>a</sup> Maximum modeled concentrations include impacts from commissioning of four GE LMS-100PB turbines and operation of

TABLE 5.1-37

**AEC SCGT Commissioning Impacts Analysis – Maximum Modeled Impacts Compared to the Ambient Air Quality Standards**

Pollutant	Averaging Time	Maximum Modeled Concentration, $\mu\text{g}/\text{m}^3$ <sup>a</sup>	Background Concentration, $\mu\text{g}/\text{m}^3$ <sup>b</sup>	Total Predicted Concentration, $\mu\text{g}/\text{m}^3$	CAAQS, $\mu\text{g}/\text{m}^3$	NAAQS, $\mu\text{g}/\text{m}^3$
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two GE 7FA.05 turbines and the auxiliary boiler.

<sup>b</sup> Unless otherwise noted, background concentrations were the highest concentrations monitored over the three most recent, available years (see Table 5.1-27).

<sup>c</sup> The maximum 1-hour and annual NO<sub>2</sub> concentrations include ambient NO<sub>2</sub> ratios of 0.80 (EPA, 2011) and 0.75 (EPA, 2005), respectively.

<sup>d</sup> The total predicted concentration for the federal 24-hour PM<sub>2.5</sub> standard is the 5-year average, high-8th-high modeled concentration combined with the 3-year average, 98th percentile background concentration.

**Operation Impacts Analysis.** To evaluate the worst-case air quality impacts, each technology was assessed at peak, average, and minimum load at low, average, and high ambient temperatures. Table 5.1-38 presents a comparison of the maximum AEC operational impacts to the CAAQS and NAAQS. As indicated, the maximum predicted CO, NO<sub>2</sub>, SO<sub>2</sub>, and PM<sub>2.5</sub> operational impacts combined with the background concentrations will be below the ambient air quality standards for each averaging period. The PM<sub>10</sub> background concentrations exceed the CAAQS without adding the respective modeled concentration. As a result, the predicted impacts combined with the background concentrations will be greater than the CAAQS. However, as described in Section 5.1.8.2, Operational Mitigation, the AEC emissions will be fully offset consistent with SCAQMD Rule 1303 through the SCAQMD internal offset bank under SCAQMD Rule 1304(a)(2). Therefore, impacts from operation will be less than significant.

TABLE 5.1-38

**AEC Operation Impacts Analysis – Maximum Modeled Impacts Compared to the Ambient Air Quality Standards**

Pollutant	Averaging Time	Maximum Modeled Concentration, $\mu\text{g}/\text{m}^3$	Background Concentration, $\mu\text{g}/\text{m}^3$ <sup>a</sup>	Total Predicted Concentration, $\mu\text{g}/\text{m}^3$	CAAQS, $\mu\text{g}/\text{m}^3$	NAAQS, $\mu\text{g}/\text{m}^3$
CO	1-hour	186	3,666	3,852	23,000	40,000
	8-hour	<del>44.336</del> 0	2,979	<del>3,023</del> 15	10,000	10,000
NO <sub>2</sub> <sup>b</sup>	1-hour (max)	31.3	170	201	339	—
	1-hour (98th percentile) <sup>c</sup>	22.6	140	163	—	188
	Annual	<del>0.204</del> 9	39.9	40.1	57	100
SO <sub>2</sub>	1-hour (max)	<del>2.120</del> 6	105	107	655	—
	1-hour (99th percentile) <sup>d</sup>	1.594	33.8	<del>35.4</del> 3	—	196
	3-hour	<del>1.69</del> 5	105	107	—	1,300
	24-hour	<del>0.53</del> 2	15.7	16.2	105	—
PM <sub>10</sub>	24-hour	1.71	54.0	55.7	50	150
	Annual	0.19	28.7	28.9	20	—
PM <sub>2.5</sub>	24-hour (98th percentile) <sup>c</sup>	1.25	25.4	26.7	—	35
	Annual	0.19	11.0	11.2	12	12

<sup>a</sup> Unless otherwise noted, background concentrations were the highest concentrations monitored over the three most recent, available years (see Table 5.1-27).

<sup>b</sup> The maximum 1-hour and annual NO<sub>2</sub> concentrations include ambient NO<sub>2</sub> ratios of 0.80 (EPA, 2011) and 0.75 (EPA, 2005), respectively.

<sup>c</sup> The total predicted concentration for the federal 1-hour NO<sub>2</sub> and 24-hour PM<sub>2.5</sub> standard are the respective 5-year average, high-8th-high modeled concentrations combined with the 3-year average, 98th percentile background concentrations.

<sup>d</sup> The total predicted concentration for the federal 1-hour SO<sub>2</sub> standard is the 5-year average, high-4th-high modeled

TABLE 5.1-38

**AEC Operation Impacts Analysis – Maximum Modeled Impacts Compared to the Ambient Air Quality Standards**

Pollutant	Averaging Time	Maximum Modeled Concentration, $\mu\text{g}/\text{m}^3$	Background Concentration, $\mu\text{g}/\text{m}^3$ <sup>a</sup>	Total Predicted Concentration, $\mu\text{g}/\text{m}^3$	CAAQS, $\mu\text{g}/\text{m}^3$	NAAQS, $\mu\text{g}/\text{m}^3$
concentration combined with the 3-year average, 99th percentile background concentration.						

*Rule 2005.* The maximum modeled NO<sub>2</sub> concentrations are presented in Table 5.1-39 and are compared to the SCAQMD Rule 2005 significance threshold<sub>s</sub>. Although each combustion emission unit was modeled, the results presented in Table 5.1-39 are only for the emission unit causing the highest modeled concentrations, in this case one combined-cycle turbine. The maximum modeled NO<sub>2</sub> concentrations were also added to representative background concentrations and compared to the state and federal ambient air quality standards for NO<sub>2</sub>. The NO<sub>2</sub> concentrations per emission unit are less than the SCAQMD Rule 2005 thresholds and the ambient air quality standards. Therefore, the predicted NO<sub>2</sub> impacts from operation will be less than significant compared to SCAQMD Rule 2005.

TABLE 5.1-39

**Rule 2005 Air Quality Thresholds and Standards Applicable to the AEC (per emission unit)**

Pollutant/Averaging Time	Maximum Modeled Concentration, $\mu\text{g}/\text{m}^3$ <sup>a</sup>	Significant Threshold, $\mu\text{g}/\text{m}^3$ <sup>b</sup>	Background Concentration, $\mu\text{g}/\text{m}^3$ <sup>c</sup>	Total Predicted Concentration, $\mu\text{g}/\text{m}^3$	CAAQS, $\mu\text{g}/\text{m}^3$	NAAQS, $\mu\text{g}/\text{m}^3$
NO <sub>2</sub> (1-hour)	13.8	20	170	184	339	—
NO <sub>2</sub> (Federal 1-hour)	13.8	N/A	140	154 <del>6</del>	—	188
NO <sub>2</sub> (Annual)	0.085 <del>4</del>	1.0	39.9	40.0	57	100

<sup>a</sup> The maximum 1-hour and annual NO<sub>2</sub> concentrations include ambient NO<sub>2</sub> ratios of 0.80 (EPA, 2011) and 0.75 (EPA, 2005), respectively.

<sup>b</sup> Allowable change in air quality concentration per emission unit per SCAQMD Rule 2005, Appendix A.

<sup>c</sup> Background concentrations were the highest concentrations monitored over the three most recent, available years (see Table 5.1-27).

Note:

N/A = Not applicable (i.e., no standard)

**Rule XVII (PSD).** Table 5.1-40 presents a summary of the predicted 1-hour and 8-hour CO, hourly and annual NO<sub>2</sub>, and 24-hour and annual PM<sub>10</sub> impacts from operation of the AEC, compared to the Class II SILs, Class II PSD Increment Standards, and the significant monitoring concentration levels. This modeling was performed consistent with that performed for the operation impacts analysis, presented in Table 5.1-38.

As shown in Table 5.1-40, the maximum predicted 1-hour CO, 8-hour CO, annual NO<sub>2</sub>, 24-hour PM<sub>10</sub>, and annual PM<sub>10</sub> impacts from operation of the AEC are below the Class II SILs, Class II PSD Increment Standards, and significant monitoring concentrations. Therefore, additional analysis of 1-hour CO, 8-hour CO, annual NO<sub>2</sub>, 24-hour PM<sub>10</sub>, and annual PM<sub>10</sub> impacts is not required. However, the maximum predicted 1-hour NO<sub>2</sub> impacts from operation of the AEC exceed the Class II SIL, with a radius of impact with predicted concentrations greater than 7.52  $\mu\text{g}/\text{m}^3$  of 1.5 km. Therefore, the cumulative impacts of the AEC and competing sources were assessed, per the methodology described in Section 6.3.2, Tier 2 Analysis, of the *Dispersion Modeling Protocol for the Alamitos Energy Center* (see Appendix 5.1F), for all receptors where the AEC impacts alone exceeded the 1-hour NO<sub>2</sub> SIL.

TABLE 5.1-40  
**AEC Predicted Impacts Compared to the PSD Air Quality Impact Standards**

Pollutant/Averaging Time	Maximum Modeled Concentration, $\mu\text{g}/\text{m}^3$	Significant Impact Level, $\mu\text{g}/\text{m}^3$	PSD Class II Increment Standard, $\mu\text{g}/\text{m}^3$	Significant Monitoring Concentration, $\mu\text{g}/\text{m}^3$
CO (1-hour)	186	2,000	N/A	N/A
CO (8-hour)	<del>44.336.0</del>	500	N/A	575
NO <sub>2</sub> (1-hour) <sup>a</sup>	31.3	7.52 <sup>b</sup>	N/A	N/A
NO <sub>2</sub> (Annual) <sup>a</sup>	<del>0.2019</del>	1.0	25	14
PM <sub>10</sub> (24-hour)	1.71	5.0	30	10
PM <sub>10</sub> (Annual)	0.19	1.0	17	N/A

<sup>a</sup> The maximum 1-hour and annual NO<sub>2</sub> concentrations include ambient NO<sub>2</sub> ratios of 0.80 (EPA, 2011) and 0.75 (EPA, 2005), respectively.

<sup>b</sup> The SIL for 1-hour NO<sub>2</sub> is based on SCAQMD correspondence.

Note:

N/A = Not applicable (i.e., no standard)

SCAQMD identified two facilities within 10 km of the AEC for inclusion in the cumulative impact assessment:

- Los Angeles Department of Water and Power, Haynes Generating Station (Facility ID 800074): located in Long Beach, California with 10 emission sources
- Beta Offshore (Facility ID 166073): located in Huntington Beach, California with 13 emission sources

The stack locations, stack parameters, and 1-hour NO<sub>2</sub> emission rates for the emission sources at these two facilities were provided by SCAQMD. Per SCAQMD's request, the Beta Offshore emission sources were modeled as rural sources.

In addition to the above facilities, SCAQMD also requested that emissions from shipping lane activity off the California coast be included in the cumulative impact assessment. SCAQMD provided the relevant locations, source parameters, and 1-hour NO<sub>2</sub> emission rates for the shipping lane activity. Per SCAQMD's request, the shipping lane emission sources were also modeled as rural sources.

The cumulative impacts of the AEC and competing sources were assessed for all receptors where the AEC impacts alone exceeded the 1-hour NO<sub>2</sub> SIL of 7.52  $\mu\text{g}/\text{m}^3$ . Based on a comparison of these results to the 1-hour NO<sub>2</sub> NAAQS of 188  $\mu\text{g}/\text{m}^3$ , it was determined that there were receptors where the contributions from the AEC combined with those from competing sources and representative background concentrations exceeded the 1-hour NO<sub>2</sub> NAAQS. Therefore, AERMOD-generated output files were reviewed to assess the contribution of the AEC's emissions at each of the receptors where an exceedance of the 1-hour NO<sub>2</sub> NAAQS was modeled. The files show that the maximum contribution from the AEC to any modeled exceedance was less than the 1-hour NO<sub>2</sub> Class II SIL of 7.52  $\mu\text{g}/\text{m}^3$ . Therefore, the AEC's contribution to each modeled exceedance is less than significant and would not cause or contribute to any modeled exceedance of the 1-hour NO<sub>2</sub> NAAQS.

A summary of the dispersion modeling input files for this analysis, as well as the modeling parameters used, are presented in Appendix 5.1C. The AERMOD input and output files are included with this submission on compact disc.

Table 5.1-41 presents a summary of the predicted annual NO<sub>2</sub>, 24-hour PM<sub>10</sub>, and annual PM<sub>10</sub> impacts and a comparison to the PSD Class I Increment Standards. As shown, the predicted impacts from operation of the AEC are below the SILs. Therefore, the AEC would have a negligible impact at the more distant Class I areas.

TABLE 5.1-41

**AEC Predicted Impacts Compared to the Class I SIL and PSD Class I Increment Standards**

Pollutant/Averaging Time	Maximum Modeled Concentration at 50 km, $\mu\text{g}/\text{m}^3$	Significant Impact Level, $\mu\text{g}/\text{m}^3$	PSD Class I Increment Standard, $\mu\text{g}/\text{m}^3$
NO <sub>2</sub> (Annual) <sup>a</sup>	0.00476	0.1	2.5
PM <sub>10</sub> (24-hour)	0.056	0.3	2.0
PM <sub>10</sub> (Annual)	0.0046	0.2	1.0

<sup>a</sup> The annual NO<sub>2</sub> concentration includes an ambient NO<sub>2</sub> ratio of 0.75 (EPA, 2005).

**Class II Visibility Impacts Analysis.** As requested, a visibility analysis for Class II areas within 50 km of the AEC was performed using the VISCREEN plume modeling program per the procedures outlined in the *Workbook for Plume Visual Impact Screening and Analysis* (EPA, 1992). Please note that Tier I and II assessments were conducted using criterion for Class I areas, as no criteria exist for Class II areas. Therefore, the visibility assessment was conducted using overly conservative assumptions for Class II areas. However, even using the conservative approach, the modeled results from the visual assessment demonstrates that AEC would not adversely affect visibility at nearby Class II Areas.

Table 5.1-42 summarizes the VISCREEN Tier I modeled results for each Class II area evaluated.<sup>15</sup> The maximum modeled values for color difference and contrast are presented for inside the area analyzed, regardless of the VISCREEN modeled lines of sight for the observer.

TABLE 5.1-42

**AEC Tier I VISCREEN Results**

Class II Area	Minimum Distance	Maximum Distance	Variable	Sky	Terrain	Criteria <sup>a</sup>
Crystal Cove State Park	30.3 km	35.5 km	Color Difference	1.0094	1.89389	2.0
			Contrast	0.012-0.014	0.016	0.05
Water Canyon/Chino Hills State Park	29.6 km	42.2 km	Color Difference	1.39384	1.95146	2.0
			Contrast	0.016-0.014	0.016	0.05
Kenneth Hahn State Park	34.6 km	37.3 km	Color Difference	0.81509	1.594	2.0
			Contrast	.01-0.009	0.014	0.05

<sup>a</sup> Levels of concern for Class I areas were used because no specific requirements or criteria exist for assessing Class II visibility impacts (FLM, 2010).

As shown in Table 5.1-42, the VISCREEN Tier I assessment for each Class II area did not exceed the criterion for color difference or contrast. Because the modeled results are below the conservative Class I area criterion for both color difference and contrast, the AEC would not adversely affect visibility at nearby Class II areas. The VISCREEN input and output files have been separately prepared and are included on the attached modeling compact disc.

**Fumigation Impacts Analysis.** A meteorological condition that can produce high concentrations of ground-level pollutants is referred to as shoreline or inversion breakup fumigation. Inversion breakup fumigation occurs when a plume is emitted into a stable layer of air and that layer is then mixed to the

<sup>15</sup> The Class II areas for evaluation were presented in the *Dispersion Modeling Protocol for the Alamos Energy Center* (see Appendix 5.1F), submitted to SCAQMD in September 2015.

ground in a short period of time through convective heating and microscale turbulence. Shoreline fumigation occurs when a plume is emitted into a stable layer of air and is then mixed to the surface as a result of advection of the air mass to less stable surroundings. Under both conditions, an exhaust plume may be drawn to the ground with little diffusion, causing high ground-level pollutant concentrations, although typically for periods less than 1 hour.

In some cases, the fumigation impacts can be greater than impacts predicted with the AERMOD model. To verify that fumigation impacts do not result in higher ambient air quality impacts, fumigation modeling was conducted. The effects of fumigation on the maximum modeled impacts were evaluated using the EPA AERSCREEN model (Version 15181), as requested by the CEC. The results of the fumigation modeling were based on the respective loads and operating scenarios which were identified in the operational ambient air quality impact analysis as the worst-case impact scenarios for each combination of pollutant and averaging time. Regulatory default mixing heights were selected.

The AEC combined- and simple-cycle turbines are located more than 3,000 meters away from the shoreline. However, for modeling purposes, all emission sources were conservatively assumed to be located at the auxiliary boiler distance of 2,960 meters from the shoreline. These conservative model inputs into AERSCREEN resulted in no fumigation occurrences since the plume heights were below the thermal internal boundary layer (TIBL) heights for the distance to shoreline of 2,960 meters. With no fumigation occurrences, no fumigation impacts are expected from AEC operation. The AERSCREEN fumigation model inputs and outputs are included with this submission on compact disc.

**Overlap Impacts Analysis.** As discussed previously, construction activities associated with the AEC would overlap with operation of the existing AGS units and operation of the AEC CCGT. Based on the proposed schedule for construction, commissioning, and operation, two scenarios were selected for inclusion in the AEC overlap impacts analysis:

- ~~AEC CCGT Combined Cycle Power Block~~ construction with simultaneous operation of existing AGS Units 1-6 ([Overlap Scenario 1](#)).
- ~~AEC SCGT Simple cycle Power Block~~ construction with simultaneous operation of the AEC CCGT and existing AGS Units 3, 4, and 6 ([Overlap Scenario 2](#)).

Although other potential overlap scenarios were identified, they were either previously evaluated or were not considered to result in the worst possible air quality impacts. Specifically:

- Operation of the AEC CCGT is expected to overlap with commissioning of the AEC SCGT. However, those impacts were previously addressed through the commissioning impacts analysis.

**Overlap Scenario 1.** The first overlap scenario is intended to determine modeled impacts from the simultaneous construction of the AEC CCGT and operation of the existing AGS Units 1-6. To evaluate the air quality impacts from this scenario, the maximum short-term and annual emissions rates from construction of the AEC CCGT (see Table 5.1A.2819 of Appendix 5.1A) were modeled in combination with the maximum rolling 24-month emissions from 2008 – 2012 from each AGS unit. The AERMOD modeling setup for this scenario is presented in Figure 5.1C-6 of Appendix 5.1C.

Table 5.1-43 presents a comparison of the maximum modeled concentrations to the CAAQS and NAAQS. As indicated, the maximum predicted CO, NO<sub>2</sub>, SO<sub>2</sub>, and PM<sub>2.5</sub> operational impacts combined with the background concentrations will be below the ambient air quality standards for each averaging period. The PM<sub>10</sub> background concentrations exceed the CAAQS without adding the respective modeled concentration. As a result, the predicted impacts combined with the background concentrations will be greater than the CAAQS. However, as described in Section 5.1.8, Mitigation Measures, the AEC emissions will be fully offset and/or reduced through implementation of fugitive dust control measures. Therefore, construction of the AEC CCGT concurrent with operation of the existing AGS Units 1-6 will be less than significant with mitigation.

TABLE 5.1-43

**Maximum Modeled Impacts from ~~AEC CCGT Combined-cycle Gas Turbine~~ Construction and Operation of Existing AGS Units 1-6**

Pollutant	Averaging Time	Maximum Modeled Concentration, $\mu\text{g}/\text{m}^3$	Background Concentration, $\mu\text{g}/\text{m}^3$ <sup>a</sup>	Total Predicted Concentration, $\mu\text{g}/\text{m}^3$	CAAQS, $\mu\text{g}/\text{m}^3$	NAAQS, $\mu\text{g}/\text{m}^3$
CO	1-hour	277	3,666	3,943	23,000	40,000
	8-hour	183	2,979	3,162	10,000	10,000
NO <sub>2</sub> <sup>b</sup>	1-hour (max)	12.7	170	183	339	—
	1-hour (98th percentile) <sup>c</sup>	12.5	140	152	—	188
	Annual	1.87	39.9	41.8	57	100
SO <sub>2</sub>	1-hour (max)	1.59	105	<del>10.70</del>	655	—
	1-hour (99th percentile) <sup>d</sup>	1.24	33.8	35.0	—	196
	3-hour	1.24	105	106	—	1,300
	24-hour	0.45	15.7	16.1	105	—
PM <sub>10</sub>	24-hour	7.31	54.0	61.3	50	150
	Annual	2.08	28.7	30.8	20	—
PM <sub>2.5</sub>	24-hour (98th percentile) <sup>c</sup>	1.60	25.4	27.0	—	35
	Annual	0.67	11.0	11.6	12	12

<sup>a</sup> Unless otherwise noted, background concentrations were the highest concentrations monitored over the three most recent, available years (see Table 5.1-27).

<sup>b</sup> The maximum 1-hour and annual NO<sub>2</sub> concentrations include ambient NO<sub>2</sub> ratios of 0.80 (EPA, 2011) and 0.75 (EPA, 2005), respectively.

<sup>c</sup> The total predicted concentration for the federal 1-hour NO<sub>2</sub> and 24-hour PM<sub>2.5</sub> standard are the respective 5-year average, high-8th-high modeled concentrations combined with the 3-year average, 98th percentile background concentrations.

<sup>d</sup> The total predicted concentration for the federal 1-hour SO<sub>2</sub> standard is the 5-year average, high-4th-high modeled concentration combined with the 3-year average, 99th percentile background concentration.

**Overlap Scenario 2.** The second overlap scenario is intended to determine modeled impacts from the construction of the AEC SCGT and simultaneous operation of the AEC CCGT and existing AGS Units 3, 4, and 6. To evaluate the air quality impacts from this scenario, the maximum short-term and annual emissions rates from construction of the AEC SCGT from Table 5.1A.2819 of Appendix 5.1A were modeled in combination with the AEC CCGT operating scenarios resulting in maximum predicted impacts and the maximum rolling 24-month emissions from 2008 – 2012 from each AGS unit. The AERMOD modeling setup for this scenario is presented in Figure 5.1C-7 of Appendix 5.1C.

Table 5.1-44 presents a comparison of the maximum modeled concentrations to the CAAQS and NAAQS. As indicated, the maximum predicted CO, NO<sub>2</sub>, SO<sub>2</sub>, and PM<sub>2.5</sub> operational impacts combined with the background concentrations will be below the ambient air quality standards for each averaging period. The PM<sub>10</sub> background concentrations exceed the CAAQS without adding the respective modeled concentration. As a result, the predicted impacts combined with the background concentrations will be greater than the CAAQS. However, as described in Section 5.1.8, Mitigation Measures, the AEC emissions will be fully offset and/or reduced through implementation of fugitive dust control measures. Therefore, construction of the AEC SCGT and operation of the ~~AEC CCGT combined-cycle Power Block 2~~ and existing AGS Units 3, 4, and 6 will be less than significant with mitigation.

TABLE 5.1-44

**Maximum Modeled Impacts from AEC SCGT Construction and Operation of AEC CCGT and Existing AGS Units 3, 4, and 6**

Pollutant	Averaging Time	Maximum Modeled Concentration, $\mu\text{g}/\text{m}^3$	Background Concentration, $\mu\text{g}/\text{m}^3$ <sup>a</sup>	Total Predicted Concentration, $\mu\text{g}/\text{m}^3$	CAAQS, $\mu\text{g}/\text{m}^3$	NAAQS, $\mu\text{g}/\text{m}^3$
CO	1-hour	234	3,666	3,900	23,000	40,000
	8-hour	111.05	2,979	3,090.84	10,000	10,000
NO <sub>2</sub> <sup>b</sup>	1-hour (max)	31.2	170	201	339	—
	1-hour (98th percentile) <sup>c</sup>	25.6	140	166	—	188
	Annual	0.93	39.9	40.8	57	100
SO <sub>2</sub>	1-hour (max)	2.329	105	107	655	—
	1-hour (99th percentile) <sup>d</sup>	2.142	33.8	35.9	—	196
	3-hour	2.1406	105	107	—	1,300
	24-hour	0.70	15.7	16.4	105	—
PM <sub>10</sub>	24-hour	12.8	54.0	66.89	50	150
	Annual	2.24	28.7	30.9	20	—
PM <sub>2.5</sub>	24-hour (98th percentile) <sup>c</sup>	4.93	25.4	30.3	—	35
	Annual	0.76	11.0	11.7	12	12

<sup>a</sup> Unless otherwise noted, background concentrations were the highest concentrations monitored over the three most recent, available years (see Table 5.1-27).

<sup>b</sup> The maximum 1-hour and annual NO<sub>2</sub> concentrations include ambient NO<sub>2</sub> ratios of 0.80 (EPA, 2011) and 0.75 (EPA, 2005), respectively.

<sup>c</sup> The total predicted concentration for the federal 1-hour NO<sub>2</sub> and 24-hour PM<sub>2.5</sub> standard are the respective 5-year average, high-8th-high modeled concentrations combined with the 3-year average, 98th percentile background concentrations.

<sup>d</sup> The total predicted concentration for the federal 1-hour SO<sub>2</sub> standard is the 5-year average, high-4th-high modeled concentration combined with the 3-year average, 99th percentile background concentration.

### 5.1.7 Cumulative Effects

On October 23, 2015, the Applicant/Project Owner has requested an updated list of projects that are within a 6-mile radius of the AEC and are either currently in the permitting process, undergoing CEQA review, or recently received a Permit to Construct (PTC) from the SCAQMD. SCAQMD provided the information responsive to the request on February 16, 2016. On February 26, 2016, following review of this information, the Applicant requested copies of permit applications and source test reports for twelve sources located amongst four facilities. SCAQMD noted that fulfilling this request could take a minimum of 30 days. As of March 28, 2016, the requested information has not yet been received from SCAQMD.

On March 17, 2016, the Applicant proposed to use the list of sources previously submitted to the CEC Staff on October 22, 2014 to conduct the cumulative air quality impacts analysis requested by CEC Staff, since the requested dataset is still in process. The Project Owner will work with SCAQMD through the end of 2015 to collect the requested information. The Project Owner will compile a source list based on the information obtained through the end of 2015, making conservative assumptions as necessary, and provide the source list to the CEC for review in January 2016. Specifically, the Applicant/Project Owner requests that would value the CEC Staff provide's input on the appropriateness of excluding specific sources (sources with negligible emissions, administrative permit amendments with no increase in air emissions, and VOC sources) and selecting modeled scenarios.<sup>16</sup> Following receipt of CEC Staff's comments, the source list will be finalized and a cumulative air quality impact analysis will be prepared using the methodology presented in the *Dispersion Modeling Protocol for the Alamos Energy Center* (see Appendix 5.1F) within 30 days. The

<sup>16</sup> Emergency equipment is normally permitted for fewer than 50 testing hours per year. It is highly unlikely that these tests would coincide with the simultaneous startup of all six AEC turbines. Therefore, emergency equipment are not expected to be modeled for comparison to any 1-hour state or federal standards. These equipment will, however, be included in the modeling for all other averaging periods.

Applicant may further update the cumulative air quality impacts analysis if additional input is received from SCAQMD prior to issuance of the Final Staff Assessment.

## 5.1.8 Mitigation Measures

### 5.1.8.1 Construction Mitigation

SCAQMD Rule 403 requires the implementation of best mitigation practices to control fugitive dust.<sup>17</sup> Construction impacts will be further reduced with the implementation of a construction fugitive dust and diesel-fueled engine control plan. This plan will focus on reducing construction air quality impacts and will include the following construction mitigation measures:

- Watering unpaved roads three times per day
- During construction, watering areas disturbed by grading and bulldozing activities every 3 hours
- Limiting onsite vehicle speeds to 10 miles per hour, or other speeds as approved by the CEC's Compliance Project Manager based on site conditions, and posting the approved speed limit
- Sweeping onsite paved roads and entrance roads on an as-needed basis
- Replacing ground cover in disturbed areas as soon as practical
- Covering truck loads when hauling material that could be entrained during transit
- Applying dust suppressants or covers to soil stockpiles and disturbed areas when inactive for more than 2 weeks
- Use of Tier 4 final construction equipment, to the extent feasible
- Maintaining all diesel-fueled equipment per manufacturer's recommendations to reduce tailpipe emissions
- Limiting diesel heavy equipment idling to less than 5 minutes, to the extent practical
- Using electric motors for construction equipment, to the extent feasible

### 5.1.8.2 Operational Mitigation

During operations, the preferable mitigation measure is to avoid or minimize, to the extent feasible, potential air emissions before they are emitted. This is accomplished by the careful design of the project, including the installation of BACT to minimize air emissions. Air quality impacts will be further mitigated by providing emission offsets in the quantity expected to be emitted. The remainder of this section describes the BACT analysis and the emission offset mitigation.

#### BACT Analysis

Based on the SCAQMD's BACT definition and major source thresholds (SCAQMD Rules 1302 and 1303), a BACT analysis is required for the uncontrolled emissions of NO<sub>x</sub>, VOC, CO, SO<sub>2</sub>, PM<sub>10</sub>, and PM<sub>2.5</sub>. EPA also requires a BACT analysis for the emissions of GHGs as part of the PSD permit application required under the EPA GHG Tailoring Rule.

The AEC relies on the response characteristics of the GE combustion turbines and auxiliary boiler to provide a wide range of efficient, operationally flexible, fast-start, fast-ramping capacity to allow for the efficient integration of renewable energy sources into the California electrical grid. The proposed AEC emission limits are presented in Table 5.1-45.

<sup>17</sup> Best Available Control Measures means fugitive dust control actions that are set forth in Table 1 of Rule 403.

TABLE 5.1-45

## Proposed BACT Emission Limits for the AEC

Pollutant	Emission Limits (at 15% O <sub>2</sub> )		Emission Limits (at 3% O <sub>2</sub> )
	One GE 7FA.05 <sup>a</sup>	One GE LMS-100PB <sup>b</sup>	One Auxiliary Boiler <sup>c</sup>
VOC	2 ppmv (averaged over 1-hour)	2 ppmv (averaged over 1-hour)	0. <del>4728</del> lb/hr
CO	2 ppmv (averaged over 1-hour)	4 ppmv (averaged over 1-hour)	50 ppmv (averaged over 1-hour)
NO <sub>x</sub>	2 ppmv (averaged over 1-hour)	2.5 ppmv (averaged over 1-hour)	5 ppmv (averaged over 1-hour)
SO <sub>x</sub>	<0.75 grain of sulfur per 100 dry standard cubic feet of natural gas <del>0.048 lb/hr</del>		
PM <sub>10/2.5</sub>	8.50 lb/hr	6.23 lb/hr	0. <del>5130</del> lb/hr
Ammonia	5 ppmv	5 ppmv	5 ppmv
GHG <sup>d</sup>	<del>896784</del> lb CO <sub>2</sub> /MWh (Net)	1, <del>293138</del> lb CO <sub>2</sub> /MWh (Net)	N/A

<sup>a</sup> Maximum values are for each turbine at an ambient temperature of 28°F and excludes startups and shutdowns.

<sup>b</sup> Maximum values are for each turbine at an ambient temperature of 65.3°F and excludes startups and shutdowns.

<sup>c</sup> Maximum hourly emission rates are based on the maximum hourly heat input assume 100 percent load.

<sup>d</sup> Includes an 8 percent degradation startups, shutdowns, and non-baseload operation without performance degradation.

## Notes:

N/A = Not applicable (i.e., BACT analysis not required)

lb/MWh = pound(s) per megawatt-hour

As shown in Table 5.1-45, ~~the~~ the proposed BACT for NO<sub>x</sub> emissions from all the three combined- and simple-cycle combustion turbine sources will be achieved through the use of dry, low NO<sub>x</sub> combustors with SCR. The proposed BACT for CO and VOC emissions from the combined- and simple-cycle turbines will be achieved through best combustion design and the installation of oxidation catalyst systems. The proposed BACT for NO<sub>x</sub> and CO emissions from the auxiliary boiler will be achieved through good combustion design and the use of flue gas recirculation with SCR dry, low NO<sub>x</sub> burner. The proposed BACT for PM<sub>10</sub>/PM<sub>2.5</sub> emissions from all three combustion sources will be achieved through best combustion practice, use of pipeline-quality natural gas, and use of inlet air filtration (for the combustion turbines). The proposed BACT for SO<sub>2</sub> emissions from all three combustion sources will be achieved through the exclusive use of pipeline-quality natural gas with a fuel sulfur content of less than 0.75 grain per 100 dscf. The top-down BACT assessment for criteria pollutants is included in Appendix 5.1D.

GHG pollutants are emitted during the combustion process when fossil fuels are burned. One of the possible ways to reduce GHG emissions from fossil fuel combustion is to use inherently lower GHG-emitting fuels and to minimize the use of fuel. These objectives are achieved in this case by using thermally efficient CTGs, with well-designed HRSGs and STGs to generate additional power from the heat of the CTG exhaust.

The performance of all CTGs degrades over time. Typically, turbine degradation at the time of recommended routine maintenance is up to 10 percent. Additionally, thermal efficiency can vary significantly with combustion turbine turndown and steam turbine operational combinations. Finally, annual metrics for output-based limits on GHG emissions are affected by startup and shutdown periods because fuel is combusted before useful output of energy or steam. Therefore, the annual average thermal efficiency performance of any turbine will be less than the optimal efficiency of a new turbine operating continuously at peak load over the lifetime of the turbine.

Based on the top-down GHG BACT analysis included in Appendix 5.1D, the only feasible and cost-effective option is the “Thermal Efficiency” option, which therefore was selected as the BACT. The GHG BACT calculation for the AEC was determined in pounds of carbon dioxide equivalent per megawatt-hour (lb CO<sub>2e</sub>/MWh) of energy output (on a net gross basis) ~~and includes the inherent degradation in turbine~~

~~performance over the lifetime of the AEC.~~ The AEC has concluded that the BACT for GHG emissions is an emission rate of ~~896,784~~ lb CO<sub>2</sub>/MWh of net energy output (including startups, ~~and~~ shutdowns, ~~and non-baseload operation without performance degradation~~) for the AEC CCGT, ~~1,293,138~~ lb CO<sub>2</sub>/MWh of net energy output (including startups, ~~and~~ shutdowns, ~~and non-baseload operation without performance degradation~~) for the AEC SCGT, and a facility-wide annual CO<sub>2</sub>e emission limit of ~~1,557,654,725,593~~ metric tons per year (MT/yr).<sup>18</sup> Degradation over time and turndowns, startups, and shutdowns are incorporated into these limits.

**Emission Offsets.** The project would be required to provide emission offsets for PM<sub>10</sub>, SO<sub>2</sub>, and VOC emissions and **RECLAIM Trading Credits (RTCs)** for NO<sub>x</sub> emissions under SCAQMD Rules 1303 and 2005. Under SCAQMD Rule 1304(a)(2), the AEC is not required to provide SCAQMD Rule 1303 offsets for emissions from the combined- and simple-cycle turbines because they are considered a replacement for the existing electric utility steam boilers with no increase in energy output rating. Although the requirement to provide offsets for these units is still applicable, it is the responsibility of the SCAQMD to surrender offsets consistent with SCAQMD Rule 1303. AES plans to enable 1,094.7 MW of new generation under SCAQMD Rule 1304(b)(2) by permanently retiring AGS Units 1 and 2 (175 MW each), Unit 3 (320 MWs), and Unit 5 (480 MW ~~each~~) for a total of 1,150 MWs of retirements.

Unlike the combustion turbines, the AEC's auxiliary boiler is not eligible for offsets exemption under SCAQMD Rule 1304(a)(2). Therefore, the **Applicant/Project Owner** has secured sufficient VOC and PM<sub>10</sub> emission reduction credits to offset the auxiliary boiler's emissions at a 1.2-to-1 ratio, consistent with SCAQMD Rule 1303(b)(2). The auxiliary boiler will require 5 ~~pounds/lbs~~ of PM<sub>10</sub> and ~~VOC/ROG~~ **Emission Reduction Credits (ERCs)**, respectively. The average daily emissions, calculated as the monthly emissions divided by 30, are presented in Table 5.1B.11 of Appendix 5.1B. The SCAQMD Rule 1304 offset exemption does not extend to Regulation XX RTCs, ~~but~~ and the **Applicant/Project Owner** currently has sufficient NO<sub>x</sub> RTCs allocations for the various years of operation and commissioning, as outlined in Table 5.1-46.

TABLE 5.1-46

**SCAQMD NO<sub>x</sub> RECLAIM Requirements**

Operation Phase	NO <sub>x</sub> Offsets Required
<del>AEC CCGT Combined-cycle Power Block</del> Commissioning and Operation <sup>a</sup>	<del>220,432,15,840</del> lb/yr NO <sub>x</sub> RTCs
<del>AEC CCGT Combined-cycle Power Block</del> Operation <sup>b</sup>	<del>165,2380,646</del> lb/yr NO <sub>x</sub> RTCs
<del>AEC CCGT Combined-cycle Power Block</del> Operation and <del>AEC SCGT Simple-cycle Power Block</del> Commissioning and Operation <sup>c</sup>	<del>293,102,88,510</del> lb/yr NO <sub>x</sub> RTCs
<del>AEC CCGT Combined-cycle Power Block</del> and <del>AEC SCGT Simple-cycle Power Block</del> Operation <sup>d</sup>	<del>270,213,65,621</del> lb/yr NO <sub>x</sub> RTCs

<sup>a</sup> RTCs estimate includes commissioning activities plus ~~4,640 hours of turbine operation at 100 percent load and 65.3°F, including 500 startups and shutdowns per year and 4,100 hours of turbine operation at 100 percent load, 65.3°F.~~

<sup>b</sup> RTCs estimate includes ~~4,640 hours of turbine operation at 100 percent load and 65.3°F, including 500 startups and shutdowns per year and 4,100 hours of turbine operation at 100 percent load, 65.3°F.~~

<sup>c</sup> RTCs estimate includes ~~AEC SCGT simple-cycle Power Block~~ commissioning activities plus ~~2,358 hours of simple-cycle turbine operation at 100 percent load and 65.3°F, including 500 startups and shutdowns per simple-cycle turbine per year and 2,000 hours of simple-cycle turbine operation at 100 percent load, 65.3°F.~~ RTCs estimate also includes ~~AEC CCGT combined-cycle turbine~~ operation per footnote b.

<sup>d</sup> RTCs estimate include only operation activities, per footnotes b and c.

<sup>18</sup> CO<sub>2</sub>e emission limit includes approximately 1354 MT/yr from operation of four generator circuit breakers, five 230-kilovolt transmission breakers, and three 18-kilovolt transmission breakers (see Appendix 5.1B for calculation details).

The AEC is also subject to SCAQMD Rule 1304.1, which will require the payment of fees to generate air quality improvements within the project area consistent with the SCAQMD's approved Air Quality Management Plan.

### 5.1.9 Laws, Ordinances, Regulations, and Standards

The Clean Air Act (CAA), implemented by EPA, requires major new and modified stationary sources of air pollution to obtain a construction permit prior to commencing construction through a program known as the federal New Source Review (NSR) program. The requirements of the NSR program are dependent on whether the air quality in the area where the new source (or modified source) is being located attains the NAAQS. The program that applies in areas that are in attainment of the NAAQS is the PSD. The program that applies to areas where the air does not meet the NAAQS (termed nonattainment areas) is the nonattainment NSR.

EPA implements the NSR program through regional offices. Arizona, California, Hawaii, Nevada, and specific Pacific trust territories are administrated out of the EPA Region IX office in San Francisco. EPA typically delegates its NSR, Title V, and Title IV authority to local air quality agencies that have sufficient regulatory structure to implement these programs consistent with requirements of the CAA and implementing regulations. SCAQMD has been delegated several of these programs, including the authority to administer the PSD program.

ARB was established by the state legislature in 1967 with the purpose of attaining and maintaining healthy air quality, conducting research into causes and solutions to air pollution, and addressing the impacts that motor vehicles have on air quality. To this end, ARB implements the following programs:

- Establish and enforce motor vehicle emission standards, including fuel standards.
- Monitor, evaluate, and set health-based air quality standards.
- Conduct research to solve air pollution problems.
- Establish TAC control measures.
- Oversee and assist local air quality districts.

Air quality management districts and air pollution control districts were established based on meteorological and topographical factors. The districts were established to enforce air pollution regulations for the purpose of attaining and maintaining all state and federal ambient air quality standards. The districts regulate air emissions by issuing air permits to stationary sources of air pollution in compliance with approved regulatory programs. Each district promulgates rules and regulations specific to air quality issues within its jurisdiction. The air emissions sources regulated by each district vary. The types of air pollution sources that might be regulated include manufacturers, power plants, refineries, gasoline service stations, and auto body shops.

The applicable LORS and compliance with these requirements are discussed in more detail in the following sections. Applicable PTC forms have been prepared in conjunction with this AFC and are included in Appendix 5.1E.

#### 5.1.9.1 Federal LORS

EPA promulgates and enforces federal air quality regulations, with Region IX administering the federal air programs in California. The federal CAA provides the legal authority to regulate air pollution from stationary sources. The applicable federal regulations are summarized in Table 5.1-47, along with the agency responsible for administration of the regulation.

TABLE 5.1-47

**Applicable Federal Laws, Ordinances, Regulations, and Standards for Protection of Air Quality**

LORS	Purpose	Regulating Agency	Applicability/Compliance Strategy
Title 40 CFR Part 50	Establishes ambient air quality standards for criteria pollutants.	EPA Region IX	The <b>Applicant/Project Owner</b> conducted a dispersion modeling analysis to determine if the project would exceed the state or federal ambient air quality standards. Dispersion modeling indicates that the project will not exceed the state or federal ambient air quality standards for the attainment pollutants during normal operations. Nonattainment pollutant emissions will be mitigated consistent with SCAQMD's State Implementation Plan-Approved NSR program.
Title 40 CFR Part 51, NSR (SCAQMD Regulation XIII)	Requires preconstruction review and permitting of new or modified stationary sources of air pollution to allow industrial growth without interfering with the attainment and maintenance of ambient air quality standards.	SCAQMD with EPA Region IX Oversight	Requires NSR facility permitting for construction or modification of specified stationary sources. NSR applies to pollutants for which ambient concentration levels are higher than NAAQS. The NSR requirements are implemented at the local level with EPA oversight (SCAQMD Regulation XIII).  A PTC and Permit to Operate (PTO) application will be obtained from SCAQMD prior to construction of the project. As a result, the compliance requirements of 40 CFR 51 will be met.
Title 40 CFR Part 52, PSD	Allows new sources of air pollution to be constructed, or existing sources to be modified in areas classified as attainment, while preserving the existing ambient air quality levels, protecting public health and welfare, and protecting Class I Areas (e.g., national parks and wilderness areas).	SCAQMD with EPA Region IX Oversight	The PSD requirements apply on a pollutant-specific basis to any project that is a new major stationary source or a major modification to an existing major stationary source. SCAQMD classifies an unlisted source (which is not in the specified 28 source categories) that emits or has the potential to emit 250 tpy of any pollutant regulated by the CAA as a major stationary source. For listed sources, the threshold is 100 tpy. NO <sub>x</sub> , VOC, or SO <sub>2</sub> emissions from a modified major source are subject to PSD if the cumulative emission increases for either pollutant exceeds 40 tpy. In addition, a modification at a nonmajor source is subject to PSD if the modification itself would be considered a major source.  In May 2010, EPA issued the GHG permitting rule officially known as the "Prevention of Significant Deterioration and Title V Greenhouse Gas Tailoring Rule" (GHG Tailoring Rule), in which EPA defined six GHG pollutants (collectively combined and measured as CO <sub>2</sub> e) as NSR-regulated pollutants. Under the GHG Tailoring Rule, new projects that emit GHG pollutants above certain threshold levels would be subject to PSD permitting beginning in July 2011. However, in July 2014, the U.S. Supreme Court ruled that EPA could not regulate GHG emissions alone. As a result, new sources with a GHG potential to emit (PTE) equal to or greater than 100,000 tpy of CO <sub>2</sub> e are no longer required to obtain a PSD permit specifically for GHG emissions. If the new source would require a PSD permit as a result of criteria pollutant PTE, a BACT analysis to evaluate GHG emissions control would still be required.  The AEC is a natural-gas-fired, combined-cycle and simple-cycle, air-cooled electrical generating facility with an auxiliary boiler and would be considered one of the 28 source categories. Therefore, the emission rates were compared to the 100-tpy threshold. As shown in Table 5.1-23, the emission increases in CO and NO <sub>x</sub> would exceed the 100-tpy threshold.  Therefore, the AEC would be subject to PSD analysis requirements for CO and NO <sub>x</sub> . Since the project exceeds the PSD thresholds for several criteria pollutants, a BACT analysis for GHG

TABLE 5.1-47

**Applicable Federal Laws, Ordinances, Regulations, and Standards for Protection of Air Quality**

LORS	Purpose	Regulating Agency	Applicability/Compliance Strategy
Title 40 CFR Part 60 Subpart KKKK (SCAQMD Rule IX)	Establishes national standards of performance for new or modified facilities in specific source categories.	SCAQMD with EPA Region IX Oversight	<p>emissions control is required.</p> <p>A PSD application was submitted to the SCAQMD and EPA as part of the <a href="#">SAFCPTA</a>, which included a BACT analysis for GHG emissions control.</p> <p>40 CFR 60 Subpart KKKK—NO<sub>x</sub> Emission Limits for New Stationary Combustion Turbines applies to all new combustion turbines that commence construction, modification, or reconstruction after February 18, 2005. The rule requires natural-gas-fired turbines with a heat input greater than 850 MMBtu/hr to meet a NO<sub>x</sub> emission limit of 15 ppm at 15 percent O<sub>2</sub>, and an SO<sub>2</sub> limit of 0.060 lb/MMBtu. Alternatively, a fuel sulfur limit of 500 part(s) per million by weight (ppmw) could be met. Stationary combustion turbines regulated under this subpart would be exempt from the requirements of Subpart GG.</p> <p>The proposed combined- and simple-cycle turbines will use dry low NO<sub>x</sub> combustors along with an SCR system and pipeline-quality natural gas, and will comply with both the NO<sub>x</sub> and SO<sub>2</sub> limits. The NO<sub>x</sub> emissions from the combined- and simple-cycle turbines will be 2 ppmvd and 2.5 ppmvd at 15 percent O<sub>2</sub>, respectively; the SO<sub>2</sub> emissions from the combined- and simple-cycle turbines will be 0.0021 lb/MMBtu and 0.0018 lb/MMBtu, respectively. The certified NO<sub>x</sub> Continuous Emission Monitoring System (CEMS) will ensure compliance with the standard. Records of natural gas use and fuel sulfur content will ensure compliance with the SO<sub>2</sub> limit.</p>
Title 40 CFR Part 60, Subpart Dc (SCAQMD Regulation IX)	Establishes national standards of performance for new or modified facilities in specific source categories.	SCAQMD with EPA Region IX Oversight	<p>40 CFR 60 Subpart Dc – Standards of Performance for Small Industrial-Commercial-Institutional Steam Generating Units applies to steam generating units with design heat input rates between 10 and 100 MMBtu/hr that were installed after June 9, 1989.</p> <p>Because the AEC’s auxiliary boiler will be fired exclusively on natural gas, the <a href="#">ApplicantProject Owner</a> will only be required to maintain monthly fuel consumption records for a minimum of two years.</p>

TABLE 5.1-47

**Applicable Federal Laws, Ordinances, Regulations, and Standards for Protection of Air Quality**

LORS	Purpose	Regulating Agency	Applicability/Compliance Strategy
Title 40 CFR Part 60, Subpart TTTT	Establishes a new source performance standard for electrical generating facilities.	SCAQMD with EPA Region IX Oversight	<p>EPA promulgated New Source Performance Standard Subpart TTTT, which includes two potentially applicable GHG emission limits for newly constructed combustion turbines. A newly constructed or reconstructed stationary combustion turbine that supplies more than its design efficiency times its potential electric output as net-electric sales on a 3-year rolling average basis and combusts more than 90 percent natural gas on a heat input basis on a 12-operating-month rolling average basis must meet a limit of 450 kilograms (kg) of CO<sub>2</sub> per MWh of gross energy output (1,000 lb CO<sub>2</sub>/MWh), or 470 kg of CO<sub>2</sub> per MWh of net energy output (1,030 lb CO<sub>2</sub>/MWh).</p> <p>A newly constructed or reconstructed stationary combustion turbine that supplies its design efficiency times its potential electric output or less as net-electric sales on a 3-year rolling average basis and combusts more than 90 percent natural gas on a heat input basis on a 12-operating-month rolling average basis must meet a limit of 50 kg CO<sub>2</sub> per gigajoule (GJ) of heat input (120 lb CO<sub>2</sub>/MMBtu).</p> <p>The applicable emission standard depends on whether a combustion turbine sells more electricity than its potential electrical output, which is calculated by multiplying the design efficiency and the potential electrical output, and combusts more than 90 percent natural gas. Assuming the <del>AEC CCGT combined cycle Power Block</del> will generate more electricity than the potential electrical output, the AEC will need to comply with the 1,000 lb CO<sub>2</sub>/MWh emission limit. The AEC is exclusively fueled by natural gas with an AEC CCGT design efficiency of approximately 56 percent. The AEC's combined-cycle GHG efficiency is estimated at <del>896784</del> lb CO<sub>2</sub>/MWh (net), <del>including startups, shutdowns, and non-baseload operation without assuming an 8 percent</del> performance degradation, which <del>clearly</del> complies with Subpart TTTT's emission limit of 1,000 lb CO<sub>2</sub>/MWh.</p> <p>The AEC SCGT design efficiency is 41 percent and the potential AEC <del>SCGT simple cycle Power Block</del>'s electrical output threshold is 1,436,640 MWh-Net (based on the design efficiency of 41 percent and the net electrical output of 400 MW for 8,760 hours per year). The AEC <del>SCGT simple cycle Power Block</del>'s potential annual net electric sales are 943,200 MWh-Net, assuming 400 MWs-Net of generation and 2,358 hours per year of operation, <del>including (2,000 operating hours plus 500 startup and shutdowns)</del>. Since the annual net electric sales are less than the electric output threshold, the AEC SCGT must comply with <del>the</del> Subpart TTTT emission limit of 50 kg CO<sub>2</sub> per GJ of heat input (120 lb CO<sub>2</sub>/MMBtu). As a natural-gas-fired facility, the AEC is expected to emit CO<sub>2</sub> at a rate of 117 lb CO<sub>2</sub>/MMBtu, thereby complying with the applicable emission limit in Subpart TTTT.</p>

TABLE 5.1-47

**Applicable Federal Laws, Ordinances, Regulations, and Standards for Protection of Air Quality**

LORS	Purpose	Regulating Agency	Applicability/Compliance Strategy
Title 40 CFR Part 63	Establishes national emission standards to limit emissions of hazardous air pollutants (HAP) or air pollutants identified by EPA as causing or contributing to the adverse health effects of air pollution but for which NAAQS have not been established from facilities in specific categories.	SCAQMD with EPA Region IX Oversight	<p>40 CFR 63—National Emission Standards for Hazardous Air Pollutants (NESHAP) for Source Categories establishes emission standards to limit emissions of HAPs from specific source categories for Major HAP sources. Sources subject to 40 CFR 63 requirements must either use the maximum achievable control technology (MACT), be exempted under 40 CFR 63, or comply with published emission limitations. The potential NESHAP applicable to the project is Subpart YYYY, which sets a formaldehyde emission limit or an operational limit of 91 parts per billion by volume (ppbv) for turbines.</p> <p>Projects would be subject to the 40 CFR 63 requirements if the HAP PTE is greater or equal to 25 tpy for combined HAPs and 10 tpy for individual HAPs.</p> <p>As shown in Section 5.9 (Public Health), the project would not exceed the major source thresholds for HAPs (10 tpy for any one pollutant or 25 tpy for all HAPs combined). Therefore, the AEC would be less than the 40 CFR 63 applicability threshold.</p>
Title 40 CFR Part 64 (Compliance Assurance Monitoring [CAM] Rule)	Establishes onsite monitoring requirements for emission control systems.	SCAQMD with EPA Region IX Oversight	<p>40 CFR 64—CAM requires facilities to monitor the operation and maintenance of emissions control systems and report any control system malfunctions to the appropriate regulatory agency. If an emission control system is not working properly, the CAM Rule also requires a facility to take action to correct the control system malfunction. The CAM Rule applies to emissions units with uncontrolled PTE levels greater than applicable major source thresholds. Emission control systems governed by Title V operating permits requiring continuous compliance determination methods are generally compliant with the CAM Rule.</p> <p>The AEC's combined- and simple-cycle turbines will have emission control systems for NO<sub>x</sub> and CO (SCR and oxidation catalyst) and the AEC's auxiliary boiler will have emission control systems for NO<sub>x</sub> (SCR). However, emissions of NO<sub>x</sub> and CO would be directly measured by CEMS. Therefore, the AEC is exempt from the CAM provisions based on the exemption in 40 CFR 64.2(b)(vi) and SCAQMD Regulation XX for NO<sub>x</sub>.</p>
Title 40 CFR Part 70 (SCAQMD Regulation XXX)	CAA Title V Operating Permit Program	SCAQMD with EPA Region IX Oversight	<p>40 CFR 70—Operating Permits Program requires the issuance of operating permits that identify all applicable federal performance, operating, monitoring, recordkeeping, and reporting requirements. The requirements of 40 CFR 70 apply to facilities that are subject to New Source Performance Standards (NSPS) requirements and are implemented at the local level through SCAQMD Regulation XXX. According to Regulation XXX, Rule 3001, a facility would be required to submit a Title V application if the facility has a PTE greater than 10 tpy NO<sub>x</sub> or VOC, 100 tpy of SO<sub>2</sub>, 50 tpy of CO, or 70 tpy of PM<sub>10</sub>, if the HAP PTE is greater or equal to 25 tpy for combined HAPs and 10 tpy for individual HAPs, or if the facility has a PTE greater than 100,000 tpy CO<sub>2</sub>e.</p> <p>The AEC will exceed the Title V thresholds listed in SCAQMD Rule 3001. As a result, the AEC has submitted an application to modify the existing Title V permit as part of the permitting process.</p>

TABLE 5.1-47

**Applicable Federal Laws, Ordinances, Regulations, and Standards for Protection of Air Quality**

LORS	Purpose	Regulating Agency	Applicability/Compliance Strategy
Title 40 CFR Part 72 (SCAQMD Regulation XXXI)	CAA Acid Rain Program	SCAQMD with EPA Region IX Oversight	<p>40 CFR 72—Acid Rain Program establishes emission standards for SO<sub>2</sub> and NO<sub>x</sub> emissions from electric generating units through the use of market incentives, requires sources to monitor and report acid gas emissions, and requires the acquisition of SO<sub>2</sub> allowances sufficient to offset SO<sub>2</sub> emissions on an annual basis.</p> <p>An acid rain facility, such as the AEC, must also obtain an acid rain permit as mandated by Title IV of the CAA. A permit application must be submitted to SCAQMD at least 24 months before operation of the new units commences. The application must present all relevant sources at the facility, a compliance plan for each unit, applicable standards, and estimated commencement date of operation.</p> <p>The necessary Title IV applications will be submitted as part of the permitting process.</p>

### 5.1.9.2 State LORS

ARB's primary responsibilities are to develop, adopt, implement, and enforce the state's motor vehicle pollution control program; to administer and coordinate the state's air pollution research program; to adopt and update, as necessary, the CAAQS; to review the operations of the local air pollution control districts; and to review and coordinate preparation of the State Implementation Plan for achievement of the NAAQS.

The California Health & Safety Code, Section 41700 prohibits the discharge from a facility of air pollutants that cause injury, detriment, nuisance, or annoyance to the public; that endanger the comfort, repose, health, or safety of the public; or that cause, or have a natural tendency to cause, injury or damage business or property. The state has promulgated numerous laws and regulations at the state level (Toxic Air Contaminants and Air Toxic Hot Spots) which are effectuated at the local level by the air districts. A discussion of these state and local LORS is presented in Tables 5.1-48 and 5.1-49, respectively. A discussion of the public health risks posed by emissions of TACs, including ammonia, is presented in Section 5.9, Public Health.

TABLE 5.1-48

#### Applicable State Laws, Ordinances, Regulations, and Standards for the Protection of Air Quality

LORS	Purpose	Regulating Agency	Applicability/Compliance Strategy
California Health & Safety Code, Section 41700	Prohibits emissions in quantities that adversely affect public health, safety, businesses, or property.	SCAQMD with ARB Oversight	The CEC Conditions of Certification and the air quality management district PTC processes are developed to ensure that no adverse public health effects or public nuisances result from operation of the project.
California Assembly Bill 32 – Global Warming Solutions Act of 2006 (AB 32)	The purpose is to reduce carbon emissions within the state by approximately 25 percent by the year 2020.	SCAQMD with ARB Oversight	Requires ARB to develop regulations to limit and reduce GHG emissions.
California Code of Regulations, Title 17, Article 5	Establishes GHG limitations, reporting requirements, and a Cap and Trade offsetting program.	ARB	ARB has promulgated a Cap and Trade regulation that limits or caps GHG emissions and requires subject facilities to acquire GHG allowances. AEC GHG emissions have been estimated, and the <del>Applicant</del> <b>Project Owner</b> will report emissions and acquire allowances and offsets consistent with these regulations.
California Senate Bill 1368 – Emissions Performance Standards (SB 1368)	The law limits long-term investments in base load generation by the state's utilities to power plants that meet an emissions performance standard jointly established by the CEC and the California Public Utilities Commission (CPUC).	CEC with ARB Oversight	<del>-SB 1368 does not apply to the AEC because it is not a baseload facility. (Note: Despite its inapplicability, the AEC's state-of-the-art, efficient combined-cycle and simple-cycle configuration turbines nevertheless satisfy this requirement, emitting 896,725 lb CO<sub>2</sub>/MWh [including startups, shutdowns, and non-baseload operation without performance degradation] and 1,054 lb CO<sub>2</sub>/MWh<sup>19</sup>, respectively.)</del>

In August 2006, the California legislature passed AB 32, the California Global Warming Solutions Act of 2006. AB 32 requires California resource agencies to establish a comprehensive program of regulatory and market

<sup>19</sup> ~~Excluding performance degradation.~~

mechanisms to achieve reductions in GHG emissions (ARB, 2006). The AEC will be subject to AB 32, and will be required to comply with all final rules, regulations, emissions limitations, emission reduction measures, or market-based compliance mechanisms adopted under AB 32. ARB promulgated a Cap and Trade regulation to limit GHG emissions and to develop a market-based compliance mechanism for the creation, sale, and use of GHG allowances.

In addition to AB 32, Senate Bill 1368 (Perata, Chapter 598, Statutes of 2006) was signed into law on September 29, 2006. The law limits long-term investments in base load generation by the state's utilities to power plants that meet an emissions performance standard jointly established by the CEC and the CPUC. In response, the CEC has designed regulations that establish a standard for baseload generation owned by, or under long-term contract to publicly owned utilities, of 1,100 lb CO<sub>2</sub>/MWh. A baseload generation is defined as electricity generation from a power plant that is designed and intended to provide electricity at an annualized plant capacity factor of at least 60 percent. The permitted capacity factor for the AEC will be approximately 50 percent. Therefore, as a nonbaseload facility, the AEC is not subject to the emissions performance standard; however, despite its inapplicability, the AEC's ~~state-of-the-art, efficient~~ combined-cycle ~~and simple-cycle configurations turbines~~ nevertheless satisfy this requirement, emitting ~~896725~~ lb CO<sub>2</sub>/MWh ~~(including startups, shutdowns, and non-baseload operation without performance degradation)~~ and 1,054 lb CO<sub>2</sub>/MWh<sup>20</sup>, respectively.

### 5.1.9.3 Local Laws, Ordinances, Regulations, and Standards

When the state's air pollution statutes were reorganized in the mid-1960s, local districts were required to be established in each county of the state. The three different types of districts are county, regional, and unified. In addition, special air quality management districts, with more comprehensive authority over nonvehicular sources as well as transportation and other regional planning responsibilities, have been established by the Legislature for several regions in California, including SCAQMD. Air quality management districts have principal responsibility for developing plans for meeting the NAAQS and CAAQS; for developing control measures for nonvehicular sources of air pollution necessary to achieve and maintain both state and federal ambient air quality standards; for implementing permit programs established for the construction, modification, and operation of sources of air pollution; and for enforcing air pollution statutes and regulations governing nonvehicular sources.

SCAQMD plans define the proposed strategies, including stationary source control measures and NSR rules, whose implementation will attain the CAAQS. The relevant stationary source control measures and NSR requirements are presented in Table 5.1-49 ~~(because of its size, this table is provided at the end of this section)~~.

<sup>20</sup> ~~Excluding performance degradation.~~

TABLE 5.1-49

**Applicable Local Laws, Ordinances, Regulations, Standards, and Permits for Protection of Air Quality**

LORS	Purpose	Regulating Agency	Applicability/Compliance Assessment
SCAQMD Rule 201	Establishes an orderly procedure for the review of new and modified sources of air pollution through the issuance of permits.	SCAQMD	<p>Rule 201 specifies that any facility installing nonexempt equipment that causes or controls the emission of air pollutants must first obtain a PTC from the SCAQMD. SCAQMD has three separate preconstruction review programs for new or modified sources of criteria pollutant emissions: Regulation XIII (NSR), Regulation XVII (PSD), and Rule 2005 (NSR for RECLAIM).</p> <p>The air quality analysis includes an assessment of the air quality impacts in accordance with Regulation XIII, Regulation XVII, and Rule 2005. The completed SCAQMD PTC application forms have also been included in Appendix 5.1E.</p>
SCAQMD Rule 201.1	Incorporates the permit conditions in federally issued permits to construct.	SCAQMD	<p>A person constructing and/or operating equipment or an agricultural permit unit, pursuant to a PTC issued by the EPA, shall construct the equipment or agricultural permit unit in accordance with the conditions set forth in that permit, and shall operate the equipment or agricultural permit unit at all times in accordance with such conditions.</p> <p>A federal PSD permit will be obtained for the AEC. The <del>Applicant</del><del>Project Owner</del> will comply with the permit conditions established in the PSD permit.</p>
SCAQMD Rule 212	Establishes standards for approving permits and issuing public notice.	SCAQMD	<p>Rule 212 requires public notification if:</p> <ol style="list-style-type: none"> <li>Any new or modified permit unit, source under Regulation XX, or equipment under Regulation XXX that may emit air contaminants is located within 1,000 feet from the outer boundary of a school; or</li> <li>Any new or modified facility has onsite emission increases exceeding any of the daily maximums specified in subdivision (g) of this rule; or</li> <li>Any new or modified permit unit, source under Regulation XX, or equipment under Regulation XXX with increases in emissions of TACs, for which the Executive Officer has made a determination that a person may be exposed to a maximum individual cancer risk (MICR) greater than 1 in 1 million (<math>1 \times 10^{-6}</math>), due to a project's proposed construction, modification, or relocation for facilities with more than one permitted equipment unless the applicant can show that the total facility-wide MICR is below 10 in 1 million (<math>10 \times 10^{-6}</math>).</li> </ol> <p>The predicted total facility-wide MICR is less than 10 in 1 million. However, the AEC will be located within 1,000 feet from the outer boundary of a school and the onsite emissions will exceed the daily maximums listed in subdivision (g) of this rule. Therefore, a public notice consistent with the requirements outlined in Rule 212 will be issued. The process for public notification and comment will include all of the applicable provisions of 40 CFR 51, Section 51.161(b), and 40 CFR 124, Section 124.10.</p>

TABLE 5.1-49

**Applicable Local Laws, Ordinances, Regulations, Standards, and Permits for Protection of Air Quality**

LORS	Purpose	Regulating Agency	Applicability/Compliance Assessment
SCAQMD Rule 218	Establishes requirements for a CEMS.	SCAQMD	<p>The owner or operator of any equipment subject to this Rule shall provide, properly install, operate, and maintain in calibration and good working order a certified CEMS to measure the concentration and/or emission rates, as applicable, of air contaminants and diluent gases, flow rates, and other required parameters.</p> <p>Each turbine and the auxiliary boiler will be equipped with a CEMS. These units will comply with all applicable requirements of Rule 218, Rule 212 (NO<sub>x</sub> RECLAIM), and Title IV (Acid Rain – 40 CFR 75).</p>
SCAQMD Rule 401	Establishes limits for visible emissions from stationary sources.	SCAQMD	<p>Rule 401 prohibits visible emissions as dark as or darker than Ringlemann No. 1 for periods greater than 3 minutes in any hour.</p> <p>Natural gas will be the only fuel fired in the natural gas turbines and auxiliary boiler. Therefore, the project will not create visible emissions as dark as or darker than Ringlemann No. 1.</p>
SCAQMD Rule 402	Prohibits the discharge from a facility of air pollutants that cause injury, detriment, nuisance, or annoyance to the public, or that damage business or property.	SCAQMD	<p>A person shall not discharge from any source whatsoever such quantities of air contaminants or other material that cause injury, detriment, nuisance, or annoyance to any considerable number of persons or to the public; or which endanger the comfort, repose, health or safety of any such persons or the public; or which cause, or have a natural tendency to cause, injury or damage to business or property.</p> <p>The CEC Conditions of Certification and the SCAQMD PTC process are designed to ensure that the operation of the project will not cause a public nuisance.</p>
SCAQMD Rule 403	Establishes requirements to reduce the amount of PM entrained in the ambient air as a result of human-made fugitive dust sources.	SCAQMD	<p>Rule 403 requires the implementation of best available control measures to minimize fugitive dust emissions and prohibits visible dust emissions beyond the property line, a 50 µg/m<sup>3</sup> incremental increase in PM<sub>10</sub> concentrations across a facility as measured by upwind and downwind concentrations, and track-out of bulk material onto public, paved roadways.</p> <p>The project will implement best available control measures as part of the Stormwater Pollution Prevention Plan to minimize fugitive dust emissions during construction and operation.</p>
SCAQMD Rule 404	Establishes limits for PM emission concentrations.	SCAQMD	<p>A person shall not discharge into the atmosphere from any source PM in excess of the concentration at standard conditions listed in Rule 404. However, per Rule 404.c, this Rule does not apply to emissions resulting from the combustion of liquid or gaseous fuels in steam generators or gas turbines.</p> <p>Because the AEC will combust natural gas only, Rule 404 is not applicable.</p>
SCAQMD Rule 405	Establishes limits for PM mass emission rates.	SCAQMD	<p>Emission rate limits are based upon the process weight (fuel burned) per hour.</p> <p>Natural gas will be the only fuel fired in the natural gas turbines and auxiliary boiler. Therefore, the project will comply with the Rule 405 PM emission limits.</p>

TABLE 5.1-49

**Applicable Local Laws, Ordinances, Regulations, Standards, and Permits for Protection of Air Quality**

LORS	Purpose	Regulating Agency	Applicability/Compliance Assessment
SCAQMD Rule 407	Establishes limits for CO and SO <sub>x</sub> emissions from stationary sources.	SCAQMD	<p>Rule 407 prohibits CO and SO<sub>x</sub> emissions in excess of 2,000 and 500 ppm, respectively, from any source.</p> <p>The CO emissions from the combined-cycle turbines, simple-cycle turbines, and auxiliary boiler will be less than 2 ppm, 4 ppm, and 50 ppm, respectively. Therefore, the project meets the CO limit. In addition, equipment that complies with the requirements of Rule 431.1 is exempt from the SO<sub>x</sub> limit. Since the facility will comply with Rule 431.1, the SO<sub>x</sub> provisions of Rule 407 are not applicable.</p>
SCAQMD Rule 409	Establishes limits for PM emissions from fuel combustion sources.	SCAQMD	<p>Rule 409 prohibits PM emissions in excess of 0.1 grain per cubic foot of gas at 12 percent CO<sub>2</sub> at standard conditions.</p> <p>Natural gas will be the only fuel fired in the natural gas turbines and auxiliary boiler. Therefore, the project is expected to comply with the Rule 409 PM emission limits.</p>
SCAQMD Rule 431.1	Establishes limits for the sulfur content of gaseous fuels to reduce SO <sub>x</sub> emissions from stationary combustion sources.	SCAQMD	<p>Rule 431.1 limits the sulfur content of natural gas calculated as H<sub>2</sub>S to be less than 16 ppmv.</p> <p>The sulfur content of the natural gas will be less than 0.75 grain of sulfur per 100 dscf of natural gas or 12.6 ppmv. Therefore, the project is expected to comply with the Rule 431.1 requirement.</p>
SCAQMD Rule 474	Establishes limits for emissions of NO <sub>x</sub> from stationary combustion sources.	SCAQMD	Per Rule 2001, NO <sub>x</sub> RECLAIM facilities are exempt from the provisions of Rule 474. Because the project will be a NO <sub>x</sub> RECLAIM facility, Rule 474 is not applicable.
SCAQMD Rule 475	Establishes limits for combustion contaminant (PM) emissions from subject equipment.	SCAQMD	<p>Rule 475 prohibits PM emissions that exceed both 11 lb/hr (per emission unit) and 0.01 grain per dscf at 3 percent O<sub>2</sub>.</p> <p>The combined-cycle turbines' PM emission rate will be 8.5 lb/hr and less than 0.01 gr/dscf. Similarly, the simple-cycle turbines' PM emission rate will be 6.23 lb/hr and less than 0.01 gr/dscf.</p>
SCAQMD Rule 476	Establishes limits for NO <sub>x</sub> and PM emissions from steam generating equipment with a maximum heat input rating exceeding 50 MMBtu/hr.	SCAQMD	<p>Per Rule 2001, NO<sub>x</sub> RECLAIM facilities are exempt from the NO<sub>x</sub> requirements for this rule. Therefore, only the PM provisions of this Rule will apply.</p> <p>The combined-cycle turbines' PM emission rate will be 8.5 lb/hr and less than 0.01 grain per dscf. Similarly, the simple-cycle turbines' PM emission rate will be 6.23 lb/hr and less than 0.01 gr/dscf.</p>
SCAQMD Rule 53	Establishes limits for emissions of sulfur compounds (SO <sub>x</sub> ) from stationary sources in Los Angeles County.	SCAQMD	<p>A person shall not discharge into the atmosphere sulfur compounds, which would exist as a liquid or gas at standard conditions, exceeding in concentration at the point of discharge 0.2 percent by volume calculated as SO<sub>2</sub>.</p> <p>The use of low sulfur natural gas will result in SO<sub>2</sub> concentrations significantly less than 0.2 percent by volume.</p>

TABLE 5.1-49

**Applicable Local Laws, Ordinances, Regulations, Standards, and Permits for Protection of Air Quality**

LORS	Purpose	Regulating Agency	Applicability/Compliance Assessment
SCAQMD Regulation IX, Permits (40 CFR 60)	Establishes national standards of performance for new or modified facilities in specific source categories.	SCAQMD with EPA Region IX Oversight	See 40 CFR 60 (Table 5.1-47) to review applicability and the compliance assessment.
SCAQMD Regulation X, Permits (40 CFR 63)	Establishes national emission standards to limit emissions of HAPs (or air pollutants identified by EPA as causing or contributing to the adverse health effects of air pollution but for which NAAQS have not been established) from facilities in specific categories.	SCAQMD with EPA Region IX Oversight	See 40 CFR 63 (Table 5.1-47) to review applicability and the compliance assessment.
SCAQMD Rule 1134	Establishes limits for emissions of NO <sub>x</sub> from the stationary gas turbines.	SCAQMD	Per Rule 2001, NO <sub>x</sub> RECLAIM facilities are exempt from the provisions of Rule 1134. Therefore, Rule 1134 is not applicable to the project.
SCAQMD Rule 1135	Establishes limits for emissions of NO <sub>x</sub> from the electricity generating systems.	SCAQMD	Per Rule 2001, NO <sub>x</sub> RECLAIM facilities are exempt from the provisions of Rule 1135. Therefore, Rule 1135 is not applicable to the project.
SCAQMD Rule 1146	Establishes limits for emissions of NO <sub>x</sub> from industrial, institutional, and commercial boilers, steam generators, and process heaters.	SCAQMD	Per Rule 2001, NO <sub>x</sub> RECLAIM facilities are exempt from the provisions of Rule 1146. Therefore, Rule 1146 is not applicable to the project.
SCAQMD Regulation XIII, Permits (NSR)	Provides for the review of new and modified sources and provides mechanisms, including the use of BACT and emission offsets, by which authorities to construct such sources may be granted for non-RECLAIM pollutants.	SCAQMD	<p>Rule 1303(a) – BACT: BACT shall be applied to any new or modified source which results in an emission increase of any nonattainment air contaminant, any ozone-depleting compound, or ammonia.</p> <p>The BACT requirements of Rule 1303 apply regardless of any modeling or offset exemption in Rule 1304. Therefore, a complete top-down BACT analysis was conducted for emissions of CO, VOC, SO<sub>2</sub>, PM<sub>10</sub>, PM<sub>2.5</sub>, and GHG. The proposed BACT emission limits are presented in Section 5.1.8.2 (see Appendix 5.1D). A BACT analysis for NO<sub>x</sub> was conducted as part of compliance with Rule 2005.</p> <p>Rule 1303(b)(1) – Modeling: As part of the NSR permit approval process, an air quality dispersion analysis must be conducted using a mass emissions-based analysis contained in the Rule or an approved dispersion model to evaluate impacts of increased criteria pollutant emissions from any new or modified facility on ambient air quality.</p> <p>The <del>Applicant</del>Project Owner conducted air dispersion modeling to demonstrate that the auxiliary boiler will not cause a violation, or make significantly worse an existing violation, of any state or federal ambient air quality standard. The gas turbines are exempt from modeling requirements per Rule 1304(a)(2), with the exception of Regulation XX pollutants.</p>

TABLE 5.1-49

**Applicable Local Laws, Ordinances, Regulations, Standards, and Permits for Protection of Air Quality**

LORS	Purpose	Regulating Agency	Applicability/Compliance Assessment
SCAQMD Regulation XIII, Permits (NSR), Cont.			<p>Rule 1303(b)(2) – Offsets: Unless exempt from offsets requirements pursuant to Rule 1304, emission increases shall be offset by either Emission Reduction Credits approved pursuant to Rule 1309, or by allocations from the Priority Reserve in accordance with the provisions of Rule 1309.1, or allocations from the Offset Budget in accordance with the provisions of Rule 1309.2. Offset ratios shall be 1.2-to-1.0 for Emission Reduction Credits and 1.0-to-1.0 for allocations from the Priority Reserve, except for facilities not located in the SCAB, where the offset ratio for Emission Reduction Credits only shall be 1.2-to-1.0 for VOC, NO<sub>x</sub>, SO<sub>2</sub>, and PM<sub>10</sub>, and 1.0-to-1.0 for CO.</p> <p>The <del>Applicant</del><del>Project Owner</del> will provide sufficient VOC and PM<sub>10</sub> Emission Reduction Credits to offset the auxiliary boiler’s emissions at a 1.2-to-1.0 ratio; NO<sub>x</sub> emissions will be addressed through Regulation XX. The gas turbines are exempt from offset requirements per Rule 1304(a)(2), with the exception of Regulation XX pollutants.</p> <p>Rule 1303(b)(3) – Sensitive Zone Requirements: Unless credits are obtained from the Priority Reserve, facilities located in the SCAB are subject to the Sensitive Zone requirements specified in California Health &amp; Safety Code Section 40410.5.</p> <p>The AEC is located in Zone 1. Therefore, the <del>Applicant</del><del>Project Owner</del> will obtain Emission Reduction Credits from Zone 1 only to offset emissions from the auxiliary boiler. The gas turbines are exempt from offset requirements per Rule 1304(a)(2), with the exception of Regulation XX pollutants.</p> <p>Rule 1303(b)(4) – Facility-wide Compliance: The project will comply with all applicable rules and regulations of the SCAQMD.</p> <p>Rule 1303(b)(5)(A) – Alternative Analysis: Conduct an analysis of alternative sites, sizes, production processes, and environmental control techniques for such proposed source and demonstrate that the benefits of the proposed project outweigh the environmental and social costs associated with that project.</p> <p>As a matter of law, the AEC is not required to consider offsite alternatives. Public Resources Code Section 25540.6(b) states: “The commission may also accept an application for a noncogeneration project at an existing industrial site without requiring a discussion of site alternatives if the commission finds that the project has a strong relationship to the existing industrial site and that it is therefore reasonable not to analyze alternative sites for the project.” The AEC has a strong relationship to the existing industrial site, as a power plant has been located on this site for nearly 60 years. Therefore, in enacting Public Resources Code Section 25540.6, the Legislature determined that it is reasonable not to analyze offsite alternatives for projects with such a strong relationship to an existing industrial site. Although the <del>A</del>applicant is not required to consider offsite alternatives, the <del>Applicant</del><del>Project Owner</del> did consider alternative technologies. Alternative equipment technologies were rejected because of their environmental effects or their inability to meet the project objectives.</p>

TABLE 5.1-49

**Applicable Local Laws, Ordinances, Regulations, Standards, and Permits for Protection of Air Quality**

LORS	Purpose	Regulating Agency	Applicability/Compliance Assessment
SCAQMD Regulation XIII, Permits (NSR), Cont.			<p>Rule 1303(b)(5)(B) – Statewide Compliance: Demonstrate prior to the issuance of a PTC that all major stationary sources, as defined in the jurisdiction where the facilities are located, that are owned or operated by such person (or by any entity controlling, controlled by, or under common control with such person) in the State of California are subject to emission limitations and are in compliance or on a schedule for compliance with all applicable emission limitations and standards under the CAA.</p> <p>The <del>Applicant</del><b>Project Owner</b> has certified in SCAQMD Form 400-A that all major sources under its ownership or control in the State of California are in compliance with all federal, state, and local air quality rules and regulations.</p> <p>Rule 1303(b)(5)(C) – Protection of Visibility: Conduct a modeling analysis for plume visibility in accordance with the procedures specified in Appendix B if the net emission increase from the new or modified source exceeds 15 tpy of PM<sub>10</sub> or 40 tpy of NO<sub>x</sub>; and the location of the source, relative to the closest boundary of a specified federal Class I area, is within 28 km.</p> <p>Emissions of PM<sub>10</sub> and NO<sub>x</sub> will exceed the emissions thresholds; however, the distance to the nearest Class I area is approximately 53 km. Therefore, a visibility analysis is not required.</p> <p>Rule 1303(b)(5)(D) – Compliance through CEQA: Because the CEC certification process is a certified regulatory program that is the functional equivalent of the CEQA process, the applicable CEQA requirements have been addressed in this <u>SAFC</u>.</p> <p>Rule 1304.1 – Require the payment of fees to generate air quality improvements within the project area consistent with the SCAQMD’s approved Air Quality Management Plan.</p>

TABLE 5.1-49

**Applicable Local Laws, Ordinances, Regulations, Standards, and Permits for Protection of Air Quality**

LORS	Purpose	Regulating Agency	Applicability/Compliance Assessment
SCAQMD Rule 1325, Permits (Federal PM <sub>2.5</sub> NSR)	Provides for the review of new and modified sources and to provide mechanisms, including the use of lowest achievable emissions rate (LAER) and emission offsets, by which authorities to construct such sources may be granted for PM <sub>2.5</sub> .	SCAQMD	<p>The Executive Officer shall deny the Permit for a new major polluting facility; or major modification to a major polluting facility; or any modification to an existing facility that would constitute a major polluting facility in and of itself (i.e., the PTE is 100 tpy or more of PM<sub>2.5</sub> or its precursors), unless each of the following requirements is met:</p> <p>(A) LAER is employed for the new or relocated source or for the actual modification to an existing source; and</p> <p>(B) Emission increases shall be offset at a ratio of 1.1-to-1.0 for PM<sub>2.5</sub> and at the ratio required in Regulation XIII or Rule 2005 for NO<sub>x</sub> and SO<sub>2</sub>, as applicable; and</p> <p>(C) Certification is provided by the owner/operator that all major sources, as defined in the jurisdiction where the facilities are located, that are owned or operated by such person (or by any entity controlling, controlled by, or under common control with such person) in the State of California are subject to emission limitations and are in compliance or on a schedule for compliance with all applicable emission limitations and standards under the CAA; and</p> <p>(D) An analysis is conducted of alternative sites, sizes, production processes, and environmental control techniques for such proposed source and demonstration made that the benefits of the proposed project outweigh the environmental and social costs associated with that project.</p> <p>The AEC will not exceed the 100-tpy threshold for PM<sub>2.5</sub> (or PM<sub>2.5</sub> precursors on a per-pollutant basis). Therefore, Rule 1325 is not applicable to <u>the</u> AEC.</p>
SCAQMD Rule 1401, Permits (Toxics NSR)	Provides for the review of new and modified sources of TAC emissions to evaluate potential public exposure and health risk, to mitigate potentially significant health risks resulting from these exposures, and to provide net health risk benefits by improving the level of control when existing sources are modified or replaced.	SCAQMD	<p>Best Available Control Technology for Toxics (T-BACT) shall be applied to any new or modified source of TACs where the source risk is a cancer risk greater than 1 in 1 million (1 x 10<sup>-6</sup>), a chronic hazard index greater than 1.0, or an acute hazard index greater than 1.0. Cancer burden must be less than 0.5 for projects with cancer risks greater than 1 in 1 million (1 x 10<sup>-6</sup>).</p> <p>The predicted MICR at the maximum exposed individual resident (MEIR) and maximum exposed individual worker (MEIW) for the project are <u>1.112-5</u> and <u>0.05240</u> in 1 million, respectively. The maximum predicted chronic and acute hazard indices for the project are <u>0.003643</u> and <u>0.01921</u>, respectively. These values are below the PTC or PTO facility thresholds for cancer risk of 10 in 1 million and the chronic and acute hazard index of 1.0. The predicted MICR at the MEIR and MEIW are <u>0.484-1</u> and <u>0.02543</u>, respectively, for an individual combined-cycle turbine; <u>0.048541</u> and <u>0.001934</u>, respectively, for an individual simple-cycle turbine; and <u>0.009112</u> and <u>0.0009148</u>, respectively, for the auxiliary boiler. <u>Since</u> <del>Although</del> <u>the combined cycle turbine cancer risks are below</u> <del>exceed</del> the individual unit threshold of 1 in 1 million, <u>mitigation measures are not required.</u> <del>However,</del> the AEC will employ emission controls considered to be T-BACT. The associated cancer burden for <u>the AEC facility</u> is significantly less than 0.5. Therefore, the AEC will comply with Rule 1401.</p>

TABLE 5.1-49

**Applicable Local Laws, Ordinances, Regulations, Standards, and Permits for Protection of Air Quality**

LORS	Purpose	Regulating Agency	Applicability/Compliance Assessment
SCAQMD Regulation XVII, Permits (PSD)	Allows new sources of air pollution to be constructed, or existing sources to be modified in areas classified as attainment, while preserving the existing ambient air quality levels, protecting public health and welfare, and protecting Class I areas (e.g., national parks and wilderness areas).	SCAQMD with EPA Region IX Oversight	See 40 CFR 52 (Table 5.1-47) to review applicability and the compliance assessment.
SCAQMD Regulation XX, Permits (NO <sub>x</sub> RECLAIM)	Provides for the review of new and modified sources and to provide mechanisms, including the use of BACT and emission offsets, by which authorities to construct such sources may be granted for RECLAIM pollutants.	SCAQMD	<p>Rule 2005(b)(1)(A) – BACT: BACT shall be applied to any new or modified source which results in an emission increase of any nonattainment air contaminant, any ozone-depleting compound, or ammonia.</p> <p>A complete top-down BACT analysis was conducted for emissions of NO<sub>x</sub>. The proposed BACT emission limits are presented in Section 5.1.8.2 (see Appendix 5.1D). A BACT analysis for CO, VOC, SO<sub>2</sub>, PM<sub>10</sub>, PM<sub>2.5</sub>, and GHG was conducted as part of compliance with Rule 1303.</p> <p>Rule 2005(b)(1)(B) – Modeling: As part of the NSR permit approval process, an air quality dispersion analysis must be conducted for NO<sub>x</sub> using a mass emissions-based analysis contained in the Rule or an approved dispersion model, to evaluate impacts of increased NO<sub>x</sub> emissions from any new or modified facility on ambient air quality.</p> <p>An air quality dispersion analysis was conducted for NO<sub>x</sub> using the AERMOD dispersion model.</p> <p>Rule 2005(b)(2) – Offsets: NO<sub>x</sub> emission increases shall be offset using RTCs at a ratio of 1.0-to-1.0. The AEC will participate in the NO<sub>x</sub> RECLAIM program and will secure the necessary offsets as outlined in Section 5.1.8.2.</p> <p>Rule 2005(e) – Trading Zone Requirements: Any increase in an annual allocation to a level greater than the facility's starting plus nontradable allocations, and all emissions from a new or relocated facility, must be fully offset by obtaining RTCs originated in one of the two trading zones. A facility in Zone 1 may only obtain RTCs from Zone 1. A facility in Zone 2 may obtain RTCs from either Zone 1 or 2, or both.</p> <p>The AEC is located in Zone 1. Therefore, the <u>ApplicantProject Owner</u> will obtain RTCs from Zone 1 only.</p> <p>Rule 2005(g)(1) – Statewide Compliance: Demonstrate, prior to the issuance of a PTC, that all major stationary sources, as defined in the jurisdiction where the facilities are located, that are owned or operated by such person (or by any entity controlling, controlled by, or under common control with such person) in the State of California are subject to emission limitations and are in compliance or on a schedule for compliance with all applicable emission limitations and standards under the CAA.</p> <p>The <u>ApplicantProject Owner</u> has certified in SCAQMD Form 400-A that all major sources under its ownership or control in the State of California are in compliance with all federal, state, and local air quality rules and regulations.</p>

TABLE 5.1-49

**Applicable Local Laws, Ordinances, Regulations, Standards, and Permits for Protection of Air Quality**

LORS	Purpose	Regulating Agency	Applicability/Compliance Assessment
SCAQMD Regulation XX, Permits (NO <sub>x</sub> RECLAIM), Cont.			<p>Rule 2005(g)(2) – Alternative Analysis: Conduct an analysis of alternative sites, sizes, production processes, and environmental control techniques for such proposed source and demonstrate that the benefits of the proposed project outweigh the environmental and social costs associated with that project.</p> <p>As a matter of law, the AEC is not required to consider offsite alternatives. Public Resources Code Section 25540.6(b) states: “The commission may also accept an application for a noncogeneration project at an existing industrial site without requiring a discussion of site alternatives if the commission finds that the project has a strong relationship to the existing industrial site and that it is therefore reasonable not to analyze alternative sites for the project.” The AEC has a strong relationship to the existing industrial site, as a power plant has been located on this site for nearly 60 years. Therefore, in enacting Public Resources Code Section 25540.6, the Legislature determined that it is reasonable not to analyze offsite alternatives for projects with such a strong relationship to an existing industrial site. Although the Applicant is not required to consider offsite alternatives, the <u>ApplicantProject Owner</u> did consider alternative technologies. Alternative equipment technologies were rejected because of their environmental effects or their inability to meet the project objectives.</p> <p>Rule 2005(g)(3) – Compliance through CEQA: Because the CEC’s certified regulatory program is the functional equivalent of the CEQA process, the applicable CEQA requirements have been addressed in this <u>S</u>AFC.</p> <p>Rule 2005(g)(4) – Protection of Visibility: Conduct a modeling analysis for plume visibility in accordance with the procedures specified in Appendix B if the net emission increase from the new or modified source exceeds 40 tpy of NO<sub>x</sub>; and the location of the source, relative to the closest boundary of a specified federal Class I area, is within 28 km.</p> <p>Emissions of NO<sub>x</sub> will exceed the emissions threshold; however, the distance to the nearest Class I area is approximately 53 km. Therefore, a visibility analysis is not required.</p> <p>Rule 2005(h) – Public Notice: The applicant shall provide public notice, if required, pursuant to Rule 212.</p> <p>The <u>ApplicantProject Owner</u> will comply with the requirements for Public Notice outlined in Rule 212.</p> <p>Rule 2005(i) – Rule 1401 Compliance: All new or modified sources shall comply with the requirements of Rule 1401.</p> <p>The <u>ApplicantProject Owner</u> will comply with the requirements of Rule 1401 as demonstrated in Section 5.9, Public Health.</p> <p>Rule 2005(j) – Compliance with State and Federal NSR: The project will comply with all applicable rules and regulations of the SCAQMD.</p>
SCAQMD Regulation XXX, Permits (Title V)	Implements the operating permit requirements of Title V of the CAA as amended in 1990.	SCAQMD with EPA Region IX Oversight	See 40 CFR 70 (Table 5.1-47) to review applicability and the compliance assessment.

TABLE 5.1-49

**Applicable Local Laws, Ordinances, Regulations, Standards, and Permits for Protection of Air Quality**

<b>LORS</b>	<b>Purpose</b>	<b>Regulating Agency</b>	<b>Applicability/Compliance Assessment</b>
SCAQMD Rule 3008, Title V Permits (PTE Limitations)	Exempts low-emitting facilities with actual emissions below a specific threshold from federal Title V permit requirements by limiting the facility's PTE.	SCAQMD	This Rule shall apply to any facility that would, if it did not comply with the limitations set forth in either paragraphs (d)(1) or (d)(2) of Rule 3008, have the PTE <u>for</u> air contaminants equal to or in excess of the thresholds specified in Table 2, subdivision (b) of Rule 3001 – Applicability, or, for GHGs, 100,000 or more tpy of CO <sub>2</sub> e.  The AEC will exceed the Title V thresholds listed in Rule 3001. As a result, AEC has submitted an application to modify the existing Title V permit as part of the permitting process.
SCAQMD Regulation XXXI, Permits (Acid Rain)	Incorporates by reference the provisions of 40 CFR 72 for purposes of implementing an acid rain program that meets the requirements of Title IV of the CAA.	SCAQMD with EPA Region IX Oversight	See 40 CFR 72 (Table 5.1-47) to review applicability and the compliance assessment.

### 5.1.10 Agencies and Agency Contacts

Each level of government has adopted specific regulations that limit emissions from stationary combustion sources, several of which are applicable to the AEC. The agencies having permitting authority for the AEC, and their contact information, are shown in Table 5.1-50.

TABLE 5.1-50

#### Agency Contacts for Air Quality

Issue	Agency	Agencies Contacted
Regulatory oversight	EPA Region IX	Gerardo Rios EPA Region IX 75 Hawthorne Street San Francisco, CA 94105 (415) 947-3974
Regulatory oversight	ARB	Michael Tollstrup Project Assessment Branch California Air Resources Board 1001 "I" Street Sacramento, CA 95814 P.O. Box 2815 Sacramento, CA 95812 (916) 322-6026
Permit issuance, enforcement	SCAQMD	<del>Marcel Saulis</del> <a href="#">Vicky Lee</a> South Coast Air Quality Management District 21865 Copley Drive Diamond Bar, CA 91765 (909) 396- <del>284662</del>

### 5.1.11 Permits and Permit Schedule

A PTC application has been submitted to SCAQMD as part of the CEC licensing process. The PTC includes permitting forms for the federal Title IV and Title V permitting programs. SCAQMD is responsible for issuing the required construction permits related to air quality. Consistent with the CEC siting regulations, SCAQMD must issue a preliminary determination of compliance within 180 days after issuing the application completeness determination letter. If all requirements of the SCAQMD rules are met, SCAQMD will issue a determination of compliance to the CEC within 240 days after the acceptance of the application as complete. Upon approval of the project by the CEC, a determination of compliance serves as the SCAQMD PTC. A PTO will be issued by SCAQMD after construction and demonstration of compliance with the PTC. Title IV and Title V permits are also issued by SCAQMD as a federal delegate under the CAA after the final Commission Decision.

### 5.1.12 References

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**Appendix 5.1A**  
**Construction Emission Estimates**

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APPENDIX 5.1A

## Construction and Demolition Emission Estimates (Criteria and Greenhouse Gas)

Tables 5.1A.1 through 5.1A.9 summarize the emissions from demolition of Unit 7 and its ancillary structures.

<u>Table 5.1A.1</u>	<u>Onsite Demolition Equipment Exhaust Emissions</u>
<u>Table 5.1A.2</u>	<u>Onsite Motor Vehicle Exhaust Emissions</u>
<u>Table 5.1A.3</u>	<u>Onsite Demolition Fugitive Dust Emissions</u>
<u>Table 5.1A.4</u>	<u>Offsite Motor Vehicle Exhaust and Fugitive Dust Emissions</u>
<u>Table 5.1A.5</u>	<u>Equations Used to Calculate Criteria Pollutant and GHG Emissions</u>
<u>Table 5.1A.6</u>	<u>Number of Onsite Demolition Equipment and Motor Vehicles</u>
<u>Table 5.1A.7</u>	<u>Demolition Equipment Exhaust Criteria Pollutant Emission Factors</u>
<u>Table 5.1A.8</u>	<u>Onsite and Offsite Motor Vehicle Criteria Pollutant Emission Factors</u>
<u>Table 5.1A.9</u>	<u>Onsite and Offsite Greenhouse Gas Emission Factors</u>

Tables 5.1A.10 through 5.1A.189 summarize the emissions from construction of the AEC CCGT~~Combined~~-  
Cycle Power Block.

Table 5.1A. <u>10</u>	Onsite Construction Equipment Exhaust Emissions
Table 5.1A. <u>112</u>	Onsite Motor Vehicle Exhaust Emissions
Table 5.1A. <u>123</u>	Onsite Construction Fugitive Dust Emissions
Table 5.1A. <u>134</u>	Offsite Motor Vehicle Exhaust and Fugitive Dust Emissions
Table 5.1A. <u>145</u>	Equations Used to Calculate Criteria Pollutant and GHG Emissions
Table 5.1A. <u>156</u>	Number of Onsite Construction Equipment and Motor Vehicles
Table 5.1A. <u>167</u>	Construction Equipment Exhaust Criteria Pollutant Emission Factors
Table 5.1A. <u>178</u>	Onsite and Offsite Motor Vehicle Criteria Pollutant Emission Factors
Table 5.1A. <u>189</u>	Onsite and Offsite Greenhouse Gas Emission Factors

Tables 5.1A.190 through 5.1A.2718 summarize the emissions from construction of the AEC SCGT~~Simple~~-  
Cycle Power Block.

Table 5.1A. <u>190</u>	Onsite Construction Equipment Exhaust Emissions
Table 5.1A. <u>2011</u>	Onsite Motor Vehicle Exhaust Emissions
Table 5.1A. <u>212</u>	Onsite Construction Fugitive Dust Emissions
Table 5.1A. <u>2213</u>	Offsite Motor Vehicle Exhaust and Fugitive Dust Emissions
Table 5.1A. <u>2314</u>	Equations Used to Calculate Criteria Pollutant and GHG Emissions
Table 5.1A. <u>2415</u>	Number of Onsite Construction Equipment and Motor Vehicles
Table 5.1A. <u>2516</u>	Construction Equipment Exhaust Criteria Pollutant Emission Factors
Table 5.1A. <u>2617</u>	Onsite and Offsite Motor Vehicle Criteria Pollutant Emission Factors
Table 5.1A. <u>2718</u>	Onsite and Offsite Greenhouse Gas Emission Factors

Tables 5.1A.2819 through 5.1A.3021 summarize construction and demolition emissions from all stages of the pProject.

Table 5.1A.~~2819~~  
Summary

Table 5.1A.~~290~~

Table 5.1A.~~3021~~

AEC Onsite Demolition and Construction Exhaust and Fugitive Emissions

AEC Offsite Demolition and Construction Exhaust and Fugitive Emissions Summary

—————AEC Onsite & Offsite Demolition and Construction Exhaust and Fugitive Emissions Summary

**Table 5.1A.1 Onsite Demolition Equipment Exhaust Emissions**

**Demolition Equipment CO Emissions from Unit 7 Demolition**

Onsite Equipment	CO Emissions (lb/month)				
	1	2	3	4	5
Excavators	493.87	493.87	493.87	493.87	197.55
Backhoe	112.25	112.25	112.25	112.25	37.42
Dozer	125.16	125.16	125.16	62.58	62.58
Front End Loader	88.35	88.35	88.35	88.35	44.17
35 Ton Hydraulic Crane	142.57	142.57	142.57	0.00	0.00
Fork Lift	100.18	100.18	100.18	100.18	50.09
Grader	88.04	88.04	88.04	132.06	132.06
Water Truck	254.34	254.34	254.34	254.34	254.34
Air Compressor	280.97	280.97	280.97	224.77	168.58
<b>Onsite Total (lb/month)</b>	<b>1,685.73</b>	<b>1,685.73</b>	<b>1,685.73</b>	<b>1,468.41</b>	<b>946.79</b>
<b>Onsite Total (lb/day) <sup>a</sup></b>	<b>73.29</b>	<b>73.29</b>	<b>73.29</b>	<b>63.84</b>	<b>41.16</b>
<b>Onsite Total (tpy)</b>	<b>3.74</b>				

**Demolition Equipment VOC Emissions from Unit 7 Demolition**

Onsite Equipment	VOC Emissions (lb/month)				
	1	2	3	4	5
Excavators	8.01	8.01	8.01	8.01	3.20
Backhoe	1.82	1.82	1.82	1.82	0.61
Dozer	3.41	3.41	3.41	1.71	1.71
Front End Loader	2.41	2.41	2.41	2.41	1.20
35 Ton Hydraulic Crane	3.89	3.89	3.89	0.00	0.00
Fork Lift	1.62	1.62	1.62	1.62	0.81
Grader	2.40	2.40	2.40	3.60	3.60
Water Truck	6.94	6.94	6.94	6.94	6.94
Air Compressor	4.56	4.56	4.56	3.64	2.73
<b>Onsite Total (lb/month)</b>	<b>35.06</b>	<b>35.06</b>	<b>35.06</b>	<b>29.75</b>	<b>20.81</b>
<b>Onsite Total (lb/day) <sup>a</sup></b>	<b>1.52</b>	<b>1.52</b>	<b>1.52</b>	<b>1.29</b>	<b>0.90</b>
<b>Onsite Total (tpy)</b>	<b>0.08</b>				

**Demolition Equipment NO<sub>x</sub> Emissions from Unit 7 Demolition**

Onsite Equipment	NO <sub>x</sub> Emissions (lb/month)				
	1	2	3	4	5
Excavators	34.70	34.70	34.70	34.70	13.88
Backhoe	7.89	7.89	7.89	7.89	2.63
Dozer	14.79	14.79	14.79	7.40	7.40
Front End Loader	10.44	10.44	10.44	10.44	5.22
35 Ton Hydraulic Crane	16.85	16.85	16.85	0.00	0.00
Fork Lift	7.04	7.04	7.04	7.04	3.52
Grader	10.41	10.41	10.41	15.61	15.61
Water Truck	30.06	30.06	30.06	30.06	30.06
Air Compressor	19.74	19.74	19.74	15.79	11.85
<b>Onsite Total (lb/month)</b>	<b>151.92</b>	<b>151.92</b>	<b>151.92</b>	<b>128.93</b>	<b>90.16</b>
<b>Onsite Total (lb/day) <sup>a</sup></b>	<b>6.61</b>	<b>6.61</b>	<b>6.61</b>	<b>5.61</b>	<b>3.92</b>
<b>Onsite Total (tpy)</b>	<b>0.34</b>				

**Table 5.1A.1 Onsite Demolition Equipment Exhaust Emissions**

**Demolition Equipment SO<sub>x</sub> Emissions from Unit 7 Demolition**

Onsite Equipment	SO <sub>x</sub> Emissions (lb/month)				
	1	2	3	4	5
Excavators	0.65	0.65	0.65	0.65	0.26
Backhoe	0.15	0.15	0.15	0.15	0.05
Dozer	0.28	0.28	0.28	0.14	0.14
Front End Loader	0.19	0.19	0.19	0.19	0.10
35 Ton Hydraulic Crane	0.32	0.32	0.32	0.00	0.00
Fork Lift	0.13	0.13	0.13	0.13	0.07
Grader	0.20	0.20	0.20	0.29	0.29
Water Truck	0.57	0.57	0.57	0.57	0.57
Air Compressor	0.46	0.46	0.46	0.36	0.27
<b>Onsite Total (lb/month)</b>	<b>2.94</b>	<b>2.94</b>	<b>2.94</b>	<b>2.49</b>	<b>1.75</b>
<b>Onsite Total (lb/day)<sup>a</sup></b>	<b>0.13</b>	<b>0.13</b>	<b>0.13</b>	<b>0.11</b>	<b>0.08</b>
<b>Onsite Total (tpy)</b>	<b>0.01</b>				

**Demolition Equipment PM<sub>10</sub> Emissions from Unit 7 Demolition**

Onsite Equipment	PM <sub>10</sub> Emissions (lb/month)				
	1	2	3	4	5
Excavators	1.07	1.07	1.07	1.07	0.43
Backhoe	0.24	0.24	0.24	0.24	0.08
Dozer	0.46	0.46	0.46	0.23	0.23
Front End Loader	0.32	0.32	0.32	0.32	0.16
35 Ton Hydraulic Crane	0.52	0.52	0.52	0.00	0.00
Fork Lift	0.22	0.22	0.22	0.22	0.11
Grader	0.32	0.32	0.32	0.48	0.48
Water Truck	0.92	0.92	0.92	0.92	0.92
Air Compressor	0.61	0.61	0.61	0.49	0.36
<b>Onsite Total (lb/month)</b>	<b>4.67</b>	<b>4.67</b>	<b>4.67</b>	<b>3.97</b>	<b>2.77</b>
<b>Onsite Total (lb/day)<sup>a</sup></b>	<b>0.20</b>	<b>0.20</b>	<b>0.20</b>	<b>0.17</b>	<b>0.12</b>
<b>Onsite Total (tpy)</b>	<b>0.01</b>				

**Demolition Equipment PM<sub>2.5</sub> Emissions from Unit 7 Demolition**

Onsite Equipment	PM <sub>2.5</sub> Emissions (lb/month)				
	1	2	3	4	5
Excavators	1.07	1.07	1.07	1.07	0.43
Backhoe	0.24	0.24	0.24	0.24	0.08
Dozer	0.46	0.46	0.46	0.23	0.23
Front End Loader	0.32	0.32	0.32	0.32	0.16
35 Ton Hydraulic Crane	0.52	0.52	0.52	0.00	0.00
Fork Lift	0.22	0.22	0.22	0.22	0.11
Grader	0.32	0.32	0.32	0.48	0.48
Water Truck	0.92	0.92	0.92	0.92	0.92
Air Compressor	0.61	0.61	0.61	0.49	0.36
<b>Onsite Total (lb/month)</b>	<b>4.67</b>	<b>4.67</b>	<b>4.67</b>	<b>3.97</b>	<b>2.77</b>
<b>Onsite Total (lb/day)<sup>a</sup></b>	<b>0.20</b>	<b>0.20</b>	<b>0.20</b>	<b>0.17</b>	<b>0.12</b>
<b>Onsite Total (tpy)</b>	<b>0.01</b>				

**Table 5.1A.1 Onsite Demolition Equipment Exhaust Emissions**

**Demolition Equipment CO<sub>2</sub> Emissions from Unit 7 Demolition**

Onsite Equipment	CO <sub>2</sub> Emissions (metric tons/month)				
	1	2	3	4	5
Excavators	29.19	29.19	29.19	29.19	11.68
Backhoe	6.25	6.25	6.25	6.25	2.08
Dozer	19.24	19.24	19.24	9.62	9.62
Front End Loader	10.04	10.04	10.04	10.04	5.02
35 Ton Hydraulic Crane	15.04	15.04	15.04	0.00	0.00
Fork Lift	6.11	6.11	6.11	6.11	3.05
Grader	8.35	8.35	8.35	12.52	12.52
Water Truck	26.44	26.44	26.44	26.44	26.44
Air Compressor	16.66	16.66	16.66	13.32	9.99
<b>Onsite Total (metric tons/month)</b>	<b>137.30</b>	<b>137.30</b>	<b>137.30</b>	<b>113.48</b>	<b>80.40</b>
<b>Onsite Total (metric tons/day)<sup>a</sup></b>	<b>5.97</b>	<b>5.97</b>	<b>5.97</b>	<b>4.93</b>	<b>3.50</b>
<b>Onsite Total (metric tons/year)</b>	<b>605.78</b>				

**Demolition Equipment N<sub>2</sub>O Emissions from Unit 7 Demolition**

Onsite Equipment	N <sub>2</sub> O Emissions (metric tons/month)				
	1	2	3	4	5
Excavators	0.00073	0.00073	0.00073	0.00073	0.00029
Backhoe	0.00016	0.00016	0.00016	0.00016	0.00005
Dozer	0.00048	0.00048	0.00048	0.00024	0.00024
Front End Loader	0.00025	0.00025	0.00025	0.00025	0.00013
35 Ton Hydraulic Crane	0.00038	0.00038	0.00038	0.00000	0.00000
Fork Lift	0.00015	0.00015	0.00015	0.00015	0.00008
Grader	0.00021	0.00021	0.00021	0.00031	0.00031
Water Truck	0.00066	0.00066	0.00066	0.00066	0.00066
Air Compressor	0.00042	0.00042	0.00042	0.00033	0.00025
<b>Onsite Total (metric tons/month)</b>	<b>0.0034</b>	<b>0.0034</b>	<b>0.0034</b>	<b>0.0028</b>	<b>0.0020</b>
<b>Onsite Total (metric tons/day)<sup>a</sup></b>	<b>0.0001</b>	<b>0.0001</b>	<b>0.0001</b>	<b>0.0001</b>	<b>0.0001</b>
<b>Onsite Total (metric tons/year)</b>	<b>0.01519</b>				

**Demolition Equipment CH<sub>4</sub> Emissions from Unit 7 Demolition**

Onsite Equipment	CH <sub>4</sub> Emissions (metric tons/month)				
	1	2	3	4	5
Excavators	0.00137	0.00137	0.00137	0.00137	0.00055
Backhoe	0.00027	0.00027	0.00027	0.00027	0.00009
Dozer	0.00219	0.00219	0.00219	0.00109	0.00109
Front End Loader	0.00090	0.00090	0.00090	0.00090	0.00045
35 Ton Hydraulic Crane	0.00128	0.00128	0.00128	0.00000	0.00000
Fork Lift	0.00018	0.00018	0.00018	0.00018	0.00009
Grader	0.00065	0.00065	0.00065	0.00098	0.00098
Water Truck	0.00519	0.00519	0.00519	0.00519	0.00519
Air Compressor	0.00040	0.00040	0.00040	0.00032	0.00024
<b>Onsite Total (metric tons/month)</b>	<b>0.0124</b>	<b>0.0124</b>	<b>0.0124</b>	<b>0.0103</b>	<b>0.0087</b>
<b>Onsite Total (metric tons/day)<sup>a</sup></b>	<b>0.0005</b>	<b>0.0005</b>	<b>0.0005</b>	<b>0.0004</b>	<b>0.0004</b>
<b>Onsite Total (metric tons/year)</b>	<b>0.05627</b>				

Notes:

<sup>a</sup> Per 'AEC Demo Peaker and Ponds Manpower, Trucks, Equipment\_10.22.15.xls', the days per month are as follows:

Table added to capture emissions from Unit 7 demolition activities

**Table 5.1A.2 Onsite Motor Vehicle Exhaust Emissions**

**Onsite Demolition Vehicle CO Emissions from Unit 7 Demolition**

Vehicle Type	CO Emissions (lb/day)				
	1	2	3	4	5
Onsite Pick-up Truck	0.018	0.018	0.018	0.018	0.009
Onsite Stake Truck	0.020	0.020	0.020	0.020	0.020
Onsite Dump Truck	0.039	0.039	0.039	0.039	0.020
<b>Onsite Total (lb/day)</b>	<b>0.076</b>	<b>0.076</b>	<b>0.076</b>	<b>0.076</b>	<b>0.048</b>
Vehicle Type	CO Emissions (lb/month)				
	1	2	3	4	5
Onsite Pick-up Truck	0.409	0.409	0.409	0.409	0.205
Onsite Stake Truck	0.450	0.450	0.450	0.450	0.450
Onsite Dump Truck	0.899	0.899	0.899	0.899	0.450
<b>Onsite Total (lb/month)</b>	<b>1.758</b>	<b>1.758</b>	<b>1.758</b>	<b>1.758</b>	<b>1.104</b>
<b>Onsite Total (tpy)</b>	<b>0.004</b>				

**Onsite Demolition Vehicle VOC Emissions from Unit 7 Demolition**

Vehicle Type	VOC Emissions (lb/day)				
	1	2	3	4	5
Onsite Pick-up Truck	0.001	0.001	0.001	0.001	0.001
Onsite Stake Truck	0.006	0.006	0.006	0.006	0.006
Onsite Dump Truck	0.012	0.012	0.012	0.012	0.006
<b>Onsite Total (lb/day)</b>	<b>0.020</b>	<b>0.020</b>	<b>0.020</b>	<b>0.020</b>	<b>0.013</b>
Vehicle Type	VOC Emissions (lb/month)				
	1	2	3	4	5
Onsite Pick-up Truck	0.028	0.028	0.028	0.028	0.014
Onsite Stake Truck	0.144	0.144	0.144	0.144	0.144
Onsite Dump Truck	0.287	0.287	0.287	0.287	0.144
<b>Onsite Total (lb/month)</b>	<b>0.458</b>	<b>0.458</b>	<b>0.458</b>	<b>0.458</b>	<b>0.301</b>
<b>Onsite Total (tpy)</b>	<b>0.001</b>				

**Onsite Demolition Vehicle SO<sub>x</sub> Emissions from Unit 7 Demolition**

Vehicle Type	SO <sub>x</sub> Emissions (lb/day)				
	1	2	3	4	5
Onsite Pick-up Truck	0.00005	0.00005	0.00005	0.00005	0.00003
Onsite Stake Truck	0.00014	0.00014	0.00014	0.00014	0.00014
Onsite Dump Truck	0.00028	0.00028	0.00028	0.00028	0.00014
<b>Onsite Total (lb/day)</b>	<b>0.00047</b>	<b>0.00047</b>	<b>0.00047</b>	<b>0.00047</b>	<b>0.00031</b>
Vehicle Type	SO <sub>x</sub> Emissions (lb/month)				
	1	2	3	4	5
Onsite Pick-up Truck	0.00124	0.00124	0.00124	0.00124	0.00062
Onsite Stake Truck	0.00323	0.00323	0.00323	0.00323	0.00323
Onsite Dump Truck	0.00645	0.00645	0.00645	0.00645	0.00323
<b>Onsite Total (lb/month)</b>	<b>0.01091</b>	<b>0.01091</b>	<b>0.01091</b>	<b>0.01091</b>	<b>0.00707</b>
<b>Onsite Total (tpy)</b>	<b>0.00003</b>				

**Table 5.1A.2 Onsite Motor Vehicle Exhaust Emissions**

**Onsite Demolition Vehicle NO<sub>x</sub> Emissions from Unit 7 Demolition**

Vehicle Type	NO <sub>x</sub> Emissions (lb/day)				
	1	2	3	4	5
Onsite Pick-up Truck	0.002	0.002	0.002	0.002	0.001
Onsite Stake Truck	0.087	0.087	0.087	0.087	0.087
Onsite Dump Truck	0.174	0.174	0.174	0.174	0.087
<b>Onsite Total (lb/day)</b>	<b>0.262</b>	<b>0.262</b>	<b>0.262</b>	<b>0.262</b>	<b>0.175</b>
Vehicle Type	NO <sub>x</sub> Emissions (lb/month)				
	1	2	3	4	5
Onsite Pick-up Truck	0.035	0.035	0.035	0.035	0.017
Onsite Stake Truck	1.999	1.999	1.999	1.999	1.999
Onsite Dump Truck	3.999	3.999	3.999	3.999	1.999
<b>Onsite Total (lb/month)</b>	<b>6.032</b>	<b>6.032</b>	<b>6.032</b>	<b>6.032</b>	<b>4.016</b>
<b>Onsite Total (tpy)</b>	<b>0.014</b>				

**Onsite Demolition Vehicle PM<sub>10</sub> Emissions from Unit 7 Demolition**

Vehicle Type	PM <sub>10</sub> Emissions (lb/day)				
	1	2	3	4	5
Onsite Pick-up Truck	0.000	0.000	0.000	0.000	0.000
Onsite Stake Truck	0.001	0.001	0.001	0.001	0.001
Onsite Dump Truck	0.002	0.002	0.002	0.002	0.001
<b>Onsite Total (lb/day)</b>	<b>0.003</b>	<b>0.003</b>	<b>0.003</b>	<b>0.003</b>	<b>0.002</b>
Vehicle Type	PM <sub>10</sub> Emissions (lb/month)				
	1	2	3	4	5
Onsite Pick-up Truck	0.006	0.006	0.006	0.006	0.003
Onsite Stake Truck	0.020	0.020	0.020	0.020	0.020
Onsite Dump Truck	0.040	0.040	0.040	0.040	0.020
<b>Onsite Total (lb/month)</b>	<b>0.067</b>	<b>0.067</b>	<b>0.067</b>	<b>0.067</b>	<b>0.043</b>
<b>Onsite Total (tpy)</b>	<b>0.000</b>				

**Onsite Demolition Vehicle PM<sub>2.5</sub> Emissions from Unit 7 Demolition**

Vehicle Type	PM <sub>2.5</sub> Emissions (lb/day)				
	1	2	3	4	5
Onsite Pick-up Truck	0.000	0.000	0.000	0.000	0.000
Onsite Stake Truck	0.001	0.001	0.001	0.001	0.001
Onsite Dump Truck	0.001	0.001	0.001	0.001	0.001
<b>Onsite Total (lb/day)</b>	<b>0.002</b>	<b>0.002</b>	<b>0.002</b>	<b>0.002</b>	<b>0.001</b>
Vehicle Type	PM <sub>2.5</sub> Emissions (lb/month)				
	1	2	3	4	5
Onsite Pick-up Truck	0.003	0.003	0.003	0.003	0.002
Onsite Stake Truck	0.013	0.013	0.013	0.013	0.013
Onsite Dump Truck	0.027	0.027	0.027	0.027	0.013
<b>Onsite Total (lb/month)</b>	<b>0.044</b>	<b>0.044</b>	<b>0.044</b>	<b>0.044</b>	<b>0.029</b>
<b>Onsite Total (tpy)</b>	<b>0.000</b>				

**Table 5.1A.2 Onsite Motor Vehicle Exhaust Emissions**

**Onsite Demolition Vehicle CO<sub>2</sub> Emissions from Unit 7 Demolition**

Vehicle Type	CO <sub>2</sub> Emissions (metric tons/day)				
	1	2	3	4	5
Onsite Pick-up Truck	0.0009	0.0009	0.0009	0.0009	0.0004
Onsite Stake Truck	0.0037	0.0037	0.0037	0.0037	0.0037
Onsite Dump Truck	0.0073	0.0073	0.0073	0.0073	0.0037
<b>Onsite Total (metric tons/day)</b>	<b>0.0119</b>	<b>0.0119</b>	<b>0.0119</b>	<b>0.0119</b>	<b>0.0078</b>
Vehicle Type	CO <sub>2</sub> Emissions (metric tons/month)				
	1	2	3	4	5
Onsite Pick-up Truck	0.0199	0.0199	0.0199	0.0199	0.0100
Onsite Stake Truck	0.0843	0.0843	0.0843	0.0843	0.0843
Onsite Dump Truck	0.1685	0.1685	0.1685	0.1685	0.0843
<b>Onsite Total (metric tons/month)</b>	<b>0.2727</b>	<b>0.2727</b>	<b>0.2727</b>	<b>0.2727</b>	<b>0.1785</b>
<b>Onsite Total (metric tons/year)</b>	<b>1.2692</b>				

**Onsite Demolition Vehicle N<sub>2</sub>O Emissions from Unit 7 Demolition**

Vehicle Type	N <sub>2</sub> O Emissions (metric tons/day)				
	1	2	3	4	5
Onsite Pick-up Truck	0.000000013	0.000000013	0.000000013	0.000000013	0.000000007
Onsite Stake Truck	0.000000010	0.000000010	0.000000010	0.000000010	0.000000010
Onsite Dump Truck	0.000000019	0.000000019	0.000000019	0.000000019	0.000000010
<b>Onsite Total (metric tons/day)</b>	<b>0.000000042</b>	<b>0.000000042</b>	<b>0.000000042</b>	<b>0.000000042</b>	<b>0.000000026</b>
Vehicle Type	N <sub>2</sub> O Emissions (metric tons/month)				
	1	2	3	4	5
Onsite Pick-up Truck	0.000000304	0.000000304	0.000000304	0.000000304	0.000000152
Onsite Stake Truck	0.000000221	0.000000221	0.000000221	0.000000221	0.000000221
Onsite Dump Truck	0.000000442	0.000000442	0.000000442	0.000000442	0.000000221
<b>Onsite Total (metric tons/month)</b>	<b>0.000000966</b>	<b>0.000000966</b>	<b>0.000000966</b>	<b>0.000000966</b>	<b>0.000000593</b>
<b>Onsite Total (metric tons/year)</b>	<b>0.000004457</b>				

**Onsite Demolition Vehicle CH<sub>4</sub> Emissions from Unit 7 Demolition**

Vehicle Type	CH <sub>4</sub> Emissions (metric tons/day)				
	1	2	3	4	5
Onsite Pick-up Truck	0.000000033	0.000000033	0.000000033	0.000000033	0.000000016
Onsite Stake Truck	0.000000010	0.000000010	0.000000010	0.000000010	0.000000010
Onsite Dump Truck	0.000000020	0.000000020	0.000000020	0.000000020	0.000000010
<b>Onsite Total (metric tons/day)</b>	<b>0.000000063</b>	<b>0.000000063</b>	<b>0.000000063</b>	<b>0.000000063</b>	<b>0.000000037</b>
Vehicle Type	CH <sub>4</sub> Emissions (metric tons/month)				
	1	2	3	4	5
Onsite Pick-up Truck	0.000000750	0.000000750	0.000000750	0.000000750	0.000000375
Onsite Stake Truck	0.000000235	0.000000235	0.000000235	0.000000235	0.000000235
Onsite Dump Truck	0.000000469	0.000000469	0.000000469	0.000000469	0.000000235
<b>Onsite Total (metric tons/month)</b>	<b>0.000001454</b>	<b>0.000001454</b>	<b>0.000001454</b>	<b>0.000001454</b>	<b>0.000000844</b>
<b>Onsite Total (metric tons/year)</b>	<b>0.000006659</b>				

**Onsite Demolition Vehicle Activity for Unit 7 Demolition**

Vehicle Type	Miles/Day <sup>a</sup>	Working Days per Month <sup>b</sup>
Onsite Pick-up Truck	1	23
Onsite Stake Truck	2	23
Onsite Dump Truck	1	23

Notes:

<sup>a</sup> Estimated based on the dimensions of the project site and anticipated activity.

<sup>b</sup> The number of working days per month are consistent with the demolition schedule, as provided in 'AEC Demo Peaker and Ponds Manpower, Trucks, Equipment\_10.22.15.xls'.

Table added to capture emissions from Unit 7 demolition activities

**Table 5.1A.3 Onsite Demolition Fugitive Dust Emissions**

**Demolition Activity Levels for Unit 7 Demolition**

Source	Monthly Activity Levels				
	1	2	3	4	5
Debris Generated from Mechanical Dismemberment (tons) <sup>a</sup>	759.60	759.60	759.60	759.60	759.60

<sup>a</sup> Debris generated from Table 5.14-3, Wastes Generated during Demolition of Peaker and Pond Area. Assume Scrap Materials waste is unique to the peaker and pond area. Assume Scrap Metals, Concrete, Asphalt, and Asbestos wastes include waste from the peaker and pond area. Only materials generated from demolition that may generate fugitive dust were included. The monthly quantities were determined as follows:

Scrap Materials	23,300	lbs/week	which equals	46.60	tons/month
Scrap Metals	2,300	tons	which equals	460.00	tons/month
Concrete	1,000	tons	which equals	200.00	tons/month
Asphalt	35	tons	which equals	7.00	tons/month
Asbestos Waste	230	tons	which equals	46.00	tons/month

The above calculations are based on the following assumptions:

Demolition will last	5	months
The construction schedule allows for	4	weeks/month

**Onsite Demolition Vehicle Fugitive PM<sub>10</sub> Emissions from Unit 7 Demolition**

Vehicle Type	Fugitive PM <sub>10</sub> Emissions (lb/day) <sup>a</sup>				
	1	2	3	4	5
Onsite Pick-up Truck	0.689	0.689	0.689	0.689	0.345
Onsite Stake Truck	0.689	0.689	0.689	0.689	0.689
Onsite Dump Truck	1.379	1.379	1.379	1.379	0.689
<b>Onsite Total (lb/day)</b>	<b>2.758</b>	<b>2.758</b>	<b>2.758</b>	<b>2.758</b>	<b>1.723</b>
Vehicle Type	Fugitive PM <sub>10</sub> Emissions (lb/month) <sup>a</sup>				
	1	2	3	4	5
Onsite Pick-up Truck	15.856	15.856	15.856	15.856	7.928
Onsite Stake Truck	15.856	15.856	15.856	15.856	15.856
Onsite Dump Truck	31.712	31.712	31.712	31.712	15.856
<b>Onsite Total (lb/month)</b>	<b>63.424</b>	<b>63.424</b>	<b>63.424</b>	<b>63.424</b>	<b>39.640</b>
<b>Onsite Total (tpy)</b>	<b>0.147</b>				

Notes:

<sup>a</sup> Emissions based on highest (controlled) unpaved road emission factor for PM<sub>10</sub>.

**Onsite Demolition Vehicle Fugitive PM<sub>2.5</sub> Emissions from Unit 7 Demolition**

Vehicle Type	Fugitive PM <sub>2.5</sub> Emissions (lb/day) <sup>a</sup>				
	1	2	3	4	5
Onsite Pick-up Truck	0.069	0.069	0.069	0.069	0.034
Onsite Stake Truck	0.069	0.069	0.069	0.069	0.069
Onsite Dump Truck	0.138	0.138	0.138	0.138	0.069
<b>Onsite Total (lb/day)</b>	<b>0.276</b>	<b>0.276</b>	<b>0.276</b>	<b>0.276</b>	<b>0.172</b>
Vehicle Type	Fugitive PM <sub>2.5</sub> Emissions (lb/month) <sup>a</sup>				
	1	2	3	4	5
Onsite Pick-up Truck	1.586	1.586	1.586	1.586	0.793
Onsite Stake Truck	1.586	1.586	1.586	1.586	1.586
Onsite Dump Truck	3.171	3.171	3.171	3.171	1.586
<b>Onsite Total (lb/month)</b>	<b>6.342</b>	<b>6.342</b>	<b>6.342</b>	<b>6.342</b>	<b>3.964</b>
<b>Onsite Total (tpy)</b>	<b>0.015</b>				

Notes:

<sup>a</sup> Emissions based on the highest (controlled) unpaved road emission factor for PM<sub>2.5</sub>.

**Table 5.1A.3 Onsite Demolition Fugitive Dust Emissions**

**Onsite Demolition Fugitive PM<sub>10</sub> Emissions from Unit 7 Demolition**

Demolition Activity	Fugitive PM <sub>10</sub> Emissions (lb/day) <sup>a, b</sup>				
	1	2	3	4	5
Dismemberment	0.023	0.023	0.023	0.023	0.023
Debris Loading <sup>c</sup>	0.429	0.429	0.429	0.429	0.429
<b>Onsite Total (lb/day)</b>	<b>0.452</b>	<b>0.452</b>	<b>0.452</b>	<b>0.452</b>	<b>0.452</b>
Demolition Activity	Fugitive PM <sub>10</sub> Emissions (lb/month) <sup>a, b</sup>				
	1	2	3	4	5
Dismemberment	0.533	0.533	0.533	0.533	0.533
Debris Loading <sup>c</sup>	9.869	9.869	9.869	9.869	9.869
<b>Onsite Total (lb/month)</b>	<b>10.402</b>	<b>10.402</b>	<b>10.402</b>	<b>10.402</b>	<b>10.402</b>
<b>Onsite Total (tpy)</b>	<b>0.026</b>				

Notes:

<sup>a</sup> Work days per month are as follows, per 'AEC Demo Peaker and Ponds Manpower, Trucks, Equipment\_10.22.15.xls' :

23

<sup>b</sup> Emissions based on the highest (controlled) emission factor for PM<sub>10</sub>.

<sup>c</sup> Assume that all debris generated per month from dismemberment is loaded in the same month that it is generated.

**Onsite Demolition Fugitive PM<sub>2.5</sub> Emissions from Unit 7 Demolition**

Demolition Activity	Fugitive PM <sub>2.5</sub> Emissions (lb/day) <sup>a, b</sup>				
	1	2	3	4	5
Dismemberment	0.004	0.004	0.004	0.004	0.004
Debris Loading <sup>c</sup>	0.065	0.065	0.065	0.065	0.065
<b>Onsite Total (lb/day)</b>	<b>0.068</b>	<b>0.068</b>	<b>0.068</b>	<b>0.068</b>	<b>0.068</b>
Demolition Activity	Fugitive PM <sub>2.5</sub> Emissions (lb/month) <sup>a, b</sup>				
	1	2	3	4	5
Dismemberment	0.081	0.081	0.081	0.081	0.081
Debris Loading <sup>c</sup>	1.494	1.494	1.494	1.494	1.494
<b>Onsite Total (lb/month)</b>	<b>1.575</b>	<b>1.575</b>	<b>1.575</b>	<b>1.575</b>	<b>1.575</b>
<b>Onsite Total (tpy)</b>	<b>0.004</b>				

Notes:

<sup>a</sup> Work days per month are as follows, per 'AEC Demo Peaker and Ponds Manpower, Trucks, Equipment\_10.22.15.xls' :

23

<sup>b</sup> Emissions based on the highest (controlled) emission factor for PM<sub>2.5</sub>.

<sup>c</sup> Assume that all debris generated per month from dismemberment is loaded in the same month that it is generated.

**Onsite Demolition Vehicle Activity for Unit 7 Demolition**

Vehicle Type	Miles/Day <sup>a</sup>	Working Days per Month <sup>b</sup>
Onsite Pick-up Truck	1	23
Onsite Stake Truck	2	23
Onsite Dump Truck	1	23

Notes:

<sup>a</sup> Estimated based on dimensions of the project site.

<sup>b</sup> Per 'AEC Demo Peaker and Ponds Manpower, Trucks, Equipment\_10.22.15.xls'.

**Table 5.1A.3 Onsite Demolition Fugitive Dust Emissions**

**Fugitive Dust Emission Factors for Unpaved Roads**

**Vehicles on Unpaved Surfaces at Industrial Sites**

Parameter	PM <sub>10</sub>	PM <sub>2.5</sub>
Mean Vehicle Weight <sup>a</sup>	16.5	16.5
Silt Content <sup>b</sup>	8.5	8.5
k <sup>c</sup>	1.5	0.15
a <sup>c</sup>	0.9	0.9
b <sup>c</sup>	0.45	0.45
p <sup>d</sup>	33	33
<b>Emission Factor (Uncontrolled, lb/mile) <sup>e</sup></b>	<b>2.15</b>	<b>0.22</b>
<b>Reduction from Applying Soil Stabilizers <sup>f</sup></b>	<b>84%</b>	<b>84%</b>
<b>Emission Factor (Controlled, lb/mile)</b>	<b>0.34</b>	<b>0.03</b>

Notes:

<sup>a</sup> Mean vehicle weight assumes that medium/heavy duty trucks weigh 16.5 tons.

<sup>b</sup> Silt content taken from Table 13.2.2-1 of Section 13.2.2 of AP-42 (EPA, 2006) for a Construction Site, Scraper Route; this value is consistent with the CalEEMod default for the South Coast Air Basin.

<sup>c</sup> k, a, and b taken from Table 13.2.2-2 of Section 13.2.2 of AP-42 (EPA, 2006) for industrial roads.

<sup>d</sup> P taken as the CalEEMod default for the Long Beach climate region of the South Coast Air Basin.

<sup>e</sup> Emission factor calculated using Equations 1a and 2 from Section 13.2.2 of AP-42 (EPA, 2006):

$$\text{Emission Factor (lb/mile)} = \{k \text{ (lb/mile)} \times [\text{Silt Content (\%)} / 12]^a \times [\text{Mean Vehicle Weight (tons)} / 3]^b \times [(365 - P) / 365]$$

<sup>f</sup> Control efficiency taken from Table XI-D of the SCAQMD CEQA Handbook for Travel Over Unpaved Roads (SCAQMD, 2007).

**Fugitive Dust Emission Factors for Dismemberment**

**Dismemberment and Collapse of Structures**

Parameter	PM <sub>10</sub>	PM <sub>2.5</sub>
k <sup>a</sup>	0.35	0.053
U <sup>b</sup>	4.9	4.9
M <sup>c</sup>	2.0	2.0
<b>Emission Factor (lb/ton) <sup>d</sup></b>	<b>0.00110</b>	<b>0.00017</b>
<b>Reduction from Watering Every 4 Hours <sup>e</sup></b>	<b>36%</b>	<b>36%</b>
<b>Emission Factor (Controlled, lb/ton)</b>	<b>0.00070</b>	<b>0.00011</b>

Notes:

<sup>a</sup> k taken from Section 13.2.4.3 of AP-42 (EPA, 2006) per Section 4.4 of Appendix A of the CalEEMod User's Guide (ENVIRON, 2013).

<sup>b</sup> U taken as the CalEEMod default for the Long Beach climate region of the South Coast Air Basin. Converted from units of m/s to mph.

<sup>c</sup> M taken from Section 4.4 of Appendix A of the CalEEMod User's Guide (ENVIRON, 2013).

<sup>d</sup> Emission factor calculated using the following equation from Section 13.2.4.3 of AP-42 (EPA, 2006) per Section 4.4 of Appendix A of the CalEEMod User's Guide (ENVIRON, 2013):

$$\text{Emission Factor (lb/ton)} = k \times 0.0032 \times [U \text{ (mph)} / 5]^{1.3} / [M \text{ (\%)} / 2]^{1.4}$$

<sup>e</sup> Control efficiency taken from Table XI-A of the SCAQMD CEQA Handbook for Active Demolition and Debris Removal (SCAQMD, 2007).

**Fugitive Dust Emission Factors for Debris Loading**

**Loading of Debris/Building Waste**

Parameter	PM <sub>10</sub>	PM <sub>2.5</sub>
k <sup>a</sup>	0.35	0.053
EF <sub>L-TSP</sub> <sup>b</sup>	0.058	0.058
<b>Emission Factor (lb/ton) <sup>c</sup></b>	<b>0.020</b>	<b>0.003</b>
<b>Reduction from Watering Every 4 Hours <sup>d</sup></b>	<b>36%</b>	<b>36%</b>
<b>Emission Factor (Controlled, lb/ton)</b>	<b>0.013</b>	<b>0.002</b>

Notes:

<sup>a</sup> k taken from Section 13.2.4.3 of AP-42 (EPA, 2006) per Section 4.4 of Appendix A of the CalEEMod User's Guide (ENVIRON, 2013).

<sup>b</sup> EF<sub>L-TSP</sub> taken from Section 4.4 of Appendix A of the CalEEMod User's Guide (ENVIRON, 2013).

<sup>c</sup> Emission factor calculated using the following equation from Section 4.4 of Appendix A of the CalEEMod User's Guide (ENVIRON, 2013):

$$\text{Emission Factor (lb/ton)} = k \times \text{EF}_{L-TSP} \text{ (lb/ton)}$$

<sup>d</sup> Control efficiency taken from Table XI-A of the SCAQMD CEQA Handbook for Active Demolition and Debris Removal (SCAQMD, 2007).

Table added to capture emissions from Unit 7 demolition activities

**Table 5.1A.4 Offsite Motor Vehicle Exhaust and Fugitive Dust Emissions**

**Offsite Vehicle Usage During Unit 7 Demolition**

Vehicle Type	Number per Day				
	1	2	3	4	5
Offsite Delivery Trucks <sup>a</sup>	2	2	2	2	2
Material Hauling Trucks <sup>b</sup>	2	1	1	1	2
Waste Hauling Trucks <sup>c</sup>	15	15	15	13	3
Demolition Worker Commute <sup>d</sup>	91	91	91	78	25

Notes:

<sup>a</sup> Offsite Delivery Trucks include trucks transporting "Consumables & Supplies", as provided in 'AEC Demo Peaker and Ponds Manpower, Trucks, Equipment\_10.22.15.xls'.

<sup>b</sup> Material Hauling Trucks include trucks transporting "Construction Equipment", as provided in 'AEC Demo Peaker and Ponds Manpower, Trucks, Equipment\_10.22.15.xls'.

<sup>c</sup> Waste Hauling Trucks include trucks transporting "Mechanical Equipment", "Electrical Equip. & Mtrls", "Concrete/ Rebar / Rubble", and "Steel/Architectural" as provided in 'AEC Demo Peaker and Ponds Manpower, Trucks, Equipment\_10.22.15.xls'.

<sup>d</sup> Assumed 1 commute per 1 worker; number of workers taken from 'AEC Demo Peaker and Ponds Manpower, Trucks, Equipment\_10.22.15.xls'.

**Offsite Vehicle CO Emissions from Unit 7 Demolition**

Vehicle Type	CO Emissions (lb/day)				
	1	2	3	4	5
Offsite Delivery Trucks	0.037	0.037	0.037	0.037	0.037
Material Hauling Trucks	0.102	0.051	0.051	0.051	0.102
Waste Hauling Trucks	0.806	0.806	0.806	0.698	0.161
Demolition Worker Commute	8.023	8.023	8.023	6.877	2.204
<b>Offsite Total (lb/day)</b>	<b>8.968</b>	<b>8.917</b>	<b>8.917</b>	<b>7.663</b>	<b>2.504</b>
Vehicle Type	CO Emissions (lb/month)				
	1	2	3	4	5
Offsite Delivery Trucks	0.841	0.841	0.841	0.841	0.841
Material Hauling Trucks	2.342	1.171	1.171	1.171	2.342
Waste Hauling Trucks	18.534	18.534	18.534	16.063	3.707
Demolition Worker Commute	184.537	184.537	184.537	158.175	50.697
<b>Offsite Total (lb/month)</b>	<b>206.255</b>	<b>205.083</b>	<b>205.083</b>	<b>176.250</b>	<b>57.587</b>
<b>Offsite Total (tpy)</b>	<b>0.425</b>				

**Offsite Vehicle VOC Emissions from Unit 7 Demolition**

Vehicle Type	VOC Emissions (lb/day)				
	1	2	3	4	5
Offsite Delivery Trucks	0.009	0.009	0.009	0.009	0.009
Material Hauling Trucks	0.028	0.014	0.014	0.014	0.028
Waste Hauling Trucks	0.218	0.218	0.218	0.189	0.044
Demolition Worker Commute	0.182	0.182	0.182	0.156	0.050
<b>Offsite Total (lb/day)</b>	<b>0.437</b>	<b>0.423</b>	<b>0.423</b>	<b>0.368</b>	<b>0.130</b>
Vehicle Type	VOC Emissions (lb/month)				
	1	2	3	4	5
Offsite Delivery Trucks	0.213	0.213	0.213	0.213	0.213
Material Hauling Trucks	0.634	0.317	0.317	0.317	0.634
Waste Hauling Trucks	5.013	5.013	5.013	4.344	1.003
Demolition Worker Commute	4.191	4.191	4.191	3.593	1.151
<b>Offsite Total (lb/month)</b>	<b>10.051</b>	<b>9.734</b>	<b>9.734</b>	<b>8.467</b>	<b>3.001</b>
<b>Offsite Total (tpy)</b>	<b>0.020</b>				

**Table 5.1A.4 Offsite Motor Vehicle Exhaust and Fugitive Dust Emissions**

**Offsite Vehicle SO<sub>x</sub> Emissions from Unit 7 Demolition**

Vehicle Type	SO <sub>x</sub> Emissions (lb/day)				
	1	2	3	4	5
Offsite Delivery Trucks	0.001	0.001	0.001	0.001	0.001
Material Hauling Trucks	0.002	0.001	0.001	0.001	0.002
Waste Hauling Trucks	0.019	0.019	0.019	0.016	0.004
Demolition Worker Commute	0.017	0.017	0.017	0.015	0.005
<b>Offsite Total (lb/day)</b>	<b>0.040</b>	<b>0.038</b>	<b>0.038</b>	<b>0.033</b>	<b>0.012</b>
Vehicle Type	SO <sub>x</sub> Emissions (lb/month)				
	1	2	3	4	5
Offsite Delivery Trucks	0.022	0.022	0.022	0.022	0.022
Material Hauling Trucks	0.055	0.027	0.027	0.027	0.055
Waste Hauling Trucks	0.433	0.433	0.433	0.375	0.087
Demolition Worker Commute	0.401	0.401	0.401	0.344	0.110
<b>Offsite Total (lb/month)</b>	<b>0.911</b>	<b>0.883</b>	<b>0.883</b>	<b>0.768</b>	<b>0.274</b>
<b>Offsite Total (tpy)</b>	<b>0.002</b>				

**Offsite Vehicle NO<sub>x</sub> Emissions from Unit 7 Demolition**

Vehicle Type	NO <sub>x</sub> Emissions (lb/day)				
	1	2	3	4	5
Offsite Delivery Trucks	0.313	0.313	0.313	0.313	0.313
Material Hauling Trucks	0.752	0.376	0.376	0.376	0.752
Waste Hauling Trucks	5.952	5.952	5.952	5.158	1.190
Demolition Worker Commute	0.738	0.738	0.738	0.633	0.203
<b>Offsite Total (lb/day)</b>	<b>7.756</b>	<b>7.380</b>	<b>7.380</b>	<b>6.481</b>	<b>2.459</b>
Vehicle Type	NO <sub>x</sub> Emissions (lb/month)				
	1	2	3	4	5
Offsite Delivery Trucks	7.208	7.208	7.208	7.208	7.208
Material Hauling Trucks	17.301	8.651	8.651	8.651	17.301
Waste Hauling Trucks	136.897	136.897	136.897	118.644	27.379
Demolition Worker Commute	16.985	16.985	16.985	14.558	4.666
<b>Offsite Total (lb/month)</b>	<b>178.391</b>	<b>169.740</b>	<b>169.740</b>	<b>149.061</b>	<b>56.555</b>
<b>Offsite Total (tpy)</b>	<b>0.362</b>				

**Offsite Vehicle PM<sub>10</sub> Emissions from Unit 7 Demolition**

Vehicle Type	PM <sub>10</sub> Emissions (lb/day)				
	1	2	3	4	5
Offsite Delivery Trucks	0.026	0.026	0.026	0.026	0.026
Material Hauling Trucks	0.085	0.043	0.043	0.043	0.085
Waste Hauling Trucks	0.676	0.676	0.676	0.586	0.135
Demolition Worker Commute	2.048	2.048	2.048	1.755	0.563
<b>Offsite Total (lb/day)</b>	<b>2.836</b>	<b>2.793</b>	<b>2.793</b>	<b>2.410</b>	<b>0.810</b>
Vehicle Type	PM <sub>10</sub> Emissions (lb/month)				
	1	2	3	4	5
Offsite Delivery Trucks	0.607	0.607	0.607	0.607	0.607
Material Hauling Trucks	1.966	0.983	0.983	0.983	1.966
Waste Hauling Trucks	15.556	15.556	15.556	13.482	3.111
Demolition Worker Commute	47.098	47.098	47.098	40.370	12.939
<b>Offsite Total (lb/month)</b>	<b>65.227</b>	<b>64.244</b>	<b>64.244</b>	<b>55.441</b>	<b>18.623</b>
<b>Offsite Total (tpy)</b>	<b>0.134</b>				

**Table 5.1A.4 Offsite Motor Vehicle Exhaust and Fugitive Dust Emissions**

**Offsite Vehicle PM<sub>2.5</sub> Emissions from Unit 7 Demolition**

Vehicle Type	PM <sub>2.5</sub> Emissions (lb/day)				
	1	2	3	4	5
Offsite Delivery Trucks	0.009	0.009	0.009	0.009	0.009
Material Hauling Trucks	0.032	0.016	0.016	0.016	0.032
Waste Hauling Trucks	0.256	0.256	0.256	0.222	0.051
Demolition Worker Commute	0.558	0.558	0.558	0.479	0.153
<b>Offsite Total (lb/day)</b>	<b>0.856</b>	<b>0.840</b>	<b>0.840</b>	<b>0.726</b>	<b>0.246</b>
Vehicle Type	PM <sub>2.5</sub> Emissions (lb/month)				
	1	2	3	4	5
Offsite Delivery Trucks	0.202	0.202	0.202	0.202	0.202
Material Hauling Trucks	0.745	0.372	0.372	0.372	0.745
Waste Hauling Trucks	5.894	5.894	5.894	5.109	1.179
Demolition Worker Commute	12.843	12.843	12.843	11.008	3.528
<b>Offsite Total (lb/month)</b>	<b>19.684</b>	<b>19.312</b>	<b>19.312</b>	<b>16.691</b>	<b>5.654</b>
<b>Offsite Total (tpy)</b>	<b>0.040</b>				

**Offsite Vehicle CO<sub>2</sub> Emissions from Unit 7 Demolition**

Vehicle Type	CO <sub>2</sub> Emissions (metric tons/day)				
	1	2	3	4	5
Offsite Delivery Trucks	0.051	0.051	0.051	0.051	0.051
Material Hauling Trucks	0.115	0.058	0.058	0.058	0.115
Waste Hauling Trucks	0.910	0.910	0.910	0.789	0.182
Demolition Worker Commute	1.031	1.031	1.031	0.883	0.283
<b>Offsite Total (metric tons/day)</b>	<b>2.106</b>	<b>2.049</b>	<b>2.049</b>	<b>1.780</b>	<b>0.631</b>
Vehicle Type	CO <sub>2</sub> Emissions (metric tons/month)				
	1	2	3	4	5
Offsite Delivery Trucks	1.163	1.163	1.163	1.163	1.163
Material Hauling Trucks	2.646	1.323	1.323	1.323	2.646
Waste Hauling Trucks	20.934	20.934	20.934	18.143	4.187
Demolition Worker Commute	23.703	23.703	23.703	20.317	6.512
<b>Offsite Total (metric tons/month)</b>	<b>48.446</b>	<b>47.123</b>	<b>47.123</b>	<b>40.946</b>	<b>14.507</b>
<b>Offsite Total (metric tons/year)</b>	<b>198.145</b>				

**Offsite Vehicle N<sub>2</sub>O Emissions from Unit 7 Demolition**

Vehicle Type	N <sub>2</sub> O Emissions (metric tons/day)				
	1	2	3	4	5
Offsite Delivery Trucks	0.0000001	0.0000001	0.0000001	0.0000001	0.0000001
Material Hauling Trucks	0.0000004	0.0000002	0.0000002	0.0000002	0.0000004
Waste Hauling Trucks	0.0000030	0.0000030	0.0000030	0.0000026	0.0000006
Demolition Worker Commute	0.0000096	0.0000096	0.0000096	0.0000083	0.0000026
<b>Offsite Total (metric tons/day)</b>	<b>0.0000132</b>	<b>0.0000130</b>	<b>0.0000130</b>	<b>0.0000112</b>	<b>0.0000038</b>
Vehicle Type	N <sub>2</sub> O Emissions (metric tons/month)				
	1	2	3	4	5
Offsite Delivery Trucks	0.0000030	0.0000030	0.0000030	0.0000030	0.0000030
Material Hauling Trucks	0.0000088	0.0000044	0.0000044	0.0000044	0.0000088
Waste Hauling Trucks	0.0000699	0.0000699	0.0000699	0.0000606	0.0000140
Demolition Worker Commute	0.0002215	0.0002215	0.0002215	0.0001899	0.0000609
<b>Offsite Total (metric tons/month)</b>	<b>0.0003033</b>	<b>0.0002989</b>	<b>0.0002989</b>	<b>0.0002579</b>	<b>0.0000867</b>
<b>Offsite Total (metric tons/year)</b>	<b>0.0012456</b>				

**Table 5.1A.4 Offsite Motor Vehicle Exhaust and Fugitive Dust Emissions**

**Offsite Vehicle CH<sub>4</sub> Emissions from Unit 7 Demolition**

Vehicle Type	CH <sub>4</sub> Emissions (metric tons/day)				
	1	2	3	4	5
Offsite Delivery Trucks	0.000000	0.000000	0.000000	0.000000	0.000000
Material Hauling Trucks	0.000000	0.000000	0.000000	0.000000	0.000000
Waste Hauling Trucks	0.000003	0.000003	0.000003	0.000003	0.000001
Demolition Worker Commute	0.000046	0.000046	0.000046	0.000040	0.000013
<b>Offsite Total (metric tons/day)</b>	<b>0.000050</b>	<b>0.000050</b>	<b>0.000050</b>	<b>0.000043</b>	<b>0.000014</b>

Vehicle Type	CH <sub>4</sub> Emissions (metric tons/month)				
	1	2	3	4	5
Offsite Delivery Trucks	0.000003	0.000003	0.000003	0.000003	0.000003
Material Hauling Trucks	0.000009	0.000005	0.000005	0.000005	0.000009
Waste Hauling Trucks	0.000074	0.000074	0.000074	0.000064	0.000015
Demolition Worker Commute	0.001065	0.001065	0.001065	0.000912	0.000292
<b>Offsite Total (metric tons/month)</b>	<b>0.001151</b>	<b>0.001147</b>	<b>0.001147</b>	<b>0.000985</b>	<b>0.000320</b>
<b>Offsite Total (metric tons/year)</b>	<b>0.004750</b>				

**Offsite Demolition Vehicle Activity for Unit 7 Demolition**

Vehicle Type	Roundtrip Miles/Day	Working Days per Month <sup>d</sup>
Offsite Delivery Trucks <sup>a</sup>	13.8	23
Material Hauling Trucks <sup>b</sup>	40.0	23
Waste Hauling Trucks <sup>c</sup>	42.2	23
Demolition Worker Commute <sup>a</sup>	29.4	23

Notes:

<sup>a</sup> Roundtrip miles/day taken for the South Coast Air Basin from Table 4.2 (Urban C-NW and H-W values) of Appendix D of the *CalEEMod User's Guide* (ENVIRON, 2013).

<sup>b</sup> Roundtrip miles/day taken for from Section 4.5 of Appendix A of the *CalEEMod User's Guide* (ENVIRON, 2013).

<sup>c</sup> Roundtrip miles/day were assumed to travel directly to the Puente Hills Landfill for offsite waste disposal.

<sup>d</sup> Per 'AEC Demo Peaker and Ponds Manpower, Trucks, Equipment\_10.22.15.xls'.

Table added to capture emissions from Unit 7 demolition activities

**Table 5.1A.5 Equations Used to Calculate Criteria Pollutant and GHG Emissions**

**Equations Used to Calculate Emissions from Unit 7 Demolition**

Emission Source	Pollutant(s)	Equation	Variables	
Demolition Equipment Exhaust	CO, VOC, NO <sub>x</sub> , SO <sub>x</sub> , PM <sub>10</sub> , and PM <sub>2.5</sub>	$E_m = EF \times N \times Hp \times L \times H / 453.6$	$E_m$ = Emissions (lb/month) EF = Emission factor (g/bhp-hr) N = Number of pieces of equipment Hp = Average horsepower L = Average load factor H = Hours per month 453.6 = Conversion from g to lb	
		$E_d = E_m / D$	$E_d$ = Emissions (lb/day) $E_m$ = Emissions (lb/month) D = Number of construction days per month	
		$E_t = \Sigma E_m / 2,000$	$E_t$ = Emissions (tpy) $E_m$ = Emissions (lb/month) 2,000 = Conversion from lb to tons	
		CO <sub>2</sub>	$E_m = N \times FC \times EF \times H \times 0.001$	$E_m$ = Emissions (metric tons/month) N = Number of pieces of equipment FC = Fuel consumption (gallons/hour) EF = Emission factor (kg/gallon) H = Hours per month 0.001 = Conversion from kg to metric tons
			$E_d = E_m / D$	$E_d$ = Emissions (metric tons/day) $E_m$ = Emissions (metric tons/month) D = Number of construction days per month
			$E_t = \Sigma E_m$	$E_t$ = Emissions (metric tons/year) $E_m$ = Emissions (metric tons/month)
	CH <sub>4</sub> and N <sub>2</sub> O	$E_m = N \times FC \times EF \times H / 1,000 \times 0.001$	$E_m$ = Emissions (metric tons/month) N = Number of pieces of equipment FC = Fuel consumption (gallons/hour) EF = Emission factor (g/gallon) H = Hours per month 1,000 = Conversion from g to kg 0.001 = Conversion from kg to metric tons	
		$E_d = E_m / D$	$E_d$ = Emissions (metric tons/day) $E_m$ = Emissions (metric tons/month) D = Number of construction days per month	
		$E_t = \Sigma E_m$	$E_t$ = Emissions (metric tons/year) $E_m$ = Emissions (metric tons/month)	
	Onsite and Offsite Vehicle Exhaust and Paved and Unpaved Road Fugitive PM <sub>10</sub> and PM <sub>2.5</sub>	CO, VOC, NO <sub>x</sub> , SO <sub>x</sub> , PM <sub>10</sub> , and PM <sub>2.5</sub>	$E_d = N \times VMT \times EF / 453.6$	$E_d$ = Emissions (lb/day) N = Number of vehicles VMT = Vehicle miles traveled per day (miles/day) EF = EMFAC2014 emission factor (g/mile). Paved and unpaved road fugitive PM <sub>10</sub> and PM <sub>2.5</sub> emission factors calculated per Sections 13.2.1 and 13.2.2 of AP-42, respectively (EPA, 2011; EPA, 2006). 453.6 = Conversion from g to lb
			$E_m = E_d \times D$	$E_m$ = Emissions (lb/month) $E_d$ = Emissions (lb/day) D = Number of construction days per month
			$E_t = \Sigma E_m / 2,000$	$E_t$ = Emissions (tpy) $E_m$ = Emissions (lb/month) 2,000 = Conversion from lb to tons
Onsite and Offsite Vehicle Exhaust	CO <sub>2</sub>	$E_d = N \times VMT / FE \times EF \times 0.001$	$E_d$ = Emissions (metric tons/day) N = Number of vehicles VMT = Vehicle miles traveled per day (miles/day) FE = Fuel economy (mpg) EF = Emission factor (kg/gallon) 0.001 = Conversion from kg to metric tons	
		$E_m = E_d \times D$	$E_m$ = Emissions (metric tons/month) $E_d$ = Emissions (metric tons/day) D = Number of construction days per month	
		$E_t = \Sigma E_m$	$E_t$ = Emissions (metric tons/year) $E_m$ = Emissions (metric tons/month)	
	CH <sub>4</sub> and N <sub>2</sub> O	$E_d = N \times VMT \times EF / 1,000 \times 0.001$	$E_d$ = Emissions (metric tons/day) N = Number of vehicles VMT = Vehicle miles traveled per day (miles/day) EF = Emission factor (g/mile) 1,000 = Conversion from g to kg 0.001 = Conversion from kg to metric tons	
		$E_m = E_d \times D$	$E_m$ = Emissions (metric tons/month) $E_d$ = Emissions (metric tons/day) D = Number of construction days per month	
		$E_t = \Sigma E_m$	$E_t$ = Emissions (metric tons/year) $E_m$ = Emissions (metric tons/month)	
Onsite Fugitive PM <sub>10</sub> and PM <sub>2.5</sub> from Dismemberment and Debris Loading	PM <sub>10</sub> and PM <sub>2.5</sub>	$E_d = T \times EF / D$	$E_d$ = Emissions (lb/day) T = Tons of material dismembered or loaded per month (ton/month) EF = Fugitive PM <sub>10</sub> and PM <sub>2.5</sub> emission factors (lb/ton), calculated per Section 13.2.4.3 of AP-42 (EPA, 2006) for dismemberment and Section 4.4 of Appendix A of the CalEEMod User's Guide (ENVIRON, 2013) for debris loading.	
		$E_m = E_d \times D$	$E_m$ = Emissions (lb/month) $E_d$ = Emissions (lb/day) D = Number of construction days per month	
		$E_t = \Sigma E_m / 2,000$	$E_t$ = Emissions (tpy) $E_m$ = Emissions (lb/month) 2,000 = Conversion from lb to tons	

Table added to capture emissions from Unit 7 demolition activities

**Table 5.1A.6: Number of Onsite Demolition Equipment and Motor Vehicles**

**Number of Onsite Equipment for Unit 7 Demolition**

Onsite Equipment	Number per Month <sup>a</sup>				
	1	2	3	4	5
Excavators	5	5	5	5	2
Backhoe	3	3	3	3	1
Dozer	2	2	2	1	1
Front End Loader	2	2	2	2	1
35 Ton Hydraulic Crane	3	3	3	0	0
Fork Lift	4	4	4	4	2
Grader	2	2	2	3	3
Water Truck	3	3	3	3	3
Air Compressor	5	5	5	4	3

**Number of Onsite Motor Vehicles for Unit 7 Demolition**

Vehicle Type	Number per Month <sup>a</sup>				
	1	2	3	4	5
Onsite Pick-up Truck	2	2	2	2	1
Onsite Stake Truck	1	1	1	1	1
Onsite Dump Truck	4	4	4	4	2

Notes:

<sup>a</sup> Number per month data from 'AEC Demo Peaker and Ponds Manpower, Trucks, Equipment\_10.22.15.xls'.

Table added to capture emissions from Unit 7 demolition activities

**Table 5.1A.7 Demolition Equipment Exhaust Criteria Pollutant Emission Factors**

**Demolition Equipment Emission Factors for Demolition of Unit 7**

Equipment <sup>a</sup>	Percent Usage <sup>b</sup>	Hours per Month <sup>c</sup>	Horsepower <sup>d</sup>	Load Factor <sup>d</sup>	Emission Factors (g/bhp-hr) <sup>e</sup>						Fuel Consumption (gallons/hour) <sup>g</sup>
					CO	VOC	NO <sub>x</sub>	SO <sub>x</sub> <sup>f</sup>	PM <sub>10</sub>	PM <sub>2.5</sub>	
Excavators	85%	196	163	0.38	3.700	0.060	0.260	0.005	0.008	0.008	2.93
Backhoe	55%	127	98	0.37	3.700	0.060	0.260	0.005	0.008	0.008	1.61
Dozer <sup>h</sup>	55%	127	255	0.40	2.200	0.060	0.260	0.005	0.008	0.008	7.45
Front End Loader <sup>i</sup>	55%	127	200	0.36	2.200	0.060	0.260	0.005	0.008	0.008	3.89
75 Ton Hydraulic Crane	65%	150	226	0.29	2.200	0.060	0.260	0.005	0.008	0.008	3.28
35 Ton Hydraulic Crane	65%	150	226	0.29	2.200	0.060	0.260	0.005	0.008	0.008	3.28
Fork Lift	75%	173	89	0.20	3.700	0.060	0.260	0.005	0.008	0.008	0.87
Grader	55%	127	175	0.41	2.200	0.060	0.260	0.005	0.008	0.008	3.23
Compactor <sup>j</sup>	70%	161	8	0.43	4.100	0.120	2.750	0.008	0.008	0.008	0.93
Water Truck <sup>k</sup>	50%	115	400	0.38	2.200	0.060	0.260	0.005	0.008	0.008	7.51
Air Compressor	80%	184	78	0.48	3.700	0.060	0.260	0.006	0.008	0.008	1.77

Notes:

<sup>a</sup> Assumed all equipment is fired with diesel fuel, per Section 4.2 of Appendix A of the *CalEEMod User's Guide* (ENVIRON, 2013).

<sup>b</sup> Percent Usage assumed typical of power plant construction.

<sup>c</sup> Hours per month calculated based on the following schedule, per 'AEC Demo Peaker and Ponds Manpower, Trucks, Equipment\_10.22.15.xlsx':

Work hours per day: 10  
Work days per month: 23

<sup>d</sup> Construction equipment horsepower and load factor taken from Table 3.3 of Appendix D of the *CalEEMod User's Guide* (ENVIRON, 2013).

<sup>e</sup> Unless otherwise noted, construction equipment emission factors taken from Table 3.5 of Appendix D of the *CalEEMod User's Guide* (ENVIRON, 2013), assuming Tier 4 Final engine controls.

<sup>f</sup> SO<sub>x</sub> construction equipment emission factors taken from Table 3.4 of Appendix D of the *CalEEMod User's Guide* (ENVIRON, 2013) for the year 2017.

<sup>g</sup> Fuel consumption based on consumption in the OFFROAD2011 model for the South Coast Air Basin in the year 2017; value estimated by dividing the reported consumption (lb/year) by the reported activity (hours/year) and by the density of diesel fuel (assumed to be 7 lb/gallon). Since the OFFROAD2011 output did not include data for an Air Compressor or Plate Compactor, their fuel consumption was assumed to be best represented by that for Other Construction Equipment.

<sup>h</sup> Horsepower, load factor, and emission factors for Rubber Tired Dozers were assumed representative of Dozers.

<sup>i</sup> Horsepower, load factor, and emission factors for Rubber Tired Loaders were assumed representative of Front End Loaders.

<sup>j</sup> Horsepower, load factor, and emission factors for Plate Compactors were assumed representative of Compactors

<sup>k</sup> Horsepower, load factor, and emission factors for Off-Highway Trucks were assumed representative of Water Trucks.

Table added to capture emissions from Unit 7 demolition activities

**Table 5.1A.8 Onsite and Offsite Motor Vehicle Criteria Pollutant Emission Factors**

**Vehicle Emission Factors for Unit 7 Demolition**

Vehicle Type	Vehicle Class <sup>a</sup>	Exhaust Emission Factors (g/mile) <sup>b</sup>						Paved Road Emission Factors (g/mile) <sup>c</sup>		Fuel Economy (mpg) <sup>d</sup>
		CO	VOC	SO <sub>x</sub>	NO <sub>x</sub>	PM <sub>10</sub>	PM <sub>2.5</sub>	PM <sub>10</sub>	PM <sub>2.5</sub>	
Onsite Pick-up Truck	Light-duty Truck	4.036	0.274	0.012	0.341	0.062	0.034	N/A	N/A	20.252
Stake Truck	Heavy-duty Diesel	4.433	1.415	0.032	19.715	0.199	0.132	N/A	N/A	5.573
Onsite Dump Truck	Heavy-duty Diesel	4.433	1.415	0.032	19.715	0.199	0.132	N/A	N/A	5.573
Offsite Delivery Trucks	Heavy-duty Diesel	0.601	0.152	0.016	5.151	0.133	0.069	0.300	0.075	5.573
Material Hauling Trucks	Heavy/Medium-duty Diesel	0.577	0.156	0.013	4.265	0.184	0.109	0.300	0.075	7.098
Waste Hauling Trucks	Heavy/Medium-duty Diesel	0.577	0.156	0.013	4.265	0.184	0.109	0.300	0.075	7.098
Demolition Worker Commute	Light-duty Auto/Truck	1.360	0.031	0.003	0.125	0.047	0.020	0.300	0.075	22.787

Notes:

<sup>a</sup> The vehicle classes are represented as follows:

Light-duty Truck: Assumed to be 50% LDT1 Gas and 50% LDT2 Gas values.

Heavy-duty Diesel: Assumed to be 100% HHDT DSL values, per Section 4.5 of Appendix A of the *CalEEMod User's Guide* (ENVIRON, 2013).

Heavy/Medium-duty Diesel: 50% HHDT DSL and 50% MHDT DSL values, per Section 4.5 of Appendix A of the *CalEEMod User's Guide* (ENVIRON, 2013).

Light-duty Auto/Truck: 50% LDA Gas, 25% LDT1 Gas, and 25% LDT2 Gas values, per Section 4.5 of Appendix A of the *CalEEMod User's Guide* (ENVIRON, 2013).

<sup>b</sup> Exhaust emission factors from EMFAC2014 for the South Coast Air Basin (Los Angeles County), calendar year 2017. A speed of 5 mph was assumed for onsite vehicles; a speed of 40 mph was assumed for offsite vehicles and worker commutes, which is consistent with the CalEEMod defaults. An average temperature of 68°F and humidity of 55% were used per Table B-1 of *CT-EMFAC: A Computer Model to Estimate Transportation Project Emissions* (UC Davis, 2007).

<sup>c</sup> Paved road emission factors calculated using CalEEMod methodology, as described below.

<sup>d</sup> Fuel economy from the EMFAC2014 Web Database (<http://www.arb.ca.gov/emfac/2014/>) for the South Coast Air Basin, calendar year 2017.

**Derivation of Paved Road Emission Factors**

**Vehicles on Paved Roads**

Parameter	PM <sub>10</sub>	PM <sub>2.5</sub>
Average Weight <sup>a</sup>	2.4	2.4
k <sup>b</sup>	1.0	0.25
sL <sup>a</sup>	0.1	0.1
<b>Emission Factor (g/mile) <sup>c</sup></b>	<b>0.300</b>	<b>0.075</b>

Notes:

<sup>a</sup> Average Weight and sL taken as the CalEEMod defaults for the Long Beach climate region of the South Coast Air Basin.

<sup>b</sup> k taken from Table 13.2.1-1 of Section 13.2.1 of *AP-42* (EPA, 2011).

<sup>c</sup> Emission factor calculated using Equation 1 from Section 13.2.1 of *AP-42* (EPA, 2011):

$$\text{Emission Factor (g/mile)} = k \text{ (g/mile)} \times [\text{sL (g/m}^2\text{)}]^{0.91} \times [\text{Average Weight (tons)}]^{1.02}$$

Table added to capture emissions from Unit 7 demolition activities

**Table 5.1A.9 Onsite and Offsite Greenhouse Gas Emission Factors**

**Greenhouse Gas Emission Factors for Unit 7 Demolition**

Fuel / Category Type	Emission Factor	Emission Factor Units	Emission Factor Source
<b>CO<sub>2</sub> Emission Factors</b>			
Gasoline	8.778	kg CO <sub>2</sub> /gallon	The Climate Registry. 2015. <i>2015 Climate Registry Default Emission Factors</i> . Table 13.1. April.
Diesel	10.206	kg CO <sub>2</sub> /gallon	The Climate Registry. 2015. <i>2015 Climate Registry Default Emission Factors</i> . Table 13.1. April.
<b>N<sub>2</sub>O Emission Factors</b>			
Gasoline Passenger Car Model Year 2012 <sup>a</sup>	0.0036	g N <sub>2</sub> O/mile	The Climate Registry. 2015. <i>2015 Climate Registry Default Emission Factors</i> . Table 13.5. April.
Gasoline Light-duty Truck Model Year 2012 <sup>a</sup>	0.0066	g N <sub>2</sub> O/mile	The Climate Registry. 2015. <i>2015 Climate Registry Default Emission Factors</i> . Table 13.5. April.
Diesel Heavy-duty Truck Model Year 1960 - 2012 <sup>a</sup>	0.0048	g N <sub>2</sub> O/mile	The Climate Registry. 2015. <i>2015 Climate Registry Default Emission Factors</i> . Table 13.5. April.
Diesel Off-road Vehicle	0.256	g N <sub>2</sub> O/gallon	The Climate Registry. 2015. <i>2015 Climate Registry Default Emission Factors</i> . Table 13.7. April.
<b>CH<sub>4</sub> Emission Factors</b>			
Gasoline Passenger Car Model Year 2012 <sup>a</sup>	0.0173	g CH <sub>4</sub> /mile	The Climate Registry. 2015. <i>2015 Climate Registry Default Emission Factors</i> . Table 13.5. April.
Gasoline Light-duty Truck Model Year 2012 <sup>a</sup>	0.0163	g CH <sub>4</sub> /mile	The Climate Registry. 2015. <i>2015 Climate Registry Default Emission Factors</i> . Table 13.5. April.
Diesel Heavy-duty Truck Model Year 1960 - 2012 <sup>a</sup>	0.0051	g CH <sub>4</sub> /mile	The Climate Registry. 2015. <i>2015 Climate Registry Default Emission Factors</i> . Table 13.5. April.
Diesel Off-road Vehicle	0.576	g CH <sub>4</sub> /gallon	The Climate Registry. 2015. <i>2015 Climate Registry Default Emission Factors</i> . Table 13.7. April.

Notes:

<sup>a</sup> Model Year 2012 was the most recent year of emission factors available. As a result, it was assumed representative of vehicles used for this project.

Table added to capture emissions from Unit 7 demolition activities













Table 5.1A.12 Onsite Construction Fugitive Dust Emissions

**Fugitive Dust Emission Factors for Unpaved Roads**

Vehicles on Unpaved Surfaces at Industrial Sites		
Parameter	PM <sub>10</sub>	PM <sub>2.5</sub>
Mean Vehicle Weight <sup>a</sup>	16.5	16.5
Silt Content <sup>b</sup>	8.5	8.5
k <sup>c</sup>	1.5	0.15
a <sup>d</sup>	0.9	0.9
b <sup>e</sup>	0.45	0.45
p <sup>f</sup>	33	33
Emission Factor (Uncontrolled, lb/mile) <sup>g</sup>	2.15	0.22
Reduction from Applying Soil Stabilizers <sup>g</sup>	84%	84%
Emission Factor (Controlled, lb/mile)	0.34	0.03

Notes:

<sup>a</sup> Mean vehicle weight assumes that medium/heavy duty trucks weigh 16.5 ton;

<sup>b</sup> Silt content taken from Table 13.2.2-1 of Section 13.2.2 oAP-42 (EPA, 2006) for a Construction Site, Scraper Route; this value is consistent with the CalEEMod default for the South Coast Air Bas

<sup>c</sup> k, a, and b taken from Table 13.2.2-2 of Section 13.2.2 oAP-42 (EPA, 2006) for industrial roads

<sup>d</sup> P taken as the CalEEMod default for the Long Beach climate region of the South Coast Air Bas

<sup>e</sup> Emission factor calculated using Equations 1a and 2 from Section 13.2.2 oAP-42 (EPA, 2006):

Emission Factor (lb/mile) = (k (lb/mile) x [Silt Content (%) / 12<sup>2</sup> x (Mean Vehicle Weight (tons) / 3<sup>3</sup>) x [(365 - P) / 365]

<sup>f</sup> Control efficiency taken from Table XI-D of the SCAQMD CEQA Handbook for Travel Over Unpaved Roads (SCAQMD, 2007).

**Fugitive Dust Emission Factors for Truck Dumping/Loading**

Truck Dumping on a Pile or Loading to a Truck from a Pile		
Parameter	PM <sub>10</sub>	PM <sub>2.5</sub>
k <sup>a</sup>	0.35	0.053
U <sup>b</sup>	4.9	4.9
M <sup>c</sup>	12.0	12.0
Emission Factor (lb/ton) <sup>c</sup>	0.0001	0.00001
Reduction from Watering to Maintain 12% Moisture <sup>d</sup>	69%	69%
Emission Factor (Controlled, lb/ton)	0.00003	0.000004

Notes:

<sup>a</sup> k and M taken from Section 4.3 of Appendix A of the CalEEMod User's Guide (ENVIRON, 2013).

<sup>b</sup> U taken as the CalEEMod default for the Long Beach climate region of the South Coast Air Basin. Value converted from units of m/s to m

<sup>c</sup> Emission factor calculated using the following equation from Section 4.3 of Appendix A of the CalEEMod User's Guide (ENVIRON, 2013):

Emission Factor (lb/ton) = k x 0.0032 x [U (mph) / 5<sup>1.3</sup> / (M (%) / 2)<sup>1.4</sup>

<sup>d</sup> Control efficiency taken from Table XI-A of the SCAQMD CEQA Handbook for Scraper Loading and Unloading (SCAQMD, 2007).

**Fugitive Dust Emission Factors for Grading**

Grading Equipment Passes		
Parameter	PM <sub>10</sub>	PM <sub>2.5</sub>
S <sup>a</sup>	7.1	7.1
F <sup>b</sup>	0.6	0.031
Emission Factor (lb/VMT) <sup>b</sup>	1.543	0.167
Reduction from Applying Soil Stabilizers <sup>d</sup>	84%	84%
Emission Factor (Controlled, lb/VMT)	0.247	0.027

Notes:

<sup>a</sup> S and F taken from Section 4.3 of Appendix A of the CalEEMod User's Guide (ENVIRON, 2013).

<sup>b</sup> Emission factor calculated using the following equation from Section 4.3 of Appendix A of the CalEEMod User's Guide (ENVIRON, 2013):

PM<sub>10</sub> Emission Factor (lb/VMT) = 0.051 x [S (mph)]<sup>1.9</sup> x F<sub>PM10</sub>

PM<sub>2.5</sub> Emission Factor (lb/VMT) = 0.04 x [S (mph)]<sup>1.9</sup> x F<sub>PM2.5</sub>

<sup>d</sup> Control efficiency taken from Table XI-A of the SCAQMD CEQA Handbook for Post-demolition Stabilization (SCAQMD, 2007).

**Fugitive Dust Emission Factors for Bulldozing**

Bulldozing Equipment Passes		
Parameter	PM <sub>10</sub>	PM <sub>2.5</sub>
C <sup>a</sup>	1.0	5.7
M <sup>a</sup>	7.9	7.9
s <sup>a</sup>	6.9	6.9
F <sup>b</sup>	0.75	0.105
Emission Factor (lb/hr) <sup>b</sup>	0.753	0.414
Reduction from Applying Soil Stabilizers <sup>d</sup>	84%	84%
Emission Factor (Controlled, lb/hr)	0.120	0.066

Notes:

<sup>a</sup> C, M, s, and F taken from Section 4.3 of Appendix A of the CalEEMod User's Guide (ENVIRON, 2013). These values are consistent with the CalEEMod defaults for the South Coast Air Basi

<sup>b</sup> Emission factor calculated using the following equation from Section 4.3 of Appendix A of the CalEEMod User's Guide (ENVIRON, 2013):

PM<sub>10</sub> Emission Factor (lb/hr) = [(C x s (%)<sup>1.3</sup>) / (M (%)<sup>1.3</sup>)] x F<sub>PM10</sub>

PM<sub>2.5</sub> Emission Factor (lb/hr) = [(C x s (%)<sup>1.3</sup>) / (M (%)<sup>1.3</sup>)] x F<sub>PM2.5</sub>

<sup>d</sup> Control efficiency taken from Table XI-A of the SCAQMD CEQA Handbook for Post-demolition Stabilization (SCAQMD, 2007).

Schedule pushed back to account for Unit 7 demolition activities

Table 5.1A.13 Offsite Motor Vehicle Exhaust and Fugitive Dust Emissions

Offsite Vehicle Usage During AEC CCGT Construction

Vehicle Type	Number per Day																																	
	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39
Offsite Delivery Trucks <sup>a</sup>	0.00	0.00	0.00	0.00	0.00	0.00	13.00	17.00	19.00	21.00	23.00	25.00	31.00	31.00	31.00	31.00	31.00	31.00	31.00	31.00	31.00	31.00	31.00	31.00	31.00	31.00	31.00	31.00	27.00	19.00	15.00	14.00	0.00	0.00
Material Hauling Trucks <sup>b</sup>	0.00	0.00	0.00	0.00	0.00	0.00	97.00	113.00	162.00	178.00	334.00	359.00	363.00	337.00	354.00	338.00	306.00	276.00	152.00	90.00	92.00	92.00	92.00	92.00	76.00	60.00	46.00	32.00	30.00	43.00	41.00	35.00	0.00	0.00
Construction Worker Commute <sup>c</sup>	4.00	9.00	9.00	10.00	12.00	18.00	95.00	119.00	140.00	141.00	149.00	163.00	178.00	210.00	227.00	245.00	261.00	282.00	297.00	295.00	297.00	300.00	292.00	294.00	290.00	306.00	304.00	298.00	286.00	246.00	214.00	93.00	50.00	42.00

Notes:

<sup>a</sup> Offsite Delivery Trucks include trucks transporting "Gases and weld supply trucks", "Fuel trucks", and "Sanitary service trucks", as provided in 'CEC\_Matrix\_To\_AES\_070115.xlsx'. It was assumed that these trucks travel directly to At

<sup>b</sup> Material Hauling Trucks include trucks transporting "Mobilize & demobilize", "Earthwork & pile", "Concrete trucks", "Equipment deliveries", "Heavy haul truckloads - HRSRG modules", "Heavy haul truckloads - STG", "GE Heavy haul truckloads - CTG's", "Heavy haul truckloads - GSU's", "Pipe-valves-supports Deliveries", "Electrical bulk deliveries", "Lumber deliveries", "Structural steel deliveries", "Reinforcing steel deliveries", "On-site pick-up trucks", and "Lay-down transport trucks", as provided in 'CEC\_Matrix\_To\_AES\_070115.xlsx'.

<sup>c</sup> Assumed 1 commute per 1 worker; number of workers taken from 'CEC\_Matrix\_To\_AES\_070115.xlsx'.

Offsite Vehicle CO Emissions from AEC CCGT Construction

Vehicle Type	CO Emissions (lb/day)																																		
	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	
Offsite Delivery Trucks	0.000	0.000	0.000	0.000	0.000	0.000	0.238	0.311	0.347	0.384	0.420	0.457	0.567	0.567	0.567	0.567	0.567	0.567	0.567	0.567	0.567	0.567	0.567	0.567	0.567	0.567	0.567	0.567	0.494	0.347	0.274	0.256	0.000	0.000	
Material Hauling Trucks	0.000	0.000	0.000	0.000	0.000	0.000	4.939	5.754	8.249	9.064	17.008	18.281	18.485	17.161	18.026	17.212	15.582	14.054	7.740	4.583	4.685	4.685	4.685	4.685	4.685	3.870	3.055	2.342	1.630	1.528	2.190	2.088	1.782	0.000	0.000
Construction Worker Commute	0.353	0.794	0.794	0.882	1.058	1.587	8.376	10.492	12.344	12.432	13.137	14.371	15.694	18.515	20.014	21.601	23.012	24.864	26.186	26.010	26.186	26.451	25.745	25.922	25.569	26.980	26.803	26.274	25.216	21.689	18.868	8.200	4.408	3.703	
<b>Offsite Total (lb/day)</b>	<b>0.353</b>	<b>0.794</b>	<b>0.794</b>	<b>0.882</b>	<b>1.058</b>	<b>1.587</b>	<b>13.553</b>	<b>16.557</b>	<b>20.940</b>	<b>21.880</b>	<b>30.566</b>	<b>33.109</b>	<b>34.745</b>	<b>36.243</b>	<b>38.607</b>	<b>39.380</b>	<b>39.161</b>	<b>39.485</b>	<b>34.493</b>	<b>31.159</b>	<b>31.438</b>	<b>31.702</b>	<b>30.997</b>	<b>31.173</b>	<b>30.006</b>	<b>30.602</b>	<b>29.712</b>	<b>28.470</b>	<b>27.237</b>	<b>24.226</b>	<b>21.230</b>	<b>10.238</b>	<b>4.408</b>	<b>3.703</b>	
Vehicle Type	CO Emissions (lb/month)																																		
	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	
Offsite Delivery Trucks	0.000	0.000	0.000	0.000	0.000	0.000	5.466	7.147	7.988	8.829	9.670	10.511	13.034	13.034	13.034	13.034	13.034	13.034	13.034	13.034	13.034	13.034	13.034	13.034	13.034	13.034	13.034	11.352	7.988	6.307	5.886	0.000	0.000		
Material Hauling Trucks	0.000	0.000	0.000	0.000	0.000	0.000	113.607	132.346	189.735	208.475	391.183	420.463	425.148	394.696	414.607	395.868	358.389	323.253	178.023	105.409	107.751	107.751	107.751	107.751	89.012	70.272	53.875	37.479	35.136	50.362	48.019	40.992	0.000	0.000	
Construction Worker Commute	8.112	18.251	18.251	20.279	24.335	36.502	192.648	241.318	283.903	285.931	302.154	330.544	360.962	425.854	460.328	496.830	529.276	571.862	602.280	598.224	602.280	608.364	592.140	596.196	588.085	620.531	616.475	604.308	579.973	498.858	433.966	188.593	101.394	85.171	
<b>Offsite Total (lb/month)</b>	<b>8.11</b>	<b>18.25</b>	<b>18.25</b>	<b>20.28</b>	<b>24.33</b>	<b>36.50</b>	<b>311.72</b>	<b>380.81</b>	<b>481.63</b>	<b>503.23</b>	<b>703.01</b>	<b>761.52</b>	<b>799.14</b>	<b>833.58</b>	<b>887.97</b>	<b>905.73</b>	<b>900.70</b>	<b>908.15</b>	<b>793.34</b>	<b>716.67</b>	<b>723.06</b>	<b>729.15</b>	<b>712.93</b>	<b>716.98</b>	<b>690.13</b>	<b>703.84</b>	<b>683.38</b>	<b>654.82</b>	<b>626.46</b>	<b>557.21</b>	<b>488.29</b>	<b>235.47</b>	<b>101.39</b>	<b>85.17</b>	
<b>Offsite Total (tpy)</b>	<b>4.84</b>																																		

Offsite Vehicle VOC Emissions from AEC CCGT Construction

Vehicle Type	VOC Emissions (lb/day)																																		
	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	
Offsite Delivery Trucks	0.000	0.000	0.000	0.000	0.000	0.000	0.060	0.079	0.088	0.097	0.107	0.116	0.144	0.144	0.144	0.144	0.144	0.144	0.144	0.144	0.144	0.144	0.144	0.144	0.144	0.144	0.144	0.125	0.088	0.070	0.065	0.000	0.000		
Material Hauling Trucks	0.000	0.000	0.000	0.000	0.000	0.000	1.336	1.556	2.231	2.451	4.600	4.944	4.999	4.641	4.875	4.655	4.214	3.801	2.093	1.239	1.267	1.267	1.267	1.267	1.047	0.826	0.634	0.441	0.413	0.592	0.565	0.482	0.000	0.000	
Construction Worker Commute	0.008	0.018	0.018	0.020	0.024	0.036	0.190	0.238	0.280	0.282	0.298	0.326	0.356	0.421	0.455	0.491	0.523	0.565	0.595	0.591	0.595	0.601	0.585	0.589	0.581	0.613	0.609	0.597	0.573	0.493	0.429	0.186	0.100	0.084	
<b>Offsite Total (lb/day)</b>	<b>0.008</b>	<b>0.018</b>	<b>0.018</b>	<b>0.020</b>	<b>0.024</b>	<b>0.036</b>	<b>1.586</b>	<b>1.873</b>	<b>2.599</b>	<b>2.831</b>	<b>5.005</b>	<b>5.386</b>	<b>5.499</b>	<b>5.205</b>	<b>5.473</b>	<b>5.289</b>	<b>4.881</b>	<b>4.509</b>	<b>2.832</b>	<b>1.974</b>	<b>2.005</b>	<b>2.011</b>	<b>1.995</b>	<b>1.999</b>	<b>1.771</b>	<b>1.583</b>	<b>1.386</b>	<b>1.181</b>	<b>1.111</b>	<b>1.173</b>	<b>1.063</b>	<b>0.733</b>	<b>0.100</b>	<b>0.084</b>	
Vehicle Type	VOC Emissions (lb/month)																																		
	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	
Offsite Delivery Trucks	0.000	0.000	0.000	0.000	0.000	0.000	1.386	1.813	2.026	2.239	2.452	2.666	3.305	3.305	3.305	3.305	3.305	3.305	3.305	3.305	3.305	3.305	3.305	3.305	3.305	3.305	3.305	2.879	2.026	1.599	1.493	0.000	0.000		
Material Hauling Trucks	0.000	0.000	0.000	0.000	0.000	0.000	30.725	35.793	51.314	56.382	105.795	113.713	114.980	106.745	112.130	107.062	96.926	87.423	48.146	28.508	29.141	29.141	29.141	29.141	24.073	19.005	14.571	10.136	9.603	13.620	12.987	11.086	0.000	0.000	
Construction Worker Commute	0.184	0.415	0.415	0.461	0.553	0.829	4.376	5.481	6.448	6.494	6.863	7.508	8.198	9.672	10.455	11.284	12.021	12.989	13.679	13.587	13.679	13.818	13.449	13.541	13.357	14.094	14.002	13.725	13.173	11.330	9.857	4.283	2.303	1.934	
<b>Offsite Total (lb/month)</b>	<b>0.18</b>	<b>0.41</b>	<b>0.41</b>	<b>0.46</b>	<b>0.55</b>	<b>0.83</b>	<b>36.49</b>	<b>43.09</b>	<b>59.79</b>	<b>65.12</b>	<b>115.11</b>	<b>123.89</b>	<b>126.48</b>	<b>119.72</b>	<b>125.89</b>	<b>121.65</b>	<b>112.25</b>	<b>103.72</b>	<b>65.13</b>	<b>45.40</b>	<b>46.13</b>	<b>46.26</b>	<b>45.90</b>	<b>45.99</b>	<b>40.74</b>	<b>36.40</b>	<b>31.88</b>	<b>27.17</b>	<b>25.55</b>	<b>26.98</b>	<b>24.44</b>	<b>16.86</b>	<b>2.30</b>	<b>1.93</b>	
<b>Offsite Total (tpy)</b>	<b>0.59</b>																																		

Offsite Vehicle SO<sub>x</sub> Emissions from AEC CCGT Construction

Vehicle Type	SO <sub>x</sub> Emissions (lb/day)																																	
	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39
Offsite Delivery Trucks	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0063	0.0083	0.0092	0.0102	0.0112	0.0122	0.0151	0.0151	0.0151	0.0151	0.0151	0.0151	0.0151	0.0151	0.0151	0.0151	0.0151	0.0151	0.0151	0.0151	0.0151	0.0131	0.0092	0.0073	0.0068	0.0000	0.0000	
Material Hauling Trucks	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.1153	0.1343	0.1925	0.2115	0.3969	0.4266	0.4314	0.4005	0.4207	0.4016	0.3638	0.3280	0.1806	0.1069	0.1093	0.1093	0.1093	0.1093	0.0903	0.0713	0.0547	0.0380	0.0356	0.0511	0.0487	0.0416	0.0000	0.0000
Construction Worker Commute	0.0008	0.0017	0.0017	0.0019	0.0023	0.0035	0.0182	0.0228	0.0268	0.0270	0.0286	0.0312	0.0341	0.0403	0.0435	0.0470	0.0500	0.0541	0.0569	0.0566	0.0569	0.0575	0.0564	0.0556	0.0587	0.0583	0.0571	0.0548	0.0472	0.0410	0.0178	0.0096	0.0081	
<b>Offsite Total (lb/day)</b>	<b>0.0008</b>	<b>0.0017</b>	<b>0.0017</b>	<b>0.0019</b>	<b>0.0023</b>	<b>0.0035</b>	<b>0.1398</b>	<b>0.1654</b>	<b>0.2286</b>	<b>0.2488</b>	<b>0.4366</b>	<b>0.4700</b>	<b>0.4805</b>	<b>0.4558</b>	<b>0.4792</b>	<b>0.4637</b>	<b>0.4287</b>	<b>0.3971</b>	<b>0.2526</b>	<b>0.1786</b>	<b>0.1813</b>	<b>0.1819</b>	<b>0.1804</b>	<b>0.1808</b>	<b>0.1610</b>	<b>0.1450</b>	<b>0.1280</b>	<b>0.1102</b>	<b>0.1036</b>	<b>0.1075</b>	<b>0.0970</b>	<b>0.0662</b>	<b>0.0096</b>	<b>0.0081</b>
Vehicle Type	SO <sub>x</sub> Emissions (lb/month)																																	
	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27												

Table 5.1A.13 Offsite Motor Vehicle Exhaust and Fugitive Dust Emissions

Offsite Vehicle PM<sub>2.5</sub> Emissions from AEC CCGT Construction

Vehicle Type	PM <sub>2.5</sub> Emissions (lb/day) <sup>a</sup>																																		
	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	
Offsite Delivery Trucks	0.000	0.000	0.000	0.000	0.000	0.000	0.057	0.069	0.078	0.086	0.094	0.102	0.127	0.127	0.127	0.127	0.127	0.127	0.125	0.125	0.125	0.125	0.125	0.125	0.125	0.125	0.125	0.109	0.077	0.060	0.055	0.000	0.000		
Material Hauling Trucks	0.000	0.000	0.000	0.000	0.000	0.000	1.571	1.711	2.454	2.696	5.059	5.437	5.498	5.104	5.362	5.119	4.635	4.180	2.302	1.306	1.335	1.335	1.335	1.335	1.103	0.871	0.667	0.464	0.435	0.624	0.595	0.469	0.000	0.000	
Construction Worker Commute	0.025	0.055	0.055	0.061	0.074	0.110	0.583	0.730	0.858	0.865	0.914	0.999	1.091	1.288	1.392	1.502	1.600	1.729	1.821	1.808	1.820	1.839	1.790	1.802	1.777	1.875	1.863	1.826	1.753	1.508	1.311	1.070	0.306	0.257	
<b>Offsite Total (lb/day)</b>	<b>0.025</b>	<b>0.055</b>	<b>0.055</b>	<b>0.061</b>	<b>0.074</b>	<b>0.110</b>	<b>2.211</b>	<b>2.511</b>	<b>3.390</b>	<b>3.646</b>	<b>6.066</b>	<b>6.539</b>	<b>6.716</b>	<b>6.518</b>	<b>6.880</b>	<b>6.748</b>	<b>6.362</b>	<b>6.036</b>	<b>4.250</b>	<b>3.239</b>	<b>3.280</b>	<b>3.298</b>	<b>3.249</b>	<b>3.261</b>	<b>3.005</b>	<b>2.871</b>	<b>2.655</b>	<b>2.415</b>	<b>2.297</b>	<b>2.208</b>	<b>1.967</b>	<b>1.093</b>	<b>0.306</b>	<b>0.257</b>	
Vehicle Type	PM <sub>2.5</sub> Emissions (lb/month) <sup>a</sup>																																		
	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	
Offsite Delivery Trucks	0.000	0.000	0.000	0.000	0.000	1.312	1.597	1.785	1.972	2.160	2.348	2.912	2.912	2.912	2.912	2.912	2.912	2.912	2.874	2.874	2.874	2.874	2.874	2.874	2.874	2.874	2.503	1.761	1.391	1.266	0.000	0.000			
Material Hauling Trucks	0.000	0.000	0.000	0.000	0.000	36.131	39.364	56.434	62.008	116.351	125.060	126.454	117.396	123.318	117.745	106.597	96.146	52.950	30.032	30.700	30.700	30.700	30.700	30.700	25.361	20.022	15.350	10.678	10.011	14.349	13.681	10.780	0.000	0.000	
Construction Worker Commute	0.565	1.270	1.270	1.411	1.694	2.540	13.407	16.781	19.743	19.884	21.012	22.986	25.101	29.614	32.011	34.549	36.806	39.767	41.882	41.882	41.882	41.882	41.882	41.441	40.877	43.132	42.850	42.004	40.313	34.675	30.164	13.103	7.044	5.917	
<b>Offsite Total (lb/month)</b>	<b>0.565</b>	<b>1.27</b>	<b>1.27</b>	<b>1.41</b>	<b>1.69</b>	<b>2.54</b>	<b>50.85</b>	<b>57.74</b>	<b>77.96</b>	<b>83.86</b>	<b>139.52</b>	<b>150.39</b>	<b>154.47</b>	<b>149.92</b>	<b>158.24</b>	<b>155.21</b>	<b>146.31</b>	<b>138.83</b>	<b>97.74</b>	<b>74.49</b>	<b>75.44</b>	<b>75.86</b>	<b>74.73</b>	<b>75.01</b>	<b>69.11</b>	<b>66.03</b>	<b>61.07</b>	<b>55.56</b>	<b>52.83</b>	<b>50.78</b>	<b>45.24</b>	<b>25.15</b>	<b>7.04</b>	<b>5.92</b>	
<b>Offsite Total (tpy)</b>	<b>0.76</b>																																		

Notes:  
<sup>a</sup> PM<sub>2.5</sub> Emissions include emissions from exhaust and paved roads.

Offsite Vehicle CO<sub>2</sub> Emissions from AEC CCGT Construction

Vehicle Type	CO <sub>2</sub> Emissions (metric tons/day)																																		
	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	
Offsite Delivery Trucks	0.000	0.000	0.000	0.000	0.000	0.000	0.329	0.430	0.480	0.531	0.581	0.632	0.784	0.784	0.784	0.784	0.784	0.784	0.784	0.784	0.784	0.784	0.784	0.784	0.784	0.784	0.682	0.480	0.379	0.354	0.000	0.000			
Material Hauling Trucks	0.000	0.000	0.000	0.000	0.000	5.579	6.499	9.318	10.238	20.648	20.878	19.383	20.361	19.440	17.600	15.874	8.742	5.176	5.291	5.291	5.291	5.291	5.291	5.291	4.371	3.451	2.646	1.841	1.725	2.473	2.358	2.013	0.000	0.000	
Construction Worker Commute	0.045	0.102	0.102	0.113	0.136	0.204	1.076	1.348	1.585	1.597	1.687	1.846	2.016	2.378	2.571	2.775	2.956	3.194	3.364	3.364	3.364	3.364	3.364	3.364	3.364	3.364	3.364	3.364	3.364	3.364	3.364	3.364	3.364	3.364	3.364
<b>Offsite Total (metric tons/day)</b>	<b>0.045</b>	<b>0.102</b>	<b>0.102</b>	<b>0.113</b>	<b>0.136</b>	<b>0.204</b>	<b>6.984</b>	<b>8.277</b>	<b>11.383</b>	<b>12.365</b>	<b>21.479</b>	<b>23.126</b>	<b>23.678</b>	<b>22.545</b>	<b>23.715</b>	<b>22.999</b>	<b>21.339</b>	<b>19.852</b>	<b>12.889</b>	<b>9.301</b>	<b>9.439</b>	<b>9.472</b>	<b>9.382</b>	<b>9.405</b>	<b>9.405</b>	<b>9.405</b>	<b>9.405</b>	<b>9.405</b>							
Vehicle Type	CO <sub>2</sub> Emissions (metric tons/month)																																		
	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	
Offsite Delivery Trucks	0.000	0.000	0.000	0.000	0.000	7.557	9.883	11.045	12.208	13.371	14.533	18.021	18.021	18.021	18.021	18.021	18.021	18.021	18.021	18.021	18.021	18.021	18.021	18.021	18.021	18.021	15.696	11.045	8.720	8.139	0.000	0.000			
Material Hauling Trucks	0.000	0.000	0.000	0.000	0.000	128.318	149.484	214.305	235.471	441.839	474.910	480.202	445.807	468.296	447.130	404.798	365.112	201.076	119.058	121.704	121.704	121.704	121.704	121.704	100.538	79.372	60.852	42.332	39.686	56.883	54.238	46.300	0.000	0.000	
Construction Worker Commute	1.042	2.344	2.344	2.605	3.126	4.689	24.745	30.996	36.466	36.727	38.811	42.457	46.364	54.700	59.128	63.816	67.984	73.454	77.361	76.840	77.361	78.142	76.058	76.579	75.537	79.705	79.184	77.621	74.496	64.077	55.741	24.224	13.024	10.940	
<b>Offsite Total (metric tons/month)</b>	<b>1.04</b>	<b>2.34</b>	<b>2.34</b>	<b>2.60</b>	<b>3.13</b>	<b>4.69</b>	<b>160.62</b>	<b>190.36</b>	<b>261.82</b>	<b>284.41</b>	<b>494.02</b>	<b>531.90</b>	<b>544.59</b>	<b>518.53</b>	<b>545.44</b>	<b>528.97</b>	<b>490.80</b>	<b>456.59</b>	<b>296.46</b>	<b>213.92</b>	<b>217.09</b>	<b>217.87</b>	<b>215.78</b>	<b>216.30</b>	<b>194.10</b>	<b>177.10</b>	<b>158.06</b>	<b>137.97</b>	<b>129.88</b>	<b>132.01</b>	<b>118.70</b>	<b>78.66</b>	<b>13.02</b>	<b>10.94</b>	
<b>Offsite Total (metric tons/year)</b>	<b>5,167.44</b>																																		

Offsite Vehicle N<sub>2</sub>O Emissions from AEC CCGT Construction

Vehicle Type	N <sub>2</sub> O Emissions (metric tons/day)																																		
	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	
Offsite Delivery Trucks	0.0000000	0.0000000	0.0000000	0.0000000	0.0000000	0.0000000	0.0000000	0.0000000	0.0000000	0.0000000	0.0000000	0.0000000	0.0000000	0.0000000	0.0000000	0.0000000	0.0000000	0.0000000	0.0000000	0.0000000	0.0000000	0.0000000	0.0000000	0.0000000	0.0000000	0.0000000	0.0000000	0.0000000	0.0000000	0.0000000	0.0000000	0.0000000	0.0000000	0.0000000	
Material Hauling Trucks	0.0000000	0.0000000	0.0000000	0.0000000	0.0000000	0.0000000	0.0000000	0.0000000	0.0000000	0.0000000	0.0000000	0.0000000	0.0000000	0.0000000	0.0000000	0.0000000	0.0000000	0.0000000	0.0000000	0.0000000	0.0000000	0.0000000	0.0000000	0.0000000	0.0000000	0.0000000	0.0000000	0.0000000	0.0000000	0.0000000	0.0000000	0.0000000	0.0000000	0.0000000	0.0000000
Construction Worker Commute	0.0000042	0.0000095	0.0000095	0.0000106	0.0000127	0.0000191	0.00001005	0.00001259	0.00001482	0.00001492	0.00001577	0.00001725	0.00001884	0.00002223	0.00002403	0.00002593	0.00002762	0.00002985	0.00003143	0.00003122	0.00003143	0.00003175	0.00003091	0.00003112	0.00003069	0.00003239	0.00003218	0.00003154	0.00003027	0.00002604	0.00002265	0.00000984	0.00000529	0.00000445	
<b>Offsite Total (metric tons/day)</b>	<b>0.0000042</b>	<b>0.0000095</b>	<b>0.0000095</b>	<b>0.0000106</b>	<b>0.0000127</b>	<b>0.0000191</b>	<b>0.00001005</b>	<b>0.00001259</b>	<b>0.00001482</b>	<b>0.00001492</b>	<b>0.00001577</b>	<b>0.00001725</b>	<b>0.00001884</b>	<b>0.00002223</b>	<b>0.00002403</b>	<b>0.00002593</b>	<b>0.00002762</b>	<b>0.00002985</b>	<b>0.00003143</b>	<b>0.00003122</b>	<b>0.00003143</b>	<b>0.00003175</b>	<b>0.00003091</b>	<b>0.00003112</b>	<b>0.00003069</b>	<b>0.00003239</b>	<b>0.00003218</b>	<b>0.00003154</b>	<b>0.00003027</b>	<b>0.00002604</b>	<b>0.00002265</b>	<b>0.00000984</b>	<b>0.00000529</b>	<b>0.00000445</b>	
Vehicle Type	N <sub>2</sub> O Emissions (metric tons/month)																																		
	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	
Offsite Delivery Trucks	0.0000000	0.0000000	0.0000000	0.0000000	0.0000000	0.0000000	0.0000000	0.0000000	0.0000000	0.0000000	0.0000000	0.0000000	0.0000000	0.0000000	0.0000000	0.0000000	0.0000000	0.0000000	0.0000000	0.0000000	0.0000000	0.0000000	0.0000000	0.0000000	0.0000000	0.0000000	0.0000000	0.0000000	0.0000000	0.0000000	0.0000000	0.0000000	0.0000000	0.0000000	
Material Hauling Trucks	0.0000000	0.0000000	0.0000000	0.0000000	0.0000000	0.0000000	0.0000000	0.0000000	0.0000000	0.0000000	0.0000000	0.0000000	0.0000000	0.0000000	0.0000000	0.0000000	0.0000000	0.0000000	0.0000000	0.0000000	0.0000000	0.0000000	0.0000000	0.0000000	0.0000000	0.0000000	0.0000000	0.0000000	0.0000000	0.0000000	0.0000000	0.0000000	0.0000000	0.0000000	0.0000000
Construction Worker Commute	0.0000097	0.0000219	0.0000219	0.0000243	0.0000292	0.0000438	0.00002313	0.00002897	0.00003408	0.00003432	0.00003627	0.00003968	0.00004333	0.00005112	0.																				

Table 5.1A.14 Equations Used to Calculate Criteria Pollutant and GHG Emissions

Equations Used to Calculate Emissions from AEC CCGT Construction

Emission Source	Pollutant(s)	Equation	Variables	
Construction Equipment Exhaust	CO, VOC, NO <sub>x</sub> , SO <sub>x</sub> , PM <sub>10</sub> , and PM <sub>2.5</sub>	$E_m = EF \times N \times Hp \times L \times H / 453.6$	$E_m$ = Emissions (lb/month) EF = Emission factor (g/bhp-hr) N = Number of pieces of equipment Hp = Average horsepower L = Average load factor H = Hours per month 453.6 = Conversion from g to lb	
		$E_d = E_m / D$	$E_d$ = Emissions (lb/day) $E_m$ = Emissions (lb/month) D = Number of construction days per month	
		$E_t = \sum E_m / 2,000$	$E_t$ = Emissions (tpy) $E_m$ = Emissions (lb/month) 2,000 = Conversion from lb to tons	
		CO <sub>2</sub>	$E_m = N \times FC \times EF \times H \times 0.001$	$E_m$ = Emissions (metric tons/month) N = Number of pieces of equipment FC = Fuel consumption (gallons/hour) EF = Emission factor (kg/gallon) H = Hours per month 0.001 = Conversion from kg to metric tons
			$E_d = E_m / D$	$E_d$ = Emissions (metric tons/day) $E_m$ = Emissions (metric tons/month) D = Number of construction days per month
			$E_t = \sum E_m$	$E_t$ = Emissions (metric tons/year) $E_m$ = Emissions (metric tons/month)
	CH <sub>4</sub> and N <sub>2</sub> O	$E_m = N \times FC \times EF \times H / 1,000 \times 0.001$	$E_m$ = Emissions (metric tons/month) N = Number of pieces of equipment FC = Fuel consumption (gallons/hour) EF = Emission factor (g/gallon) H = Hours per month 1,000 = Conversion from g to kg 0.001 = Conversion from kg to metric tons	
		$E_d = E_m / D$	$E_d$ = Emissions (metric tons/day) $E_m$ = Emissions (metric tons/month) D = Number of construction days per month	
		$E_t = \sum E_m$	$E_t$ = Emissions (metric tons/year) $E_m$ = Emissions (metric tons/month)	
	Onsite and Offsite Vehicle Exhaust and Paved and Unpaved Road Fugitive PM <sub>10</sub> and PM <sub>2.5</sub>	CO, VOC, NO <sub>x</sub> , SO <sub>x</sub> , PM <sub>10</sub> , and PM <sub>2.5</sub>	$E_d = N \times VMT \times EF / 453.6$	$E_d$ = Emissions (lb/day) N = Number of vehicles VMT = Vehicle miles traveled per day (miles/day) EF = EMFAC2014 emission factor (g/mile). Paved and unpaved road fugitive PM <sub>10</sub> and PM <sub>2.5</sub> emission factors calculated per Sections 13.2.1 and 13.2.2 of AP-42, respectively (EPA, 2011; EPA 2006) 453.6 = Conversion from g to lb
			$E_m = E_d \times D$	$E_m$ = Emissions (lb/month) $E_d$ = Emissions (lb/day) D = Number of construction days per month
			$E_t = \sum E_m / 2,000$	$E_t$ = Emissions (tpy) $E_m$ = Emissions (lb/month) 2,000 = Conversion from lb to tons
Onsite and Offsite Vehicle Exhaust	CO <sub>2</sub>	$E_d = N \times VMT / FE \times EF \times 0.001$	$E_d$ = Emissions (metric tons/day) N = Number of vehicles VMT = Vehicle miles traveled per day (miles/day) FE = Fuel economy (mpg) EF = Emission factor (kg/gallon) 0.001 = Conversion from kg to metric tons	
		$E_m = E_d \times D$	$E_m$ = Emissions (metric tons/month) $E_d$ = Emissions (metric tons/day) D = Number of construction days per month	
		$E_t = \sum E_m$	$E_t$ = Emissions (metric tons/year) $E_m$ = Emissions (metric tons/month)	
	CH <sub>4</sub> and N <sub>2</sub> O	$E_d = N \times VMT \times EF / 1,000 \times 0.001$	$E_d$ = Emissions (metric tons/day) N = Number of vehicles VMT = Vehicle miles traveled per day (miles/day) EF = Emission factor (g/mile) 1,000 = Conversion from g to kg 0.001 = Conversion from kg to metric tons	
		$E_m = E_d \times D$	$E_m$ = Emissions (metric tons/month) $E_d$ = Emissions (metric tons/day) D = Number of construction days per month	
		$E_t = \sum E_m$	$E_t$ = Emissions (metric tons/year) $E_m$ = Emissions (metric tons/month)	
Onsite Fugitive PM <sub>10</sub> and PM <sub>2.5</sub> from Truck Dumping/Loading	PM <sub>10</sub> and PM <sub>2.5</sub>	$E_d = T \times 1.2641662 \times EF / D$	$E_d$ = Emissions (lb/day) T = Tons of material dumped 1.2641662 = Conversion from cubic yards to tons EF = Fugitive PM <sub>10</sub> and PM <sub>2.5</sub> emission factors (lb/ton), calculated per Section 4.3 of Appendix A of the CalEEMod User's Guide (ENVIRON, 2013).	
		$E_m = E_d \times D$	D = Number of construction days per month $E_m$ = Emissions (lb/month) $E_d$ = Emissions (lb/day)	
		$E_t = \sum E_m / 2,000$	D = Number of construction days per month $E_t$ = Emissions (tpy) $E_m$ = Emissions (lb/month) 2,000 = Conversion from lb to tons	
Onsite and Offsite Fugitive PM <sub>10</sub> and PM <sub>2.5</sub> from Grading	PM <sub>10</sub> and PM <sub>2.5</sub>	$E_d = EF \times A / W \times 43,560 / 5,280 / D$	$E_d$ = Emissions (lb/day) EF = Fugitive PM <sub>10</sub> and PM <sub>2.5</sub> emission factors (lb/mile), calculated per Section 4.3 of Appendix A of the CalEEMod User's Guide (ENVIRON, 2013). A = Site disturbed (acres/month) W = Grading equipment blade width (ft) 43,560 = Conversion factor from square feet to acres 5,280 = Conversion factor from feet to miles D = Number of construction days per month	
		$E_m = E_d \times D$	$E_m$ = Emissions (lb/month) $E_d$ = Emissions (lb/day) D = Number of construction days per month	
		$E_t = \sum E_m / 2,000$	$E_t$ = Emissions (tpy) $E_m$ = Emissions (lb/month) 2,000 = Conversion from lb to tons	
Onsite Fugitive PM <sub>10</sub> and PM <sub>2.5</sub> from Bulldozing	PM <sub>10</sub> and PM <sub>2.5</sub>	$E_d = EF \times H / D$	$E_d$ = Emissions (lb/day) EF = Fugitive PM <sub>10</sub> and PM <sub>2.5</sub> emission factors (lb/mile), calculated per Section 4.3 of Appendix A of the CalEEMod User's Guide (ENVIRON, 2013). H = Hours per month for all bulldozers D = Number of construction days per month	
		$E_m = E_d \times D$	$E_m$ = Emissions (lb/month) $E_d$ = Emissions (lb/day) D = Number of construction days per month	
		$E_t = \sum E_m / 2,000$	$E_t$ = Emissions (tpy) $E_m$ = Emissions (lb/month) 2,000 = Conversion from lb to tons	

Table 5.1A.15 Number of Onsite Construction Equipment and Motor Vehicles

Number of Onsite Equipment for AEC CCGT Construction

Onsite Equipment	Number per Month <sup>a</sup>																																					
	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39				
Water Truck	0	0	0	0	0	0	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	0	0	0	0
Excavator	0	0	0	0	0	0	0	0	0	0	1	1	1	1	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Cranes <sup>b</sup>	0	0	0	0	0	0	2	2	3	3	3	4	4	4	6	6	6	6	6	7	7	7	7	7	7	7	6	6	6	6	6	1	1	1	1	0		
Tractor/Loader/Backhoe <sup>c</sup>	0	0	0	0	0	0	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	0	0	0	0
Rubber Tired Loader <sup>d</sup>	0	0	0	0	0	0	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	0	0	0	0
Air Compressor	0	0	0	0	0	0	1	1	1	1	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	1	1	1	0	
Forklifts <sup>e</sup>	0	0	0	0	0	2	2	3	3	3	3	3	3	3	3	3	3	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	0	0	0	0
Roller	0	0	0	0	0	0	1	1	1	1	1	1	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Aerial Lifts <sup>f</sup>	0	0	0	0	0	0	1	1	1	2	2	3	3	4	4	4	4	4	5	5	6	6	6	6	6	6	6	6	6	6	6	6	4	2	2	2	0	
Bore/Drill Rig	0	0	0	0	0	0	2	2	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Fuel Truck	0	0	0	0	0	0	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	0	0	0	0
Generator Sets <sup>g</sup>	0	0	0	0	0	0	2	2	2	2	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	0	0	0	0
Plate Compactors <sup>h</sup>	0	0	0	0	0	0	3	4	5	5	6	6	6	6	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Pressure Washer <sup>i</sup>	0	0	0	0	0	0	1	1	1	1	1	1	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sweeper/Scrubber	0	0	0	0	0	0	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	0
Pumps <sup>j</sup>	0	0	0	0	0	0	3	3	3	3	3	3	3	2	2	2	2	3	3	3	3	3	3	3	2	2	2	2	2	2	2	1	0	0	0	0	0	0
Skid Steer Loader	0	0	0	0	0	0	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	0	0	0	0
Welders <sup>k</sup>	0	0	0	0	0	0	1	1	3	3	3	3	3	3	3	3	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	0	0	0	0	
Other General Industrial Equipment <sup>l</sup>	0	0	0	0	0	0	6	8	10	10	10	10	10	10	10	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	4	4	4	4	4	0	

Notes:  
<sup>a</sup> Equipment counts taken from 'CEC\_Matrix\_To\_AES\_070115.xlsx'.  
<sup>b</sup> Numbers presented for Cranes include the equipment counts for the Rough Terrain Hydraulic Crane 80 Ton, Hydra Lift Truck Crane 22-23 Ton, Crawler Crane 225 Ton, and Crawler Crane Maxer 2000.  
<sup>c</sup> Numbers presented for Tractor/Loader/Backhoe include the equipment counts for the Cat Backhoe 416-420.  
<sup>d</sup> Numbers presented for Rubber Tired Loader include the equipment counts for the Cat IT 914G Loader.  
<sup>e</sup> Numbers presented for Forklifts include the equipment counts for the Forklift 10,000 lb and Forklift 20,000 lb.  
<sup>f</sup> Numbers presented for Aerial Lifts include the equipment counts for the Articulating Boom Lift 125', Articulating Boom Lift 135', and Reachlift 10,000 lb.  
<sup>g</sup> Numbers presented for Generator Sets include the equipment counts for the Generator 5 kW and Industrial Welding Generator 500 Amp.  
<sup>h</sup> Numbers presented for Plate Compactors include the equipment counts for the Rammer Compactor and Concrete Power Trowel.  
<sup>i</sup> Numbers presented for Pressure Washer include the equipment counts for the Sand Blasting Pot 3-sack.  
<sup>j</sup> Numbers presented for Pumps include the equipment counts for the Hydrostatic Test Pump 4 GPM and Trash Pump 3" Gas.  
<sup>k</sup> Numbers presented for Welders include the equipment counts for the Electric Welder 4 Pack 350 Amp and Electric Welder 8 Pack 250 Amp.  
<sup>l</sup> Numbers presented for Other General Industrial Equipment include the equipment counts for Fusion Machine .50"-4", Fusion Machine 10"-18", Fusion Machine 18"-36", Fusion Machine 6"-8", and ATVs/Golfcarts. ARB radios, Concrete Vibrator, Crossing Plates or K-Rail, Electric Threading Machine 2", Lowbed Trailer, and Vibratory Plate Attachment (for RT Backhoe) were not included in the number of equipment as they were either electrically powered or not powered.

Number of Onsite Motor Vehicles for AEC CCGT Construction

Vehicle Type	Number per Month <sup>a</sup>																																				
	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39			
Onsite Pick-up Truck <sup>b</sup>	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Onsite Semi-truck Tractor	0	0	0	0	0	0	1	1	1	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	0	0	0	0
Onsite Dump Truck	0	0	0	0	0	0	1	1	1	1	1	1	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Notes:  
<sup>a</sup> Vehicle counts taken from 'CEC\_Matrix\_To\_AES\_070115.xlsx'.  
<sup>b</sup> Assumed only one pick-up truck would be used onsite during the course of construction activities.

Schedule pushed back to account for Unit 7 demolition activities

**Table 5.1A.16 Construction Equipment Exhaust Criteria Pollutant Emission Factors**

**Construction Equipment Emission Factors for AEC CCGT Construction**

Equipment <sup>a</sup>	Percent Usage <sup>b</sup>	Hours per Month <sup>c</sup>	Horsepower <sup>d</sup>	Load Factor <sup>d</sup>	Emission Factors (g/bhp-hr) <sup>e</sup>						Fuel Consumption (gallons/hour) <sup>g</sup>
					CO	VOC	NO <sub>x</sub>	SO <sub>x</sub> <sup>f</sup>	PM <sub>10</sub>	PM <sub>2.5</sub>	
Water Truck <sup>h</sup>	50%	115	400	0.38	2.200	0.060	0.260	0.005	0.008	0.008	7.51
Excavator	85%	196	163	0.38	3.700	0.060	0.260	0.005	0.008	0.008	2.93
Cranes	65%	150	226	0.29	2.200	0.060	0.260	0.005	0.008	0.008	3.28
Tractor/Loader/Backhoe	55%	127	98	0.37	3.700	0.060	0.260	0.005	0.008	0.008	1.61
Rubber Tired Loader	55%	127	200	0.36	2.200	0.060	0.260	0.005	0.008	0.008	3.89
Air Compressor	80%	184	78	0.48	3.700	0.060	0.260	0.006	0.008	0.008	1.77
Forklifts	75%	173	89	0.20	3.700	0.060	0.260	0.005	0.008	0.008	0.87
Roller	60%	138	81	0.38	3.700	0.060	0.260	0.005	0.008	0.008	1.72
Aerial Lifts	65%	150	63	0.31	3.700	0.120	2.740	0.005	0.008	0.008	1.20
Bore/Drill Rig	85%	196	206	0.50	2.200	0.060	0.260	0.005	0.008	0.008	5.43
Fuel Truck <sup>h</sup>	50%	115	400	0.38	2.200	0.060	0.260	0.005	0.008	0.008	7.51
Generator Sets	80%	184	84	0.74	3.700	0.060	0.260	0.006	0.008	0.008	1.77
Plate Compactors	70%	161	8	0.43	4.100	0.120	2.750	0.008	0.008	0.008	0.93
Pressure Washer	80%	184	13	0.30	4.100	0.120	2.750	0.008	0.008	0.008	0.93
Sweeper/Scrubber	80%	184	64	0.46	3.700	0.120	2.740	0.005	0.008	0.008	1.86
Pumps	80%	184	84	0.74	3.700	0.060	0.260	0.006	0.008	0.008	1.77
Skid Steer Loader	55%	127	65	0.37	3.700	0.120	2.740	0.005	0.008	0.008	1.36
Welders	80%	184	46	0.45	4.100	0.120	2.750	0.007	0.008	0.008	0.93
Other General Industrial Equipment	70%	161	88	0.34	3.700	0.060	0.260	0.005	0.008	0.008	1.31

Notes:

<sup>a</sup> Assumed all equipment is fired with diesel fuel, per Section 4.2 of Appendix A of the *CalEEMod User's Guide* (ENVIRON, 2013).

<sup>b</sup> Percent Usage assumed typical of power plant construction.

<sup>c</sup> Hours per month calculated based on the following schedule, as consistent with other construction phases:

Work hours per day: 10  
 Work days per month: 23

<sup>d</sup> Construction equipment horsepower and load factor taken from Table 3.3 of Appendix D of the *CalEEMod User's Guide* (ENVIRON, 2013).

<sup>e</sup> Unless otherwise noted, construction equipment emission factors taken from Table 3.5 of Appendix D of the *CalEEMod User's Guide* (ENVIRON, 2013), assuming Tier 4 Final engine controls.

<sup>f</sup> SO<sub>x</sub> construction equipment emission factors taken from Table 3.4 of Appendix D of the *CalEEMod User's Guide* (ENVIRON, 2013) for the year 2017.

<sup>g</sup> Fuel consumption based on consumption in the OFFROAD2011 model for the South Coast Air Basin in the year 2017; value estimated by dividing the reported consumption (lb/year) by the reported activity (hours/year) and by the density of diesel fuel (assumed to be 7 lb/gallon). Since the OFFROAD2011 output did not include data for an Air Compressor, Generator Sets, Plate Compactors, Pressure Washer, Pumps, and Welders, their fuel consumption was assumed to be best represented by that for Other Construction Equipment.

<sup>h</sup> Horsepower, load factor, and emission factors for Off-Highway Trucks were assumed representative of Water and Fuel Trucks.

**Table 5.1A.17 Onsite and Offsite Motor Vehicle Criteria Pollutant Emission Factors**

**Vehicle Emission Factors for AEC CCGT Construction**

Vehicle Type	Vehicle Class <sup>a</sup>	Exhaust Emission Factors (g/mile) <sup>b</sup>														Paved Road Emission Factors (g/mile) <sup>c</sup>		Fuel Economy (mpg) <sup>d</sup>	
		CO	VOC	SO <sub>x</sub>	NO <sub>x</sub> 2017	NO <sub>x</sub> 2018	NO <sub>x</sub> 2019	NO <sub>x</sub> 2020	PM <sub>10</sub> 2017	PM <sub>10</sub> 2018	PM <sub>10</sub> 2019	PM <sub>10</sub> 2020	PM <sub>2.5</sub> 2017	PM <sub>2.5</sub> 2018	PM <sub>2.5</sub> 2019	PM <sub>2.5</sub> 2020	PM <sub>10</sub>		PM <sub>2.5</sub>
Onsite Pick-up Truck	Light-duty Truck	4.036	0.274	0.012	0.341	0.300	0.266	0.238	0.062	0.061	0.061	0.060	0.034	0.033	0.033	0.032	N/A	N/A	20.252
Onsite Semi-truck Tractor	Heavy-duty Diesel	4.433	1.415	0.032	19.715	19.527	19.730	19.741	0.199	0.159	0.154	0.141	0.132	0.094	0.089	0.077	N/A	N/A	5.573
Onsite Dump Truck	Heavy-duty Diesel	4.433	1.415	0.032	19.715	19.527	19.730	19.741	0.199	0.159	0.154	0.141	0.132	0.094	0.089	0.077	N/A	N/A	5.573
Offsite Delivery Trucks	Heavy-duty Diesel	0.601	0.152	0.016	5.151	4.638	4.334	3.963	0.133	0.122	0.121	0.117	0.069	0.059	0.057	0.054	0.300	0.075	5.573
Material Hauling Trucks	Heavy/Medium-duty Diesel	0.577	0.156	0.013	4.265	3.802	3.432	2.877	0.184	0.172	0.164	0.151	0.109	0.097	0.089	0.077	0.300	0.075	7.098
Construction Worker Commute	Light-duty Auto/Truck	1.360	0.031	0.003	0.125	0.109	0.096	0.086	0.047	0.047	0.047	0.047	0.020	0.019	0.019	0.019	0.300	0.075	22.787

Notes:

<sup>a</sup> The vehicle classes are represented as follows:

Light-duty Truck: Assumed to be 50% LDT1 Gas and 50% LDT2 Gas values.

Heavy-duty Diesel: Assumed to be 100% HHDT DSL values, per Section 4.5 of Appendix A of the *CalEEMod User's Guide* (ENVIRON, 2013).

Heavy/Medium-duty Diesel: 50% HHDT DSL and 50% MHDT DSL values, per Section 4.5 of Appendix A of the *CalEEMod User's Guide* (ENVIRON, 2013).

Light-duty Auto/Truck: 50% LDA Gas, 25% LDT1 Gas, and 25% LDT2 Gas values, per Section 4.5 of Appendix A of the *CalEEMod User's Guide* (ENVIRON, 2013).

<sup>b</sup> Exhaust emission factors from EMFAC2014 for the South Coast Air Basin (Los Angeles County), calendar year 2017 for CO, VOC, and SO<sub>x</sub>. Calendar years 2017, 2018, 2019, and 2020 were used for NO<sub>x</sub>, PM<sub>10</sub>, and PM<sub>2.5</sub>. A speed of 5 mph was assumed for onsite vehicles; a speed of 40 mph was assumed for offsite vehicles and worker commutes, which is consistent with the CalEEMod defaults. An average temperature of 68°F and humidity of 55% were used per Table B-1 of *CT-EMFAC: A Computer Model to Estimate Transportation Project Emissions* (UC Davis, 2007).

<sup>c</sup> Paved road emission factors calculated using CalEEMod methodology, as described below.

<sup>d</sup> Fuel economy from the EMFAC2014 Web Database (<http://www.arb.ca.gov/emfac/2014/>) for the South Coast Air Basin, calendar year 2017.

**Derivation of Paved Road Emission Factors**

**Vehicles on Paved Roads**

Parameter	PM <sub>10</sub>	PM <sub>2.5</sub>
Average Weight <sup>a</sup>	2.4	2.4
k <sup>b</sup>	1.0	0.25
sL <sup>a</sup>	0.1	0.1
<b>Emission Factor (g/mile) <sup>c</sup></b>	0.300	0.075

Notes:

<sup>a</sup> Average Weight and sL taken as the CalEEMod defaults for the Long Beach climate region of the South Coast Air Basin.

<sup>b</sup> k taken from Table 13.2.1-1 of Section 13.2.1 of *AP-42* (EPA, 2011).

<sup>c</sup> Emission factor calculated using Equation 1 from Section 13.2.1 of *AP-42* (EPA, 2011):

$$\text{Emission Factor (g/mile)} = k \text{ (g/mile)} \times [\text{sL (g/m}^2\text{)}]^{0.91} \times [\text{Average Weight (tons)}]^{1.02}$$

**Table 5.1A.18 Onsite and Offsite Greenhouse Gas Emission Factors**

**Greenhouse Gas Emission Factors for AEC CCGT Construction**

Fuel / Category Type	Emission Factor	Emission Factor Units	Emission Factor Source
<b>CO<sub>2</sub> Emission Factors</b>			
Gasoline	8.778	kg CO <sub>2</sub> /gallon	The Climate Registry. 2015. <i>2015 Climate Registry Default Emission Factors</i> . Table 13.1. April.
Diesel	10.206	kg CO <sub>2</sub> /gallon	The Climate Registry. 2015. <i>2015 Climate Registry Default Emission Factors</i> . Table 13.1. April.
<b>N<sub>2</sub>O Emission Factors</b>			
Gasoline Passenger Car Model Year 2012 <sup>a</sup>	0.0036	g N <sub>2</sub> O/mile	The Climate Registry. 2015. <i>2015 Climate Registry Default Emission Factors</i> . Table 13.5. April.
Gasoline Light-duty Truck Model Year 2012 <sup>a</sup>	0.0066	g N <sub>2</sub> O/mile	The Climate Registry. 2015. <i>2015 Climate Registry Default Emission Factors</i> . Table 13.5. April.
Diesel Heavy-duty Truck Model Year 1960 - 2012 <sup>a</sup>	0.0048	g N <sub>2</sub> O/mile	The Climate Registry. 2015. <i>2015 Climate Registry Default Emission Factors</i> . Table 13.5. April.
Diesel Off-road Vehicle	0.256	g N <sub>2</sub> O/gallon	The Climate Registry. 2015. <i>2015 Climate Registry Default Emission Factors</i> . Table 13.7. April.
<b>CH<sub>4</sub> Emission Factors</b>			
Gasoline Passenger Car Model Year 2012 <sup>a</sup>	0.0173	g CH <sub>4</sub> /mile	The Climate Registry. 2015. <i>2015 Climate Registry Default Emission Factors</i> . Table 13.5. April.
Gasoline Light-duty Truck Model Year 2012 <sup>a</sup>	0.0163	g CH <sub>4</sub> /mile	The Climate Registry. 2015. <i>2015 Climate Registry Default Emission Factors</i> . Table 13.5. April.
Diesel Heavy-duty Truck Model Year 1960 - 2012 <sup>a</sup>	0.0051	g CH <sub>4</sub> /mile	The Climate Registry. 2015. <i>2015 Climate Registry Default Emission Factors</i> . Table 13.5. April.
Diesel Off-road Vehicle	0.576	g CH <sub>4</sub> /gallon	The Climate Registry. 2015. <i>2015 Climate Registry Default Emission Factors</i> . Table 13.7. April.

Notes:

<sup>a</sup> Model Year 2012 was the most recent year of emission factors available. As a result, it was assumed representative of vehicles used for this project.





**Table 5.1A.19 Onsite Construction Equipment Exhaust Emissions**

**Construction Equipment CO<sub>2</sub> Emissions from AEC SCGT Construction**

Onsite Equipment	CO <sub>2</sub> Emissions (metric tons/month)															
	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56
Water Truck	17.60	17.60	17.60	17.60	17.60	17.60	17.60	17.60	17.60	17.60	17.60	17.60	17.60	17.60	17.60	17.60
Excavator	0.00	11.67	11.67	11.67	11.67	11.67	11.67	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Grader	0.00	24.14	24.14	24.14	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Cranes	10.02	20.05	30.07	30.07	30.07	30.07	30.07	20.05	20.05	10.02	10.02	10.02	0.00	0.00	0.00	0.00
Tractor/Loader/Backhoe	0.00	4.15	4.15	4.15	4.15	4.15	4.15	4.15	4.15	4.15	0.00	0.00	0.00	0.00	0.00	0.00
Rubber Tired Loader	10.03	10.03	20.06	20.06	20.06	20.06	10.03	10.03	10.03	10.03	10.03	10.03	0.00	0.00	0.00	0.00
Crawler Tractor	0.00	34.30	34.30	34.30	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Air Compressor	0.00	13.35	13.35	13.35	13.35	13.35	13.35	13.35	13.35	13.35	0.00	0.00	0.00	0.00	0.00	0.00
Forklift	6.11	6.11	6.11	6.11	6.11	6.11	6.11	6.11	6.11	6.11	0.00	0.00	0.00	0.00	0.00	0.00
Roller	0.00	9.66	9.66	9.66	9.66	9.66	9.66	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Other General Industrial Equipment	0.00	0.00	8.58	8.58	25.74	17.16	17.16	8.58	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
<b>Onsite Total (metric tons/month)</b>	<b>43.75</b>	<b>151.05</b>	<b>179.68</b>	<b>179.68</b>	<b>138.41</b>	<b>129.83</b>	<b>119.80</b>	<b>79.86</b>	<b>71.28</b>	<b>61.25</b>	<b>37.65</b>	<b>37.65</b>	<b>17.60</b>	<b>17.60</b>	<b>17.60</b>	<b>17.60</b>
<b>Onsite Total (metric tons/day)<sup>a</sup></b>	<b>1.90</b>	<b>6.57</b>	<b>7.81</b>	<b>7.81</b>	<b>6.02</b>	<b>5.64</b>	<b>5.21</b>	<b>3.47</b>	<b>3.10</b>	<b>2.66</b>	<b>1.64</b>	<b>1.64</b>	<b>0.77</b>	<b>0.77</b>	<b>0.77</b>	<b>0.77</b>
<b>Onsite Total (metric tons/year)</b>	<b>1,229.88</b>															

**Construction Equipment N<sub>2</sub>O Emissions from AEC SCGT Construction**

Onsite Equipment	N <sub>2</sub> O Emissions (metric tons/month)															
	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56
Water Truck	0.0004	0.0004	0.0004	0.0004	0.0004	0.0004	0.0004	0.0004	0.0004	0.0004	0.0004	0.0004	0.0004	0.0004	0.0004	0.0004
Excavator	0.0000	0.0003	0.0003	0.0003	0.0003	0.0003	0.0003	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
Grader	0.0000	0.0006	0.0006	0.0006	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
Cranes	0.0003	0.0005	0.0008	0.0008	0.0008	0.0008	0.0008	0.0005	0.0005	0.0003	0.0003	0.0003	0.0000	0.0000	0.0000	0.0000
Tractor/Loader/Backhoe	0.0000	0.0001	0.0001	0.0001	0.0001	0.0001	0.0001	0.0001	0.0001	0.0001	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
Rubber Tired Loader	0.0003	0.0003	0.0005	0.0005	0.0005	0.0005	0.0003	0.0003	0.0003	0.0003	0.0003	0.0003	0.0000	0.0000	0.0000	0.0000
Crawler Tractor	0.0000	0.0009	0.0009	0.0009	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
Air Compressor	0.0000	0.0003	0.0003	0.0003	0.0003	0.0003	0.0003	0.0003	0.0003	0.0003	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
Forklift	0.0002	0.0002	0.0002	0.0002	0.0002	0.0002	0.0002	0.0002	0.0002	0.0002	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
Roller	0.0000	0.0002	0.0002	0.0002	0.0002	0.0002	0.0002	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
Other General Industrial Equipment	0.0000	0.0000	0.0002	0.0002	0.0006	0.0004	0.0004	0.0002	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
<b>Onsite Total (metric tons/month)</b>	<b>0.00110</b>	<b>0.00379</b>	<b>0.00451</b>	<b>0.00451</b>	<b>0.00347</b>	<b>0.00326</b>	<b>0.00300</b>	<b>0.00200</b>	<b>0.00179</b>	<b>0.00154</b>	<b>0.00094</b>	<b>0.00094</b>	<b>0.00044</b>	<b>0.00044</b>	<b>0.00044</b>	<b>0.00044</b>
<b>Onsite Total (metric tons/day)<sup>a</sup></b>	<b>0.00005</b>	<b>0.00016</b>	<b>0.00020</b>	<b>0.00020</b>	<b>0.00015</b>	<b>0.00014</b>	<b>0.00013</b>	<b>0.00009</b>	<b>0.00008</b>	<b>0.00007</b>	<b>0.00004</b>	<b>0.00004</b>	<b>0.00002</b>	<b>0.00002</b>	<b>0.00002</b>	<b>0.00002</b>
<b>Onsite Total (metric tons/year)</b>	<b>0.031</b>															

**Construction Equipment CH<sub>4</sub> Emissions from AEC SCGT Construction**

Onsite Equipment	CH <sub>4</sub> Emissions (metric tons/month)															
	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56
Water Truck	0.0010	0.0010	0.0010	0.0010	0.0010	0.0010	0.0010	0.0010	0.0010	0.0010	0.0010	0.0010	0.0010	0.0010	0.0010	0.0010
Excavator	0.0000	0.0007	0.0007	0.0007	0.0007	0.0007	0.0007	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
Grader	0.0000	0.0014	0.0014	0.0014	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
Cranes	0.0006	0.0011	0.0017	0.0017	0.0017	0.0017	0.0017	0.0011	0.0011	0.0006	0.0006	0.0006	0.0000	0.0000	0.0000	0.0000
Tractor/Loader/Backhoe	0.0000	0.0002	0.0002	0.0002	0.0002	0.0002	0.0002	0.0002	0.0002	0.0002	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
Rubber Tired Loader	0.0006	0.0006	0.0011	0.0011	0.0011	0.0011	0.0006	0.0006	0.0006	0.0006	0.0006	0.0006	0.0000	0.0000	0.0000	0.0000
Crawler Tractor	0.0000	0.0019	0.0019	0.0019	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
Air Compressor	0.0000	0.0008	0.0008	0.0008	0.0008	0.0008	0.0008	0.0008	0.0008	0.0008	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
Forklift	0.0003	0.0003	0.0003	0.0003	0.0003	0.0003	0.0003	0.0003	0.0003	0.0003	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
Roller	0.0000	0.0005	0.0005	0.0005	0.0005	0.0005	0.0005	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
Other General Industrial Equipment	0.0000	0.0000	0.0005	0.0005	0.0015	0.0010	0.0010	0.0005	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
<b>Onsite Total (metric tons/month)</b>	<b>0.0025</b>	<b>0.0085</b>	<b>0.0101</b>	<b>0.0101</b>	<b>0.0078</b>	<b>0.0073</b>	<b>0.0068</b>	<b>0.0045</b>	<b>0.0040</b>	<b>0.0035</b>	<b>0.0021</b>	<b>0.0021</b>	<b>0.0010</b>	<b>0.0010</b>	<b>0.0010</b>	<b>0.0010</b>
<b>Onsite Total (metric tons/day)<sup>a</sup></b>	<b>0.0001</b>	<b>0.0004</b>	<b>0.0004</b>	<b>0.0004</b>	<b>0.0003</b>	<b>0.0003</b>	<b>0.0003</b>	<b>0.0002</b>	<b>0.0002</b>	<b>0.0002</b>	<b>0.0001</b>	<b>0.0001</b>	<b>0.0000</b>	<b>0.0000</b>	<b>0.0000</b>	<b>0.0000</b>
<b>Onsite Total (metric tons/year)</b>	<b>0.069</b>															

Notes:

<sup>a</sup> Per 'Alamitos Manpower, Construction Trucks, Construction Equipment 05.26.15.xlsx', the days per month are as follows:

Schedule pushed back to account for Unit 7 demolition activities

**Table 5.1A.20 Onsite Motor Vehicle Exhaust Emissions**

**Onsite Construction Vehicle CO Emissions from AEC SCGT Construction**

Vehicle Type	CO Emissions (lb/day)															
	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56
Onsite Pick-up Truck	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01
Onsite Stake Truck	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04
<b>Onsite Total (lb/day)</b>	<b>0.05</b>	<b>0.05</b>	<b>0.05</b>	<b>0.05</b>	<b>0.05</b>	<b>0.05</b>	<b>0.05</b>	<b>0.05</b>	<b>0.05</b>	<b>0.05</b>	<b>0.05</b>	<b>0.05</b>	<b>0.05</b>	<b>0.05</b>	<b>0.05</b>	<b>0.05</b>
Vehicle Type	CO Emissions (lb/month) <sup>a</sup>															
	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56
Onsite Pick-up Truck	0.27	0.27	0.27	0.27	0.27	0.27	0.27	0.27	0.27	0.27	0.27	0.27	0.27	0.27	0.27	0.27
Onsite Stake Truck	0.85	0.85	0.85	0.85	0.85	0.85	0.85	0.85	0.85	0.85	0.85	0.85	0.85	0.85	0.85	0.85
<b>Onsite Total (lb/month)</b>	<b>1.12</b>	<b>1.12</b>	<b>1.12</b>	<b>1.12</b>	<b>1.12</b>	<b>1.12</b>	<b>1.12</b>	<b>1.12</b>	<b>1.12</b>	<b>1.12</b>	<b>1.12</b>	<b>1.12</b>	<b>1.12</b>	<b>1.12</b>	<b>1.12</b>	<b>1.12</b>
<b>Onsite Total (tpy)</b>	<b>0.01</b>															

**Onsite Construction Vehicle VOC Emissions from AEC SCGT Construction**

Vehicle Type	VOC Emissions (lb/day)															
	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56
Onsite Pick-up Truck	0.001	0.001	0.001	0.001	0.001	0.001	0.001	0.001	0.001	0.001	0.001	0.001	0.001	0.001	0.001	0.001
Onsite Stake Truck	0.009	0.009	0.009	0.009	0.009	0.009	0.009	0.009	0.009	0.009	0.009	0.009	0.009	0.009	0.009	0.009
<b>Onsite Total (lb/day)</b>	<b>0.010</b>	<b>0.010</b>	<b>0.010</b>	<b>0.010</b>	<b>0.010</b>	<b>0.010</b>	<b>0.010</b>	<b>0.010</b>	<b>0.010</b>	<b>0.010</b>	<b>0.010</b>	<b>0.010</b>	<b>0.010</b>	<b>0.010</b>	<b>0.010</b>	<b>0.010</b>
Vehicle Type	VOC Emissions (lb/month) <sup>a</sup>															
	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56
Onsite Pick-up Truck	0.02	0.02	0.02	0.02	0.02	0.02	0.02	0.02	0.02	0.02	0.02	0.02	0.02	0.02	0.02	0.02
Onsite Stake Truck	0.21	0.21	0.21	0.21	0.21	0.21	0.21	0.21	0.21	0.21	0.21	0.21	0.21	0.21	0.21	0.21
<b>Onsite Total (lb/month)</b>	<b>0.23</b>	<b>0.23</b>	<b>0.23</b>	<b>0.23</b>	<b>0.23</b>	<b>0.23</b>	<b>0.23</b>	<b>0.23</b>	<b>0.23</b>	<b>0.23</b>	<b>0.23</b>	<b>0.23</b>	<b>0.23</b>	<b>0.23</b>	<b>0.23</b>	<b>0.23</b>
<b>Onsite Total (tpy)</b>	<b>0.001</b>															

**Onsite Construction Vehicle SO<sub>x</sub> Emissions from AEC SCGT Construction**

Vehicle Type	SO <sub>x</sub> Emissions (lb/day)															
	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56
Onsite Pick-up Truck	0.00005	0.00005	0.00005	0.00005	0.00005	0.00005	0.00005	0.00005	0.00005	0.00005	0.00005	0.00005	0.00005	0.00005	0.00005	0.00005
Onsite Stake Truck	0.00027	0.00027	0.00027	0.00027	0.00027	0.00027	0.00027	0.00027	0.00027	0.00027	0.00027	0.00027	0.00027	0.00027	0.00027	0.00027
<b>Onsite Total (lb/day)</b>	<b>0.00032</b>	<b>0.00032</b>	<b>0.00032</b>	<b>0.00032</b>	<b>0.00032</b>	<b>0.00032</b>	<b>0.00032</b>	<b>0.00032</b>	<b>0.00032</b>	<b>0.00032</b>	<b>0.00032</b>	<b>0.00032</b>	<b>0.00032</b>	<b>0.00032</b>	<b>0.00032</b>	<b>0.00032</b>
Vehicle Type	SO <sub>x</sub> Emissions (lb/month) <sup>a</sup>															
	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56
Onsite Pick-up Truck	0.0011	0.0011	0.0011	0.0011	0.0011	0.0011	0.0011	0.0011	0.0011	0.0011	0.0011	0.0011	0.0011	0.0011	0.0011	0.0011
Onsite Stake Truck	0.0062	0.0062	0.0062	0.0062	0.0062	0.0062	0.0062	0.0062	0.0062	0.0062	0.0062	0.0062	0.0062	0.0062	0.0062	0.0062
<b>Onsite Total (lb/month)</b>	<b>0.0073</b>	<b>0.0073</b>	<b>0.0073</b>	<b>0.0073</b>	<b>0.0073</b>	<b>0.0073</b>	<b>0.0073</b>	<b>0.0073</b>	<b>0.0073</b>	<b>0.0073</b>	<b>0.0073</b>	<b>0.0073</b>	<b>0.0073</b>	<b>0.0073</b>	<b>0.0073</b>	<b>0.0073</b>
<b>Onsite Total (tpy)</b>	<b>0.00004</b>															

**Onsite Construction Vehicle NO<sub>x</sub> Emissions from AEC SCGT Construction**

Vehicle Type	NO <sub>x</sub> Emissions (lb/day)															
	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56
Onsite Pick-up Truck	0.001	0.001	0.001	0.001	0.001	0.001	0.001	0.001	0.001	0.001	0.001	0.001	0.001	0.001	0.001	0.001
Onsite Stake Truck	0.174	0.174	0.174	0.174	0.174	0.174	0.174	0.174	0.173	0.173	0.173	0.173	0.173	0.173	0.173	0.173
<b>Onsite Total (lb/day)</b>	<b>0.175</b>	<b>0.175</b>	<b>0.175</b>	<b>0.175</b>	<b>0.175</b>	<b>0.175</b>	<b>0.175</b>	<b>0.175</b>	<b>0.174</b>							
Vehicle Type	NO <sub>x</sub> Emissions (lb/month) <sup>a</sup>															
	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56
Onsite Pick-up Truck	0.02	0.02	0.02	0.02	0.02	0.02	0.02	0.02	0.02	0.02	0.02	0.02	0.02	0.02	0.02	0.02
Onsite Stake Truck	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	3.98	3.98	3.98	3.98	3.98	3.98	3.98	3.98
<b>Onsite Total (lb/month)</b>	<b>4.03</b>	<b>4.03</b>	<b>4.03</b>	<b>4.03</b>	<b>4.03</b>	<b>4.03</b>	<b>4.03</b>	<b>4.03</b>	<b>4.00</b>							
<b>Onsite Total (tpy)</b>	<b>0.02</b>															



**Table 5.1A.20 Onsite Motor Vehicle Exhaust Emissions**

**Onsite Construction Vehicle CH<sub>4</sub> Emissions from AEC SCGT Construction**

Vehicle Type	CH <sub>4</sub> Emissions (metric tons/day)															
	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56
Onsite Pick-up Truck	0.00000003	0.00000003	0.00000003	0.00000003	0.00000003	0.00000003	0.00000003	0.00000003	0.00000003	0.00000003	0.00000003	0.00000003	0.00000003	0.00000003	0.00000003	0.00000003
Onsite Stake Truck	0.00000002	0.00000002	0.00000002	0.00000002	0.00000002	0.00000002	0.00000002	0.00000002	0.00000002	0.00000002	0.00000002	0.00000002	0.00000002	0.00000002	0.00000002	0.00000002
<b>Onsite Total (metric tons/day)</b>	<b>0.00000005</b>	<b>0.00000005</b>	<b>0.00000005</b>	<b>0.00000005</b>	<b>0.00000005</b>	<b>0.00000005</b>	<b>0.00000005</b>	<b>0.00000005</b>	<b>0.00000005</b>	<b>0.00000005</b>	<b>0.00000005</b>	<b>0.00000005</b>	<b>0.00000005</b>	<b>0.00000005</b>	<b>0.00000005</b>	<b>0.00000005</b>
Vehicle Type	CH <sub>4</sub> Emissions (metric tons/month) <sup>a</sup>															
	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56
Onsite Pick-up Truck	0.0000007	0.0000007	0.0000007	0.0000007	0.0000007	0.0000007	0.0000007	0.0000007	0.0000007	0.0000007	0.0000007	0.0000007	0.0000007	0.0000007	0.0000007	0.0000007
Onsite Stake Truck	0.0000005	0.0000005	0.0000005	0.0000005	0.0000005	0.0000005	0.0000005	0.0000005	0.0000005	0.0000005	0.0000005	0.0000005	0.0000005	0.0000005	0.0000005	0.0000005
<b>Onsite Total (metric tons/month)</b>	<b>0.0000012</b>	<b>0.0000012</b>	<b>0.0000012</b>	<b>0.0000012</b>	<b>0.0000012</b>	<b>0.0000012</b>	<b>0.0000012</b>	<b>0.0000012</b>	<b>0.0000012</b>	<b>0.0000012</b>	<b>0.0000012</b>	<b>0.0000012</b>	<b>0.0000012</b>	<b>0.0000012</b>	<b>0.0000012</b>	<b>0.0000012</b>
<b>Onsite Total (metric tons/year)</b>	<b>0.000015</b>															

Notes:

<sup>a</sup> The days per month are per 'Alamitos Manpower, Construction Trucks, Construction Equipment 05.26.15.xlsx', as presented on the 'Fugitive Dust' tab.

Schedule pushed back to account for Unit 7 demolition activities

**Table 5.1A.21 Onsite Construction Fugitive Dust Emissions**

**Grading, Bulldozing, and Truck Dumping/Loading Activity Levels for AEC SCGT Construction**

Source	Monthly Activity Levels															
	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56
Onsite Disturbance (acres) <sup>a</sup>	0.00	2.81	2.81	2.81	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Bulldozer Operation (hours) <sup>b</sup>	0.00	920.00	920.00	920.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Soil Imported/Exported (cubic yards) <sup>c</sup>	301.08	301.08	301.08	301.08	301.08	301.08	301.08	301.08	301.08	301.08	301.08	301.08	0.00	0.00	0.00	0.00

Notes:  
<sup>a</sup> Estimated a total of 8.42 acres is disturbed during Simple-Cycle Block Construction, as provided in 'LMS 100 Alamitos Soil Management 05.07.15.xlsx'; assumed this disturbance was equally distributed amongst the months in which graders are utilized.  
<sup>b</sup> Bulldozer Operation calculated based on the number of equipment and the hours of operation per month, per 'Alamitos Manpower, Construction Trucks, Construction Equipment 05.26.15.xlsx':

Hours per Day: 10  
 Days per Month: 23

<sup>c</sup> Estimated a total of 3,613 cubic yards of material is exported and/or imported for the Simple-Cycle Block area, as provided in 'LMS 100 Alamitos Soil Management 05.07.15.xlsx'; assumed the exports/imports and associated loading/dumping activity are equally distributed amongst the months in which front end loaders are utilized

**Onsite Construction Vehicle Fugitive PM<sub>10</sub> Emissions from AEC SCGT Construction**

Vehicle Type	Fugitive PM <sub>10</sub> Emissions (lb/day) <sup>a</sup>															
	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56
Onsite Pick-up Truck	0.69	0.69	0.69	0.69	0.69	0.69	0.69	0.69	0.69	0.69	0.69	0.69	0.69	0.69	0.69	0.69
Onsite Stake Truck	1.38	1.38	1.38	1.38	1.38	1.38	1.38	1.38	1.38	1.38	1.38	1.38	1.38	1.38	1.38	1.38
<b>Onsite Total (lb/day)</b>	<b>2.07</b>	<b>2.07</b>	<b>2.07</b>	<b>2.07</b>	<b>2.07</b>	<b>2.07</b>	<b>2.07</b>	<b>2.07</b>	<b>2.07</b>	<b>2.07</b>	<b>2.07</b>	<b>2.07</b>	<b>2.07</b>	<b>2.07</b>	<b>2.07</b>	<b>2.07</b>
Vehicle Type	Fugitive PM <sub>10</sub> Emissions (lb/month) <sup>a</sup>															
	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56
Onsite Pick-up Truck	15.86	15.86	15.86	15.86	15.86	15.86	15.86	15.86	15.86	15.86	15.86	15.86	15.86	15.86	15.86	15.86
Onsite Stake Truck	31.71	31.71	31.71	31.71	31.71	31.71	31.71	31.71	31.71	31.71	31.71	31.71	31.71	31.71	31.71	31.71
<b>Onsite Total (lb/month)</b>	<b>47.57</b>	<b>47.57</b>	<b>47.57</b>	<b>47.57</b>	<b>47.57</b>	<b>47.57</b>	<b>47.57</b>	<b>47.57</b>	<b>47.57</b>	<b>47.57</b>	<b>47.57</b>	<b>47.57</b>	<b>47.57</b>	<b>47.57</b>	<b>47.57</b>	<b>47.57</b>
<b>Onsite Total (tpy)</b>	<b>0.29</b>															

Notes:  
<sup>a</sup> Emissions based on highest (controlled) unpaved road emission factor for PM<sub>10</sub>.

**Onsite Construction Vehicle Fugitive PM<sub>2.5</sub> Emissions from AEC SCGT Construction**

Vehicle Type	Fugitive PM <sub>2.5</sub> Emissions (lb/day) <sup>a</sup>															
	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56
Onsite Pick-up Truck	0.07	0.07	0.07	0.07	0.07	0.07	0.07	0.07	0.07	0.07	0.07	0.07	0.07	0.07	0.07	0.07
Onsite Stake Truck	0.14	0.14	0.14	0.14	0.14	0.14	0.14	0.14	0.14	0.14	0.14	0.14	0.14	0.14	0.14	0.14
<b>Onsite Total (lb/day)</b>	<b>0.21</b>	<b>0.21</b>	<b>0.21</b>	<b>0.21</b>	<b>0.21</b>	<b>0.21</b>	<b>0.21</b>	<b>0.21</b>	<b>0.21</b>	<b>0.21</b>	<b>0.21</b>	<b>0.21</b>	<b>0.21</b>	<b>0.21</b>	<b>0.21</b>	<b>0.21</b>
Vehicle Type	Fugitive PM <sub>2.5</sub> Emissions (lb/month) <sup>a</sup>															
	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56
Onsite Pick-up Truck	1.59	1.59	1.59	1.59	1.59	1.59	1.59	1.59	1.59	1.59	1.59	1.59	1.59	1.59	1.59	1.59
Onsite Stake Truck	3.17	3.17	3.17	3.17	3.17	3.17	3.17	3.17	3.17	3.17	3.17	3.17	3.17	3.17	3.17	3.17
<b>Onsite Total (lb/month)</b>	<b>4.76</b>	<b>4.76</b>	<b>4.76</b>	<b>4.76</b>	<b>4.76</b>	<b>4.76</b>	<b>4.76</b>	<b>4.76</b>	<b>4.76</b>	<b>4.76</b>	<b>4.76</b>	<b>4.76</b>	<b>4.76</b>	<b>4.76</b>	<b>4.76</b>	<b>4.76</b>
<b>Offsite Total (tpy)</b>	<b>0.03</b>															

Notes:  
<sup>a</sup> Emissions based on the highest (controlled) unpaved road emission factor for PM<sub>2.5</sub>.

**Onsite Grading, Bulldozing, and Truck Dumping/Loading Fugitive PM<sub>10</sub> Emissions from AEC SCGT Construction**

Construction Activity	Fugitive PM <sub>10</sub> Emissions (lb/day) <sup>a,b</sup>															
	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56
Grading <sup>c</sup>	0.0000	0.0207	0.0207	0.0207	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
Bulldozing	0.0000	4.8177	4.8177	4.8177	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
Truck Dumping/Loading <sup>d,e</sup>	0.0005	0.0005	0.0005	0.0005	0.0005	0.0005	0.0005	0.0005	0.0005	0.0005	0.0005	0.0005	0.0005	0.0005	0.0005	0.0005
<b>Onsite Total (lb/day)</b>	<b>0.0005</b>	<b>4.8388</b>	<b>4.8388</b>	<b>4.8388</b>	<b>0.0005</b>											
Construction Activity	Fugitive PM <sub>10</sub> Emissions (lb/month) <sup>a,b</sup>															
	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56
Grading	0.00	0.48	0.48	0.48	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Bulldozing	0.00	110.81	110.81	110.81	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Truck Dumping/Loading	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.00	0.00	0.00	0.00
<b>Onsite Total (lb/month)</b>	<b>0.01</b>	<b>111.29</b>	<b>111.29</b>	<b>111.29</b>	<b>0.01</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>							
<b>Onsite Total (tpy)</b>	<b>0.17</b>															

Notes:  
<sup>a</sup> Work days per month are as follows, per 'Alamitos Manpower, Construction Trucks, Construction Equipment 05.26.15.xlsx': 23  
<sup>b</sup> Emissions based on the highest (controlled) emission factor for PM<sub>10</sub>.  
<sup>c</sup> Per Section 4.3 of Appendix A of the CalEEMod User's Guide (ENVIRON, 2013), the following blade width was assumed for grading equipment: 12 ft  
<sup>d</sup> Assume that soil is dumped from or loaded to the truck the same month it is imported or exported, respectively.  
<sup>e</sup> Per Section 4.3 of Appendix A of the CalEEMod User's Guide (ENVIRON, 2013), the following conversion factor was used: 1.26 tons/cubic yard

**Table 5.1A.21 Onsite Construction Fugitive Dust Emissions**

**Onsite Grading, Bulldozing, and Truck Dumping/Loading Fugitive PM<sub>2.5</sub> Emissions from AEC SCGT Construction**

Construction Activity	Fugitive PM <sub>2.5</sub> Emissions (lb/day) <sup>a, b</sup>															
	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56
Grading <sup>c</sup>	0.0000	0.0022	0.0022	0.0022	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
Bulldozing	0.0000	2.6482	2.6482	2.6482	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
Truck Dumping/Loading <sup>d, e</sup>	0.0001	0.0001	0.0001	0.0001	0.0001	0.0001	0.0001	0.0001	0.0001	0.0001	0.0001	0.0001	0.0000	0.0000	0.0000	0.0000
<b>Onsite Total (lb/day)</b>	<b>0.0001</b>	<b>2.6505</b>	<b>2.6505</b>	<b>2.6505</b>	<b>0.0001</b>	<b>0.0000</b>	<b>0.0000</b>	<b>0.0000</b>	<b>0.0000</b>							
Construction Activity	Fugitive PM <sub>2.5</sub> Emissions (lb/month) <sup>a, b</sup>															
	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56
Grading	0.000	0.051	0.051	0.051	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Bulldozing	0.000	60.908	60.908	60.908	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Truck Dumping/Loading	0.002	0.002	0.002	0.002	0.002	0.002	0.002	0.002	0.002	0.002	0.002	0.002	0.000	0.000	0.000	0.000
<b>Onsite Total (lb/month)</b>	<b>0.002</b>	<b>60.961</b>	<b>60.961</b>	<b>60.961</b>	<b>0.002</b>	<b>0.000</b>	<b>0.000</b>	<b>0.000</b>	<b>0.000</b>							
<b>Onsite Total (tpy)</b>	<b>0.09</b>															

Notes:

<sup>a</sup> Work days per month are as follows, per 'Alamitos Manpower, Construction Trucks, Construction Equipment 05.26.15.xlsx': 23

<sup>b</sup> Emissions based on the highest (controlled) emission factor for PM<sub>2.5</sub>.

<sup>c</sup> Per Section 4.3 of Appendix A of the *CalEEMod User's Guide* (ENVIRON, 2013), the following blade width was assumed for grading equipment: 12 ft

<sup>d</sup> Assume that soil is dumped from or loaded to the truck the same month it is imported or exported, respectively.

<sup>e</sup> Per Section 4.3 of Appendix A of the *CalEEMod User's Guide* (ENVIRON, 2013), the following conversion factor was used: 1.26 tons/cubic yard

**Onsite Construction Vehicle Activity for AEC SCGT Construction**

Vehicle Type	Miles/Day <sup>a</sup>	Working Days per Month <sup>b</sup>
Onsite Pick-up Truck	1	23
Onsite Stake Truck	2	23

Notes:

<sup>a</sup> Estimated based on the dimensions of the project site and anticipated activity.

<sup>b</sup> Per 'Alamitos Manpower, Construction Trucks, Construction Equipment 05.26.15.xlsx'.

**Fugitive Dust Emission Factors for Unpaved Roads**

**Vehicles on Unpaved Surfaces at Industrial Sites**

Parameter	PM <sub>10</sub>	PM <sub>2.5</sub>
Mean Vehicle Weight <sup>a</sup>	16.5	16.5
Silt Content <sup>b</sup>	8.5	8.5
k <sup>c</sup>	1.5	0.15
a <sup>c</sup>	0.9	0.9
b <sup>c</sup>	0.45	0.45
p <sup>d</sup>	33	33
<b>Emission Factor (Uncontrolled, lb/mile)<sup>e</sup></b>	<b>2.15</b>	<b>0.22</b>
<b>Reduction from Applying Soil Stabilizers<sup>f</sup></b>	<b>84%</b>	<b>84%</b>
<b>Emission Factor (Controlled, lb/mile)</b>	<b>0.34</b>	<b>0.03</b>

Notes:

<sup>a</sup> Mean vehicle weight assumes that medium/heavy duty trucks weigh 16.5 tons.

<sup>b</sup> Silt content taken from Table 13.2.2-1 of Section 13.2.2 of AP-42 (EPA, 2006) for a Construction Site, Scraper Route; this value is consistent with the CalEEMod default for the South Coast Air Basin.

<sup>c</sup> k, a, and b taken from Table 13.2.2-2 of Section 13.2.2 of AP-42 (EPA, 2006) for industrial roads.

<sup>d</sup> P taken as the CalEEMod default for the Long Beach climate region of the South Coast Air Basin.

<sup>e</sup> Emission factor calculated using Equations 1a and 2 from Section 13.2.2 of AP-42 (EPA, 2006):

$$\text{Emission Factor (lb/mile)} = \{k \text{ (lb/mile)} \times [\text{Silt Content (\%)} / 12]^2 \times [\text{Mean Vehicle Weight (tons)} / 3]^3 \times [(365 - P) / 365]$$

<sup>f</sup> Control efficiency taken from Table XI-D of the *SCAQMD CEQA Handbook* for Travel Over Unpaved Roads (SCAQMD, 2007).

**Fugitive Dust Emission Factors for Truck Dumping/Loading**

**Truck Dumping on a Pile or Loading to a Truck from a Pile**

Parameter	PM <sub>10</sub>	PM <sub>2.5</sub>
k <sup>a</sup>	0.35	0.053
U <sup>b</sup>	4.9	4.9
M <sup>a</sup>	12.0	12.0
<b>Emission Factor (lb/ton)<sup>c</sup></b>	<b>0.0001</b>	<b>0.00001</b>
<b>Reduction from Watering to Maintain 12% Moisture<sup>d</sup></b>	<b>69%</b>	<b>69%</b>
<b>Emission Factor (Controlled, lb/ton)</b>	<b>0.00003</b>	<b>0.000004</b>

Notes:

<sup>a</sup> k and M taken from Section 4.3 of Appendix A of the *CalEEMod User's Guide* (ENVIRON, 2013).

<sup>b</sup> U taken as the CalEEMod default for the Long Beach climate region of the South Coast Air Basin. Value converted from units of m/s to mph.

<sup>c</sup> Emission factor calculated using the following equation from Section 4.3 of Appendix A of the *CalEEMod User's Guide* (ENVIRON, 2013):

$$\text{Emission Factor (lb/ton)} = k \times 0.0032 \times [U \text{ (mph)} / 5]^{1.3} \times [M \text{ (\%)} / 2]^{1.4}$$

<sup>d</sup> Control efficiency taken from Table XI-A of the *SCAQMD CEQA Handbook* for Scraper Loading and Unloading (SCAQMD, 2007).

**Table 5.1A.21 Onsite Construction Fugitive Dust Emissions**

**Fugitive Dust Emission Factors for Grading**

**Grading Equipment Passes**

Parameter	PM <sub>10</sub>	PM <sub>2.5</sub>
S <sup>a</sup>	7.1	7.1
F <sup>a</sup>	0.6	0.031
<b>Emission Factor (lb/VMT)<sup>b</sup></b>	1.543	0.167
<b>Reduction from Applying Soil Stabilizers<sup>c</sup></b>	84%	84%
<b>Emission Factor (Controlled, lb/VMT)</b>	0.247	0.027

Notes:

<sup>a</sup> S and F taken from Section 4.3 of Appendix A of the *CalEEMod User's Guide* (ENVIRON, 2013).

<sup>b</sup> Emission factor calculated using the following equation from Section 4.3 of Appendix A of the *CalEEMod User's Guide* (ENVIRON, 2013):

$$PM_{10} \text{ Emission Factor (lb/VMT)} = 0.051 \times [S \text{ (mph)}]^{2.0} \times F_{PM10}$$

$$PM_{2.5} \text{ Emission Factor (lb/VMT)} = 0.04 \times [S \text{ (mph)}]^{2.5} \times F_{PM2.5}$$

<sup>c</sup> Control efficiency taken from Table XI-A of the *SCAQMD CEQA Handbook* for Post-demolition Stabilization (SCAQMD, 2007).

**Fugitive Dust Emission Factors for Bulldozing**

**Bulldozing Equipment Passes**

Parameter	PM <sub>10</sub>	PM <sub>2.5</sub>
C <sup>a</sup>	1.0	5.7
M <sup>a</sup>	7.9	7.9
s <sup>a</sup>	6.9	6.9
F <sup>a</sup>	0.75	0.105
<b>Emission Factor (lb/hr)<sup>b</sup></b>	0.753	0.414
<b>Reduction from Applying Soil Stabilizers<sup>c</sup></b>	84%	84%
<b>Emission Factor (Controlled, lb/hr)</b>	0.120	0.066

Notes:

<sup>a</sup> C, M, s, and F taken from Section 4.3 of Appendix A of the *CalEEMod User's Guide* (ENVIRON, 2013). These values are consistent with the CalEEMod defaults for the South Coast Air Basin.

<sup>b</sup> Emission factor calculated using the following equation from Section 4.3 of Appendix A of the *CalEEMod User's Guide* (ENVIRON, 2013):

$$PM_{10} \text{ Emission Factor (lb/hr)} = \{[C \times s \text{ (\%)}^{1.5}] / [M \text{ (\%)}^{1.4}]\} \times F_{PM10}$$

$$PM_{2.5} \text{ Emission Factor (lb/hr)} = \{[C \times s \text{ (\%)}^{1.2}] / [M \text{ (\%)}^{1.3}]\} \times F_{PM2.5}$$

<sup>c</sup> Control efficiency taken from Table XI-A of the *SCAQMD CEQA Handbook* for Post-demolition Stabilization (SCAQMD, 2007).

Schedule pushed back to account for Unit 7 demolition activities

**Table 5.1A.22 Offsite Motor Vehicle Exhaust and Fugitive Dust Emissions**

**Offsite Vehicle Usage During AEC SCGT Construction**

Vehicle Type	Number per Day															
	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56
Offsite Delivery Trucks <sup>a</sup>	0.00	0.00	1.00	1.00	1.00	2.00	2.00	2.00	2.00	2.00	1.00	1.00	1.00	0.50	0.50	0.50
Material Hauling Trucks <sup>b</sup>	5.80	13.80	15.50	15.50	19.50	23.70	26.00	23.20	19.00	7.00	6.00	7.00	5.00	1.40	1.40	1.40
Construction Worker Commute <sup>c</sup>	24.00	54.00	88.00	184.00	224.00	316.00	380.00	458.00	512.00	392.00	338.00	248.00	160.00	104.00	34.00	28.00

Notes:  
<sup>a</sup> Offsite Delivery Trucks include trucks transporting "Consumables & Supplies", as provided in 'Alamitos Manpower, Construction Trucks, Construction Equipment 05.26.15.xlsx'. It was assumed that these trucks travel directly to AEC.  
<sup>b</sup> Material Hauling Trucks include trucks transporting "Fill Material", "Mechanical Equipment", "Electrical Equip. & Mtrls", "Piping, Supports, & Valves", "Concrete and Rebar", "Steel/Architectural", "Contractor Mobilization", "Contractor Demobilization", "Construction Equipment", "GT'S", "Generators", and "Main Transformers", as provided in 'Alamitos Manpower, Construction Trucks, Construction Equipment 05.26.15.xlsx'.  
<sup>c</sup> Assumed 1 commute per 1 worker; number of workers taken from 'Alamitos Manpower, Construction Trucks, Construction Equipment 05.26.15.xlsx'.

**Offsite Vehicle CO Emissions from AEC SCGT Construction**

Vehicle Type	CO Emissions (lb/day)															
	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56
Offsite Delivery Trucks	0.00	0.00	0.02	0.02	0.02	0.03	0.03	0.03	0.03	0.03	0.02	0.02	0.02	0.01	0.01	0.01
Material Hauling Trucks	0.21	0.50	0.56	0.56	0.70	0.86	0.94	0.84	0.69	0.25	0.22	0.25	0.18	0.05	0.05	0.05
Construction Worker Commute	1.53	3.44	5.60	11.72	14.26	20.12	24.20	29.17	32.60	24.96	21.52	15.79	10.19	6.62	2.17	1.78
<b>Offsite Total (lb/day)</b>	<b>1.74</b>	<b>3.94</b>	<b>6.18</b>	<b>12.29</b>	<b>14.98</b>	<b>21.01</b>	<b>25.17</b>	<b>30.03</b>	<b>33.32</b>	<b>25.25</b>	<b>21.76</b>	<b>16.06</b>	<b>10.39</b>	<b>6.68</b>	<b>2.22</b>	<b>1.84</b>
Vehicle Type	CO Emissions (lb/month)															
	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56
Offsite Delivery Trucks	0.00	0.00	0.36	0.36	0.36	0.73	0.73	0.73	0.73	0.73	0.36	0.36	0.36	0.18	0.18	0.18
Material Hauling Trucks	4.82	11.46	12.88	12.88	16.20	19.69	21.60	19.27	15.78	5.82	4.98	5.82	4.15	1.16	1.16	1.16
Construction Worker Commute	35.15	79.09	128.89	269.49	328.08	462.82	556.56	670.80	749.89	574.13	495.04	363.23	234.34	152.32	49.80	41.01
<b>Offsite Total (lb/month)</b>	<b>39.97</b>	<b>90.55</b>	<b>142.13</b>	<b>282.73</b>	<b>344.64</b>	<b>483.24</b>	<b>578.89</b>	<b>690.80</b>	<b>766.40</b>	<b>580.68</b>	<b>500.39</b>	<b>369.41</b>	<b>238.86</b>	<b>153.67</b>	<b>51.14</b>	<b>42.35</b>
<b>Offsite Total (tpy)</b>	<b>2.57</b>															

**Offsite Vehicle VOC Emissions from AEC SCGT Construction**

Vehicle Type	VOC Emissions (lb/day)															
	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56
Offsite Delivery Trucks	0.000	0.000	0.004	0.004	0.004	0.007	0.007	0.007	0.007	0.007	0.004	0.004	0.004	0.002	0.002	0.002
Material Hauling Trucks	0.053	0.125	0.140	0.140	0.177	0.215	0.236	0.210	0.172	0.063	0.054	0.063	0.045	0.013	0.013	0.013
Construction Worker Commute	0.027	0.062	0.101	0.210	0.256	0.361	0.434	0.524	0.585	0.448	0.386	0.283	0.183	0.119	0.039	0.032
<b>Offsite Total (lb/day)</b>	<b>0.080</b>	<b>0.187</b>	<b>0.245</b>	<b>0.354</b>	<b>0.436</b>	<b>0.583</b>	<b>0.677</b>	<b>0.741</b>	<b>0.765</b>	<b>0.519</b>	<b>0.444</b>	<b>0.351</b>	<b>0.232</b>	<b>0.133</b>	<b>0.053</b>	<b>0.047</b>
Vehicle Type	VOC Emissions (lb/month)															
	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56
Offsite Delivery Trucks	0.00	0.00	0.09	0.09	0.09	0.17	0.17	0.17	0.17	0.17	0.09	0.09	0.09	0.04	0.04	0.04
Material Hauling Trucks	1.21	2.87	3.23	3.23	4.06	4.94	5.42	4.83	3.96	1.46	1.25	1.46	1.04	0.29	0.29	0.29
Construction Worker Commute	0.63	1.42	2.31	4.84	5.89	8.31	9.99	12.04	13.46	10.31	8.89	6.52	4.21	2.73	0.89	0.74
<b>Offsite Total (lb/month)</b>	<b>1.84</b>	<b>4.29</b>	<b>5.63</b>	<b>8.15</b>	<b>10.04</b>	<b>13.42</b>	<b>15.58</b>	<b>17.05</b>	<b>17.59</b>	<b>11.94</b>	<b>10.22</b>	<b>8.06</b>	<b>5.33</b>	<b>3.07</b>	<b>1.23</b>	<b>1.07</b>
<b>Offsite Total (tpy)</b>	<b>0.06</b>															

**Offsite Vehicle SO<sub>x</sub> Emissions from AEC SCGT Construction**

Vehicle Type	SO <sub>x</sub> Emissions (lb/day)															
	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56
Offsite Delivery Trucks	0.0000	0.0000	0.0005	0.0005	0.0005	0.0009	0.0009	0.0009	0.0009	0.0009	0.0005	0.0005	0.0005	0.0002	0.0002	0.0002
Material Hauling Trucks	0.0067	0.0160	0.0180	0.0180	0.0227	0.0275	0.0302	0.0270	0.0221	0.0081	0.0070	0.0081	0.0058	0.0016	0.0016	0.0016
Construction Worker Commute	0.0042	0.0095	0.0155	0.0325	0.0396	0.0558	0.0671	0.0809	0.0905	0.0693	0.0597	0.0438	0.0283	0.0184	0.0060	0.0049
<b>Offsite Total (lb/day)</b>	<b>0.0110</b>	<b>0.0256</b>	<b>0.0340</b>	<b>0.0510</b>	<b>0.0627</b>	<b>0.0843</b>	<b>0.0983</b>	<b>0.1088</b>	<b>0.1135</b>	<b>0.0783</b>	<b>0.0672</b>	<b>0.0524</b>	<b>0.0345</b>	<b>0.0202</b>	<b>0.0079</b>	<b>0.0068</b>
Vehicle Type	SO <sub>x</sub> Emissions (lb/month)															
	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56
Offsite Delivery Trucks	0.000	0.000	0.011	0.011	0.011	0.022	0.022	0.022	0.022	0.022	0.011	0.011	0.011	0.005	0.005	0.005
Material Hauling Trucks	0.155	0.369	0.414	0.414	0.521	0.633	0.695	0.620	0.508	0.187	0.160	0.187	0.134	0.037	0.037	0.037
Construction Worker Commute	0.098	0.219	0.358	0.748	0.910	1.284	1.544	1.861	2.080	1.593	1.373	1.008	0.650	0.423	0.138	0.114
<b>Offsite Total (lb/month)</b>	<b>0.253</b>	<b>0.588</b>	<b>0.783</b>	<b>1.173</b>	<b>1.442</b>	<b>1.939</b>	<b>2.261</b>	<b>2.503</b>	<b>2.610</b>	<b>1.802</b>	<b>1.545</b>	<b>1.206</b>	<b>0.795</b>	<b>0.465</b>	<b>0.181</b>	<b>0.157</b>
<b>Offsite Total (tpy)</b>	<b>0.009</b>															

**Table 5.1A.22 Offsite Motor Vehicle Exhaust and Fugitive Dust Emissions**

**Offsite Vehicle NO<sub>x</sub> Emissions from AEC SCGT Construction**

Vehicle Type	NO <sub>x</sub> Emissions (lb/day)															
	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56
Offsite Delivery Trucks	0.00	0.00	0.12	0.12	0.12	0.24	0.24	0.24	0.22	0.22	0.11	0.11	0.11	0.05	0.05	0.05
Material Hauling Trucks	1.47	3.50	3.93	3.93	4.95	6.01	6.60	5.89	3.89	1.43	1.23	1.43	1.02	0.29	0.29	0.29
Construction Worker Commute	0.13	0.30	0.49	1.02	1.25	1.76	2.11	2.55	2.57	1.97	1.70	1.25	0.80	0.52	0.17	0.14
<b>Offsite Total (lb/day)</b>	<b>1.60</b>	<b>3.80</b>	<b>4.54</b>	<b>5.08</b>	<b>6.31</b>	<b>8.01</b>	<b>8.95</b>	<b>8.67</b>	<b>6.68</b>	<b>3.62</b>	<b>3.04</b>	<b>2.79</b>	<b>1.94</b>	<b>0.86</b>	<b>0.51</b>	<b>0.48</b>
Vehicle Type	NO <sub>x</sub> Emissions (lb/month)															
	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56
Offsite Delivery Trucks	0.00	0.00	2.77	2.77	2.77	5.55	5.55	5.55	4.98	4.98	2.49	2.49	2.49	1.24	1.24	1.24
Material Hauling Trucks	33.84	80.52	90.44	90.44	113.78	138.29	151.71	135.37	89.51	32.98	28.27	32.98	23.55	6.60	6.60	6.60
Construction Worker Commute	3.07	6.91	11.26	23.54	28.66	40.43	48.62	58.60	59.19	45.32	39.07	28.67	18.50	12.02	3.93	3.24
<b>Offsite Total (lb/month)</b>	<b>36.91</b>	<b>87.43</b>	<b>104.48</b>	<b>116.76</b>	<b>145.22</b>	<b>184.27</b>	<b>205.88</b>	<b>199.52</b>	<b>153.67</b>	<b>83.27</b>	<b>69.83</b>	<b>64.13</b>	<b>44.54</b>	<b>19.86</b>	<b>11.77</b>	<b>11.08</b>
<b>Offsite Total (tpy)</b>	<b>0.73</b>															

**Offsite Vehicle PM<sub>10</sub> Emissions from AEC SCGT Construction**

Vehicle Type	PM <sub>10</sub> Emissions (lb/day) <sup>a</sup>															
	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56
Offsite Delivery Trucks	0.000	0.000	0.013	0.013	0.013	0.025	0.025	0.025	0.025	0.025	0.013	0.013	0.013	0.006	0.006	0.006
Material Hauling Trucks	0.231	0.549	0.617	0.617	0.776	0.943	1.035	0.924	0.725	0.267	0.229	0.267	0.191	0.053	0.053	0.053
Construction Worker Commute	0.540	1.215	1.979	4.138	5.038	7.107	8.547	10.301	11.514	8.815	7.601	5.577	3.598	2.339	0.765	0.630
<b>Offsite Total (lb/day)</b>	<b>0.771</b>	<b>1.764</b>	<b>2.609</b>	<b>4.768</b>	<b>5.827</b>	<b>8.076</b>	<b>9.607</b>	<b>11.250</b>	<b>12.264</b>	<b>9.107</b>	<b>7.842</b>	<b>5.857</b>	<b>3.801</b>	<b>2.398</b>	<b>0.824</b>	<b>0.689</b>
Vehicle Type	PM <sub>10</sub> Emissions (lb/month) <sup>a</sup>															
	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56
Offsite Delivery Trucks	0.00	0.00	0.29	0.29	0.29	0.58	0.58	0.58	0.58	0.58	0.29	0.29	0.29	0.15	0.15	0.15
Material Hauling Trucks	5.31	12.64	14.19	14.19	17.85	21.70	23.81	21.24	16.67	6.14	5.26	6.14	4.39	1.23	1.23	1.23
Construction Worker Commute	12.42	27.93	45.52	95.18	115.88	163.47	196.58	236.93	264.82	202.75	174.82	128.27	82.75	53.79	17.59	14.48
<b>Offsite Total (lb/month)</b>	<b>17.73</b>	<b>40.57</b>	<b>60.01</b>	<b>109.67</b>	<b>134.02</b>	<b>185.75</b>	<b>220.97</b>	<b>258.75</b>	<b>282.06</b>	<b>209.47</b>	<b>180.37</b>	<b>134.70</b>	<b>87.43</b>	<b>55.16</b>	<b>18.96</b>	<b>15.86</b>
<b>Offsite Total (tpy)</b>	<b>0.96</b>															

Notes:

<sup>a</sup> PM<sub>10</sub> Emissions include emissions from exhaust and paved roads.

**Offsite Vehicle PM<sub>2.5</sub> Emissions from AEC SCGT Construction**

Vehicle Type	PM <sub>2.5</sub> Emissions (lb/day) <sup>a</sup>															
	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56
Offsite Delivery Trucks	0.000	0.000	0.004	0.004	0.004	0.008	0.008	0.008	0.008	0.008	0.004	0.004	0.004	0.002	0.002	0.002
Material Hauling Trucks	0.078	0.185	0.208	0.208	0.261	0.317	0.348	0.311	0.224	0.083	0.071	0.083	0.059	0.017	0.017	0.017
Construction Worker Commute	0.147	0.331	0.539	1.127	1.372	1.936	2.328	2.805	3.135	2.400	2.069	1.518	0.980	0.637	0.208	0.171
<b>Offsite Total (lb/day)</b>	<b>0.225</b>	<b>0.516</b>	<b>0.751</b>	<b>1.339</b>	<b>1.637</b>	<b>2.261</b>	<b>2.684</b>	<b>3.124</b>	<b>3.366</b>	<b>2.490</b>	<b>2.144</b>	<b>1.605</b>	<b>1.042</b>	<b>0.655</b>	<b>0.227</b>	<b>0.190</b>
Vehicle Type	PM <sub>2.5</sub> Emissions (lb/month) <sup>a</sup>															
	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56
Offsite Delivery Trucks	0.00	0.00	0.09	0.09	0.09	0.18	0.18	0.18	0.18	0.18	0.09	0.09	0.09	0.04	0.04	0.04
Material Hauling Trucks	1.79	4.25	4.77	4.77	6.01	7.30	8.01	7.15	5.15	1.90	1.63	1.90	1.36	0.38	0.38	0.38
Construction Worker Commute	3.38	7.61	12.40	25.92	31.56	44.52	53.54	64.53	72.09	55.20	47.59	34.92	22.53	14.64	4.79	3.94
<b>Offsite Total (lb/month)</b>	<b>5.17</b>	<b>11.86</b>	<b>17.26</b>	<b>30.79</b>	<b>37.66</b>	<b>52.00</b>	<b>61.73</b>	<b>71.85</b>	<b>77.42</b>	<b>57.27</b>	<b>49.31</b>	<b>36.91</b>	<b>23.97</b>	<b>15.07</b>	<b>5.21</b>	<b>4.37</b>
<b>Offsite Total (tpy)</b>	<b>0.27</b>															

Notes:

<sup>a</sup> PM<sub>2.5</sub> Emissions include emissions from exhaust and paved roads.

**Table 5.1A.22 Offsite Motor Vehicle Exhaust and Fugitive Dust Emissions**

**Offsite Vehicle CO<sub>2</sub> Emissions from AEC SCGT Construction**

Vehicle Type	CO <sub>2</sub> Emissions (metric tons/day)															
	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56
Offsite Delivery Trucks	0.000	0.000	0.024	0.024	0.024	0.049	0.049	0.049	0.049	0.049	0.024	0.024	0.024	0.012	0.012	0.012
Material Hauling Trucks	0.327	0.777	0.873	0.873	1.098	1.334	1.464	1.306	1.070	0.394	0.338	0.394	0.281	0.079	0.079	0.079
Construction Worker Commute	0.250	0.562	0.915	1.914	2.330	3.287	3.953	4.765	5.326	4.078	3.516	2.580	1.664	1.082	0.354	0.291
<b>Offsite Total (metric tons/day)</b>	<b>0.576</b>	<b>1.339</b>	<b>1.812</b>	<b>2.811</b>	<b>3.452</b>	<b>4.670</b>	<b>5.466</b>	<b>6.119</b>	<b>6.445</b>	<b>4.521</b>	<b>3.878</b>	<b>2.998</b>	<b>1.970</b>	<b>1.173</b>	<b>0.445</b>	<b>0.382</b>
Vehicle Type	CO <sub>2</sub> Emissions (metric tons/month)															
	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56
Offsite Delivery Trucks	0.00	0.00	0.56	0.56	0.56	1.12	1.12	1.12	1.12	1.12	0.56	0.56	0.56	0.28	0.28	0.28
Material Hauling Trucks	7.51	17.87	20.07	20.07	25.25	30.69	33.67	30.04	24.60	9.06	7.77	9.06	6.47	1.81	1.81	1.81
Construction Worker Commute	5.74	12.92	21.06	44.03	53.60	75.61	90.92	109.59	122.51	93.79	80.87	59.34	38.28	24.88	8.14	6.70
<b>Offsite Total (metric tons/month)</b>	<b>13.25</b>	<b>30.79</b>	<b>41.69</b>	<b>64.66</b>	<b>79.41</b>	<b>107.42</b>	<b>125.71</b>	<b>140.75</b>	<b>148.23</b>	<b>103.98</b>	<b>89.20</b>	<b>68.96</b>	<b>45.32</b>	<b>26.98</b>	<b>10.23</b>	<b>8.79</b>
<b>Offsite Total (metric tons/year)</b>	<b>1,046.10</b>															

**Offsite Vehicle N<sub>2</sub>O Emissions from AEC SCGT Construction**

Vehicle Type	N <sub>2</sub> O Emissions (metric tons/day)															
	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56
Offsite Delivery Trucks	0.00000000	0.00000000	0.00000007	0.00000007	0.00000007	0.00000013	0.00000013	0.00000013	0.00000013	0.00000013	0.00000007	0.00000007	0.00000007	0.00000003	0.00000003	0.00000003
Material Hauling Trucks	0.00000111	0.00000265	0.00000298	0.00000298	0.00000374	0.00000455	0.00000499	0.00000445	0.00000365	0.00000134	0.00000115	0.00000134	0.00000096	0.00000027	0.00000027	0.00000027
Construction Worker Commute	0.00000254	0.00000572	0.00000931	0.00001947	0.00002371	0.00003345	0.00004022	0.00004847	0.00005419	0.00004149	0.00003577	0.00002625	0.00001693	0.00001101	0.00000360	0.00000296
<b>Offsite Total (metric tons/day)</b>	<b>0.0000037</b>	<b>0.0000084</b>	<b>0.0000124</b>	<b>0.0000225</b>	<b>0.0000275</b>	<b>0.0000381</b>	<b>0.0000453</b>	<b>0.0000531</b>	<b>0.0000580</b>	<b>0.0000430</b>	<b>0.0000370</b>	<b>0.0000277</b>	<b>0.0000180</b>	<b>0.0000113</b>	<b>0.0000039</b>	<b>0.0000033</b>
Vehicle Type	N <sub>2</sub> O Emissions (metric tons/month)															
	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56
Offsite Delivery Trucks	0.00000000	0.00000000	0.00000015	0.00000015	0.00000015	0.00000030	0.00000030	0.00000030	0.00000030	0.00000030	0.00000015	0.00000015	0.00000015	0.00000008	0.00000008	0.00000008
Material Hauling Trucks	0.0000256	0.0000609	0.0000684	0.0000684	0.0000861	0.0001047	0.0001148	0.0001025	0.0000839	0.0000309	0.0000265	0.0000309	0.0000221	0.0000062	0.0000062	0.0000062
Construction Worker Commute	0.0000584	0.0001315	0.0002142	0.0004479	0.0005453	0.0007692	0.0009250	0.0011149	0.0012464	0.0009543	0.0008228	0.0006037	0.0003895	0.0002532	0.0000828	0.0000682
<b>Offsite Total (metric tons/month)</b>	<b>0.000084</b>	<b>0.000192</b>	<b>0.000284</b>	<b>0.000518</b>	<b>0.000633</b>	<b>0.000877</b>	<b>0.001043</b>	<b>0.001220</b>	<b>0.001333</b>	<b>0.000988</b>	<b>0.000851</b>	<b>0.000636</b>	<b>0.000413</b>	<b>0.000260</b>	<b>0.000090</b>	<b>0.000075</b>
<b>Offsite Total (metric tons/year)</b>	<b>0.00906</b>															

**Offsite Vehicle CH<sub>4</sub> Emissions from AEC SCGT Construction**

Vehicle Type	CH <sub>4</sub> Emissions (metric tons/day)															
	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56
Offsite Delivery Trucks	0.00000000	0.00000000	0.00000007	0.00000007	0.00000007	0.00000014	0.00000014	0.00000014	0.00000014	0.00000014	0.00000007	0.00000007	0.00000007	0.00000004	0.00000004	0.00000004
Material Hauling Trucks	0.00000118	0.00000282	0.00000316	0.00000316	0.00000398	0.00000483	0.00000530	0.00000473	0.00000388	0.00000143	0.00000122	0.00000143	0.00000102	0.00000029	0.00000029	0.00000029
Construction Worker Commute	0.00001221	0.00002747	0.00004476	0.00009359	0.00011393	0.00016072	0.00019328	0.00023295	0.00026041	0.00019938	0.00017191	0.00012614	0.00008138	0.00005290	0.00001729	0.00001424
<b>Offsite Total (metric tons/day)</b>	<b>0.000013</b>	<b>0.000030</b>	<b>0.000048</b>	<b>0.000097</b>	<b>0.000118</b>	<b>0.000166</b>	<b>0.000199</b>	<b>0.000238</b>	<b>0.000264</b>	<b>0.000201</b>	<b>0.000173</b>	<b>0.000128</b>	<b>0.000082</b>	<b>0.000053</b>	<b>0.000018</b>	<b>0.000015</b>
Vehicle Type	CH <sub>4</sub> Emissions (metric tons/month)															
	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56
Offsite Delivery Trucks	0.00000000	0.00000000	0.00000016	0.00000016	0.00000016	0.00000032	0.00000032	0.00000032	0.00000032	0.00000032	0.00000016	0.00000016	0.00000016	0.00000008	0.00000008	0.00000008
Material Hauling Trucks	0.0000272	0.0000647	0.0000727	0.0000727	0.0000915	0.0001112	0.0001220	0.0001089	0.0000891	0.0000328	0.0000282	0.0000328	0.0000235	0.0000066	0.0000066	0.0000066
Construction Worker Commute	0.0002808	0.0006317	0.0010294	0.0021525	0.0026204	0.0036967	0.0044453	0.0053578	0.0059895	0.0045857	0.0039540	0.0029012	0.0018717	0.0012166	0.0003977	0.0003276
<b>Offsite Total (metric tons/month)</b>	<b>0.000308</b>	<b>0.000696</b>	<b>0.001104</b>	<b>0.002227</b>	<b>0.002714</b>	<b>0.003811</b>	<b>0.004571</b>	<b>0.005470</b>	<b>0.006082</b>	<b>0.004622</b>	<b>0.003984</b>	<b>0.002936</b>	<b>0.001897</b>	<b>0.001224</b>	<b>0.000405</b>	<b>0.000335</b>
<b>Offsite Total (metric tons/year)</b>	<b>0.04064</b>															

**Offsite Construction Vehicle Activity for AEC SCGT Construction**

Vehicle Type	Roundtrip Miles/Day	Working Days per Month <sup>a</sup>
Offsite Delivery Trucks <sup>b</sup>	13.8	23
Material Hauling Trucks <sup>c</sup>	40.0	23
Construction Worker Commute <sup>b</sup>	29.4	23

Notes:  
<sup>a</sup> Per 'Alamitos Manpower, Construction Trucks, Construction Equipment 05.26.15.xlsx'.  
<sup>b</sup> Roundtrip miles/day for Offsite Delivery Trucks and Construction Worker Commute taken as the Urban, South Coast Air Basin C-NW and H-W values, respectively, from Table 4.2 of Appendix D of the *CalEEMod User's Guide* (ENVIRON, 2013).  
<sup>c</sup> Roundtrip miles/day for Material Hauling Trucks taken as the default from Section 4.5 of Appendix A of the *CalEEMod User's Guide* (ENVIRON, 2013).

Schedule pushed back to account for Unit 7 demolition activities

Table 5.1A.23 Equations Used to Calculate Criteria Pollutant and GHG Emissions

Equations Used to Calculate Emissions from AEC SCGT Construction

Emission Source	Pollutant(s)	Equation	Variables	
Construction Equipment Exhaust	CO, VOC, NO <sub>x</sub> , SO <sub>x</sub> , PM <sub>10</sub> , and PM <sub>2.5</sub>	$E_m = EF \times N \times Hp \times L \times H / 453.6$	$E_m$ = Emissions (lb/month) EF = Emission factor (g/bhp-hr) N = Number of pieces of equipment Hp = Average horsepower L = Average load factor H = Hours per month 453.6 = Conversion from g to lb	
		$E_d = E_m / D$	$E_d$ = Emissions (lb/day) $E_m$ = Emissions (lb/month) D = Number of construction days per month	
		$E_t = \sum E_m / 2,000$	$E_t$ = Emissions (tpy) $E_m$ = Emissions (lb/month) 2,000 = Conversion from lb to tons	
		CO <sub>2</sub>	$E_m = N \times FC \times EF \times H \times 0.001$	$E_m$ = Emissions (metric tons/month) N = Number of pieces of equipment FC = Fuel consumption (gallons/hour) EF = Emission factor (kg/gallon) H = Hours per month 0.001 = Conversion from kg to metric tons
			$E_d = E_m / D$	$E_d$ = Emissions (metric tons/day) $E_m$ = Emissions (metric tons/month) D = Number of construction days per month
			$E_t = \sum E_m$	$E_t$ = Emissions (metric tons/year) $E_m$ = Emissions (metric tons/month)
	CH <sub>4</sub> and N <sub>2</sub> O	$E_m = N \times FC \times EF \times H / 1,000 \times 0.001$	$E_m$ = Emissions (metric tons/month) N = Number of pieces of equipment FC = Fuel consumption (gallons/hour) EF = Emission factor (g/gallon) H = Hours per month 1,000 = Conversion from g to kg 0.001 = Conversion from kg to metric tons	
		$E_d = E_m / D$	$E_d$ = Emissions (metric tons/day) $E_m$ = Emissions (metric tons/month) D = Number of construction days per month	
		$E_t = \sum E_m$	$E_t$ = Emissions (metric tons/year) $E_m$ = Emissions (metric tons/month)	
	Onsite and Offsite Vehicle Exhaust and Paved and Unpaved Road Fugitive PM <sub>10</sub> and PM <sub>2.5</sub>	CO, VOC, NO <sub>x</sub> , SO <sub>x</sub> , PM <sub>10</sub> , and PM <sub>2.5</sub>	$E_d = N \times VMT \times EF / 453.6$	$E_d$ = Emissions (lb/day) N = Number of vehicles VMT = Vehicle miles traveled per day (miles/day) EF = Emission factor (g/mile): Paved and unpaved road fugitive PM <sub>10</sub> and PM <sub>2.5</sub> emission factors calculated per Sections 13.2.1 and 13.2.2 of AP-42, respectively (EPA, 2011; CalEEMod, 2013)
			$E_m = E_d \times D$	$E_m$ = Emissions (lb/month) $E_d$ = Emissions (lb/day) D = Number of construction days per month
			$E_t = \sum E_m / 2,000$	$E_t$ = Emissions (tpy) $E_m$ = Emissions (lb/month) 2,000 = Conversion from lb to tons
Onsite and Offsite Vehicle Exhaust		CO <sub>2</sub>	$E_d = N \times VMT / FE \times EF \times 0.001$	$E_d$ = Emissions (metric tons/day) N = Number of vehicles VMT = Vehicle miles traveled per day (miles/day) FE = Fuel economy (mpg) EF = Emission factor (kg/gallon) 0.001 = Conversion from kg to metric tons
			$E_m = E_d \times D$	$E_m$ = Emissions (metric tons/month) $E_d$ = Emissions (metric tons/day) D = Number of construction days per month
			$E_t = \sum E_m$	$E_t$ = Emissions (metric tons/year) $E_m$ = Emissions (metric tons/month)
	CH <sub>4</sub> and N <sub>2</sub> O	$E_d = N \times VMT \times EF / 1,000 \times 0.001$	$E_d$ = Emissions (metric tons/day) N = Number of vehicles VMT = Vehicle miles traveled per day (miles/day) EF = Emission factor (g/mile) 1,000 = Conversion from g to kg 0.001 = Conversion from kg to metric tons	
		$E_m = E_d \times D$	$E_m$ = Emissions (metric tons/month) $E_d$ = Emissions (metric tons/day) D = Number of construction days per month	
		$E_t = \sum E_m$	$E_t$ = Emissions (metric tons/year) $E_m$ = Emissions (metric tons/month)	
Onsite Fugitive PM <sub>10</sub> and PM <sub>2.5</sub> from Truck Dumping/Loading	PM <sub>10</sub> and PM <sub>2.5</sub>	$E_d = T \times 1.2641662 \times EF / D$	$E_d$ = Emissions (lb/day) T = Tons of material dumped 1.2641662 = Conversion from cubic yards to tons EF = Fugitive PM <sub>10</sub> and PM <sub>2.5</sub> emission factors (lb/ton), calculated per Section 4.3 of Appendix A of the CalEEMod User's Guide (ENVIRON, 2013).	
		$E_m = E_d \times D$	$E_m$ = Emissions (lb/month) $E_d$ = Emissions (lb/day) D = Number of construction days per month	
		$E_t = \sum E_m / 2,000$	$E_t$ = Emissions (tpy) $E_m$ = Emissions (lb/month) 2,000 = Conversion from lb to tons	
	Onsite Fugitive PM <sub>10</sub> and PM <sub>2.5</sub> from Grading	PM <sub>10</sub> and PM <sub>2.5</sub>	$E_d = EF \times A / W \times 43,560 / 5,280 / D$	$E_d$ = Emissions (lb/day) EF = Fugitive PM <sub>10</sub> and PM <sub>2.5</sub> emission factors (lb/mile), calculated per Section 4.3 of Appendix A of the CalEEMod User's Guide (ENVIRON, 2013). A = Site disturbed (acres/month) W = Grading equipment blade width (ft) 43,560 = Conversion factor from square feet to acres 5,280 = Conversion factor from feet to miles D = Number of construction days per month
			$E_m = E_d \times D$	$E_m$ = Emissions (lb/month) $E_d$ = Emissions (lb/day) D = Number of construction days per month
			$E_t = \sum E_m / 2,000$	$E_t$ = Emissions (tpy) $E_m$ = Emissions (lb/month) 2,000 = Conversion from lb to tons
Onsite Fugitive PM <sub>10</sub> and PM <sub>2.5</sub> from Bulldozing	PM <sub>10</sub> and PM <sub>2.5</sub>	$E_d = EF \times H / D$	$E_d$ = Emissions (lb/day) EF = Fugitive PM <sub>10</sub> and PM <sub>2.5</sub> emission factors (lb/mile), calculated per Section 4.3 of Appendix A of the CalEEMod User's Guide (ENVIRON, 2013). H = Hours per month for all bulldozers D = Number of construction days per month	
		$E_m = E_d \times D$	$E_m$ = Emissions (lb/month) $E_d$ = Emissions (lb/day) D = Number of construction days per month	
		$E_t = \sum E_m / 2,000$	$E_t$ = Emissions (tpy) $E_m$ = Emissions (lb/month) 2,000 = Conversion from lb to tons	

**Table 5.1A.24 Number of Onsite Construction Equipment and Motor Vehicles**

**Number of Onsite Equipment for AEC SCGT Construction**

Onsite Equipment	Number per Month <sup>a</sup>															
	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56
Water Truck	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
Excavator	0	2	2	2	2	2	2	0	0	0	0	0	0	0	0	0
Grader	0	4	4	4	0	0	0	0	0	0	0	0	0	0	0	0
Cranes <sup>b</sup>	2	4	6	6	6	6	6	4	4	2	2	2	0	0	0	0
Tractor/Loader/Backhoe <sup>c</sup>	0	2	2	2	2	2	2	2	2	2	0	0	0	0	0	0
Rubber Tired Loader <sup>d</sup>	2	2	4	4	4	4	2	2	2	2	2	2	0	0	0	0
Crawler Tractor <sup>e</sup>	0	4	4	4	0	0	0	0	0	0	0	0	0	0	0	0
Air Compressor	0	4	4	4	4	4	4	4	4	4	0	0	0	0	0	0
Forklift	4	4	4	4	4	4	4	4	4	4	0	0	0	0	0	0
Roller <sup>f</sup>	0	4	4	4	4	4	4	0	0	0	0	0	0	0	0	0
Other General Industrial Equipment <sup>g</sup>	0	0	4	4	12	8	8	4	0	0	0	0	0	0	0	0

Notes:

<sup>a</sup> Equipment counts taken from 'Alamitos Manpower, Construction Trucks, Construction Equipment 05.26.15.xlsx'.

<sup>b</sup> Numbers presented for Cranes include the equipment counts for the 75 Ton Hydraulic Crane, the 35 Ton Hydraulic Crane, and the Heavy Lift Gantry Crane.

<sup>c</sup> Numbers presented for Tractor/Loader/Backhoe include the equipment counts for the Backhoe.

<sup>d</sup> Numbers presented for Rubber Tired Loader include the equipment counts for the Front End Loader.

<sup>e</sup> Numbers presented for Crawler Tractor include the equipment counts for the Dozer

<sup>f</sup> Numbers presented for Roller include the equipment counts for the Compactor.

<sup>g</sup> Numbers presented for Other General Industrial Equipment include the equipment counts for the Pile Driver and the Light Towers.

**Number of Onsite Motor Vehicles for AEC SCGT Construction**

Vehicle Type	Number per Month <sup>a</sup>															
	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56
Onsite Pick-up Truck	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
Onsite Stake Truck	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2

Notes:

<sup>a</sup> Vehicle counts taken from 'Alamitos Manpower, Construction Trucks, Construction Equipment 05.26.15.xlsx'.

Schedule pushed back to account for Unit 7 demolition activities

**Table 5.1A.25 Construction Equipment Exhaust Criteria Pollutant Emission Factors**

**Construction Equipment Emission Factors for AEC SCGT Construction**

Equipment <sup>a</sup>	Percent Usage <sup>b</sup>	Hours per Month <sup>c</sup>	Horsepower <sup>d</sup>	Load Factor <sup>d</sup>	Emission Factors (g/bhp-hr) <sup>e</sup>						Fuel Consumption (gallons/hour) <sup>g</sup>
					CO	VOC	NO <sub>x</sub>	SO <sub>x</sub> <sup>f</sup>	PM <sub>10</sub>	PM <sub>2.5</sub>	
Water Truck <sup>h</sup>	50%	115	400	0.38	2.200	0.060	0.260	0.005	0.008	0.008	7.50
Excavator	85%	196	163	0.38	3.700	0.060	0.260	0.005	0.008	0.008	2.93
Grader	80%	184	175	0.41	2.200	0.060	0.260	0.005	0.008	0.008	3.21
Cranes	65%	150	226	0.29	2.200	0.060	0.260	0.005	0.008	0.008	3.28
Tractor/Loader/Backhoe	55%	127	98	0.37	3.700	0.060	0.260	0.005	0.008	0.008	1.61
Rubber Tired Loader	55%	127	200	0.36	2.200	0.060	0.260	0.005	0.008	0.008	3.88
Crawler Tractor	80%	184	208	0.43	2.200	0.060	0.260	0.005	0.008	0.008	4.57
Air Compressor	80%	184	78	0.48	3.700	0.060	0.260	0.006	0.008	0.008	1.78
Forklift	75%	173	89	0.20	3.700	0.060	0.260	0.005	0.008	0.008	0.87
Roller	60%	138	81	0.38	3.700	0.060	0.260	0.005	0.008	0.008	1.71
Other General Industrial Equipment	70%	161	88	0.34	3.700	0.060	0.260	0.005	0.008	0.008	1.31

Notes:

<sup>a</sup> Assumed all equipment is fired with diesel fuel, per Section 4.2 of Appendix A of the *CalEEMod User's Guide* (ENVIRON, 2013).

<sup>b</sup> Percent Usage assumed typical of power plant construction.

<sup>c</sup> Hours per month calculated based on the following schedule, per 'Alamitos Manpower, Construction Trucks, Construction Equipment 05.26.15.xlsx'.

Work hours per day: 10

Work days per month: 23

<sup>d</sup> Construction equipment horsepower and load factor taken from Table 3.3 of Appendix D of the *CalEEMod User's Guide* (ENVIRON, 2013).

<sup>e</sup> Unless otherwise noted, construction equipment emission factors taken from Table 3.5 of Appendix D of the *CalEEMod User's Guide* (ENVIRON, 2013), assuming Tier 4 Final engine controls.

<sup>f</sup> SO<sub>x</sub> construction equipment emission factors taken from Table 3.4 of Appendix D of the *CalEEMod User's Guide* (ENVIRON, 2013) for the year 2020.

<sup>g</sup> Fuel consumption based on consumption in the OFFROAD2011 model for the South Coast Air Basin in the year 2020; value estimated by dividing the reported consumption (lb/year) by the reported activity (hours/year) and by the density of diesel fuel (assumed to be 7 lb/gallon). Since the OFFROAD2011 output did not include data for an Air Compressor, its fuel consumption was assumed to be best represented by that for Other Construction Equipment.

<sup>h</sup> Horsepower, load factor, and emission factors for Off-Highway Trucks were assumed representative of Water Trucks.

**Table 5.1A.26 Onsite and Offsite Motor Vehicle Criteria Pollutant Emission Factors**

**Vehicle Emission Factors for AEC SCGT Construction**

Vehicle Type	Vehicle Class <sup>a</sup>	Exhaust Emission Factors (g/mile) <sup>b</sup>								Paved Road Emission Factors (g/mile) <sup>c</sup>		Fuel Economy (mpg) <sup>d</sup>	
		CO	VOC	SO <sub>x</sub>	NO <sub>x</sub> 2020	NO <sub>x</sub> 2021	PM <sub>10</sub> 2020	PM <sub>10</sub> 2021	PM <sub>2.5</sub> 2020	PM <sub>2.5</sub> 2021	PM <sub>10</sub>		PM <sub>2.5</sub>
Onsite Pick-up Truck	Light-duty Truck	2.706	0.167	0.011	0.238	0.215	0.060	0.060	0.032	0.032	N/A	N/A	21.961
Onsite Stake Truck	Heavy-duty Diesel	4.191	1.041	0.030	19.741	19.621	0.141	0.135	0.077	0.071	N/A	N/A	5.781
Offsite Delivery Trucks	Heavy-duty Diesel	0.521	0.123	0.015	3.963	3.555	0.117	0.115	0.054	0.052	0.300	0.075	5.781
Material Hauling Trucks	Heavy/Medium-duty Diesel	0.410	0.103	0.013	2.877	2.323	0.151	0.132	0.077	0.059	0.300	0.075	7.252
Construction Worker Commute	Light-duty Auto/Truck	0.982	0.018	0.003	0.086	0.078	0.047	0.046	0.019	0.019	0.300	0.075	24.806

Notes:

<sup>a</sup> The vehicle classes are represented as follows:

Light-duty Truck: Assumed to be 50% LDT1 Gas and 50% LDT2 Gas values.

Heavy-duty Diesel: Assumed to be 100% HHDT DSL values, per Section 4.5 of Appendix A of the *CalEEMod User's Guide* (ENVIRON, 2013).

Heavy/Medium-duty Diesel: 50% HHDT DSL and 50% MHDT DSL values, per Section 4.5 of Appendix A of the *CalEEMod User's Guide* (ENVIRON, 2013).

Light-duty Auto/Truck: 50% LDA Gas, 25% LDT1 Gas, and 25% LDT2 Gas values, per Section 4.5 of Appendix A of the *CalEEMod User's Guide* (ENVIRON, 2013).

<sup>b</sup> Exhaust emission factors from EMFAC2014 for the South Coast Air Basin, calendar year 2020 for CO, VOC, and SO<sub>x</sub>. Calendar years 2020 and 2021 were used for NO<sub>x</sub>, PM<sub>10</sub>, and PM<sub>2.5</sub>. A speed of 5 mph was assumed for onsite vehicles; a speed of 40 mph was assumed for offsite vehicles and worker commutes, which is consistent with the CalEEMod defaults. An average temperature of 68°F and humidity of 55% were used per Table B-1 of *CT-EMFAC: A Computer Model to Estimate Transportation Project Emissions* (UC Davis, 2007).

<sup>c</sup> Paved road emission factors calculated using CalEEMod methodology, as described below.

<sup>d</sup> Fuel economy from the EMFAC2014 Web Database (<http://www.arb.ca.gov/emfac/2014/>) for the South Coast Air Basin, calendar year 2020.

**Derivation of Paved Road Emission Factors**

**Vehicles on Paved Roads**

Parameter	PM <sub>10</sub>	PM <sub>2.5</sub>
Average Weight <sup>a</sup>	2.4	2.4
k <sup>b</sup>	1.0	0.25
sL <sup>a</sup>	0.1	0.1
<b>Emission Factor (g/mile) <sup>c</sup></b>	<b>0.300</b>	<b>0.075</b>

Notes:

<sup>a</sup> Average Weight and sL taken as the CalEEMod defaults for the Long Beach climate region of the South Coast Air Basin.

<sup>b</sup> k taken from Table 13.2.1-1 of Section 13.2.1 of *AP-42* (EPA, 2011).

<sup>c</sup> Emission factor calculated using Equation 1 from Section 13.2.1 of *AP-42* (EPA, 2011):

$$\text{Emission Factor (g/mile)} = k \text{ (g/mile)} \times [\text{sL (g/m}^2\text{)}]^{0.91} \times [\text{Average Weight (tons)}]^{1.02}$$

**Table 5.1A.27 Onsite and Offsite Greenhouse Gas Emission Factors**

**Greenhouse Gas Emission Factors for AEC SCGT Construction**

Fuel / Category Type	Emission Factor	Emission Factor Units	Emission Factor Source
<b>CO<sub>2</sub> Emission Factors</b>			
Gasoline	8.778	kg CO <sub>2</sub> /gallon	The Climate Registry. 2015. <i>2015 Climate Registry Default Emission Factors</i> . Table 13.1. April.
Diesel	10.206	kg CO <sub>2</sub> /gallon	The Climate Registry. 2015. <i>2015 Climate Registry Default Emission Factors</i> . Table 13.1. April.
<b>N<sub>2</sub>O Emission Factors</b>			
Gasoline Passenger Car Model Year 2012 <sup>a</sup>	0.0036	g N <sub>2</sub> O/mile	The Climate Registry. 2015. <i>2015 Climate Registry Default Emission Factors</i> . Table 13.5. April.
Gasoline Light-duty Truck Model Year 2012 <sup>a</sup>	0.0066	g N <sub>2</sub> O/mile	The Climate Registry. 2015. <i>2015 Climate Registry Default Emission Factors</i> . Table 13.5. April.
Diesel Heavy-duty Truck Model Year 1960 - 2012 <sup>a</sup>	0.0048	g N <sub>2</sub> O/mile	The Climate Registry. 2015. <i>2015 Climate Registry Default Emission Factors</i> . Table 13.5. April.
Diesel Off-road Vehicle	0.256	g N <sub>2</sub> O/gallon	The Climate Registry. 2015. <i>2015 Climate Registry Default Emission Factors</i> . Table 13.7. April.
<b>CH<sub>4</sub> Emission Factors</b>			
Gasoline Passenger Car Model Year 2012 <sup>a</sup>	0.0173	g CH <sub>4</sub> /mile	The Climate Registry. 2015. <i>2015 Climate Registry Default Emission Factors</i> . Table 13.5. April.
Gasoline Light-duty Truck Model Year 2012 <sup>a</sup>	0.0163	g CH <sub>4</sub> /mile	The Climate Registry. 2015. <i>2015 Climate Registry Default Emission Factors</i> . Table 13.5. April.
Diesel Heavy-duty Truck Model Year 1960 - 2012 <sup>a</sup>	0.0051	g CH <sub>4</sub> /mile	The Climate Registry. 2015. <i>2015 Climate Registry Default Emission Factors</i> . Table 13.5. April.
Diesel Off-road Vehicle	0.576	g CH <sub>4</sub> /gallon	The Climate Registry. 2015. <i>2015 Climate Registry Default Emission Factors</i> . Table 13.7. April.

Notes:

<sup>a</sup> Model Year 2012 was the most recent year of emission factors available. As a result, it was assumed representative of vehicles used for this project.























Table 5.1A.28 AEC Onsite Demolition and Construction Exhaust and Fugitive Emissions Summary

Onsite CO<sub>2</sub> Emissions

Construction Step	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56
<b>AEC CCGT Construction</b>															
Total (metric tons/month)															
Total (metric tons/day)															
<b>AEC SCGT Construction</b>															
Total (metric tons/month)	151.23	179.86	179.86	138.59	130.01	119.98	80.04	71.46	61.43	37.83	37.83	17.78	17.78	17.78	17.78
Total (metric tons/day)	6.58	7.82	7.82	6.03	5.65	5.22	3.48	3.11	2.67	1.64	1.64	0.77	0.77	0.77	0.77
<b>Unit 7 Demolition</b>															
Total (lb/month)															
Total (lb/day)															
<b>Total Onsite CO<sub>2</sub> Emissions (Demolition and Construction Eq)</b>															
Metric Tons per Month	151.23	179.86	179.86	138.59	130.01	119.98	80.04	71.46	61.43	37.83	37.83	17.78	17.78	17.78	17.78
Metric Tons per Day	6.58	7.82	7.82	6.03	5.65	5.22	3.48	3.11	2.67	1.64	1.64	0.77	0.77	0.77	0.77
Yearly Maximums	1,206	1,072	910	748											
Maximum Metric Tons per Day															
Maximum Metric Tons per Hour <sup>a</sup>															
Maximum Metric Tons per Month															
Month with Maximum															
Maximum Metric Tons per Year															
Maximum Average Metric Tons per Hour <sup>b</sup>															
Year with Maximum															

Onsite N<sub>2</sub>O Emissions

Construction Step	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56
<b>AEC CCGT Construction</b>															
Total (metric tons/month)															
Total (metric tons/day)															
<b>AEC SCGT Construction</b>															
Total (metric tons/month)	0.00379	0.00451	0.00451	0.00347	0.00326	0.00301	0.00200	0.00179	0.00154	0.00095	0.00095	0.00044	0.00044	0.00044	0.00044
Total (metric tons/day)	0.00016	0.00020	0.00020	0.00015	0.00014	0.00013	0.00009	0.00008	0.00007	0.00004	0.00004	0.00002	0.00002	0.00002	0.00002
<b>Unit 7 Demolition</b>															
Total (lb/month)															
Total (lb/day)															
<b>Total Onsite N<sub>2</sub>O Emissions (Demolition and Construction Eq)</b>															
Metric Tons per Month	0.00379	0.00451	0.00451	0.00347	0.00326	0.00301	0.00200	0.00179	0.00154	0.00095	0.00095	0.00044	0.00044	0.00044	0.00044
Metric Tons per Day	0.00016	0.00020	0.00020	0.00015	0.00014	0.00013	0.00009	0.00008	0.00007	0.00004	0.00004	0.00002	0.00002	0.00002	0.00002
Yearly Maximums	0.03020	0.02685	0.02279	0.01872											
Maximum Metric Tons per Day															
Maximum Metric Tons per Hour <sup>a</sup>															
Maximum Metric Tons per Month															
Month with Maximum															
Maximum Metric Tons per Year															
Maximum Average Metric Tons per Hour <sup>b</sup>															
Year with Maximum															

Onsite CH<sub>4</sub> Emissions

Construction Step	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56
<b>AEC CCGT Construction</b>															
Total (metric tons/month)															
Total (metric tons/day)															
<b>AEC SCGT Construction</b>															
Total (metric tons/month)	0.00853	0.01014	0.01014	0.00781	0.00733	0.00676	0.00451	0.00402	0.00346	0.00213	0.00213	0.00099	0.00099	0.00099	0.00099
Total (metric tons/day)	0.00037	0.00044	0.00044	0.00034	0.00032	0.00029	0.00020	0.00017	0.00015	0.00009	0.00009	0.00004	0.00004	0.00004	0.00004
<b>Unit 7 Demolition</b>															
Total (lb/month)															
Total (lb/day)															
<b>Total Onsite CH<sub>4</sub> Emissions (Demolition and Construction Eq)</b>															
Metric Tons per Month	0.00853	0.01014	0.01014	0.00781	0.00733	0.00676	0.00451	0.00402	0.00346	0.00213	0.00213	0.00099	0.00099	0.00099	0.00099
Metric Tons per Day	0.00037	0.00044	0.00044	0.00034	0.00032	0.00029	0.00020	0.00017	0.00015	0.00009	0.00009	0.00004	0.00004	0.00004	0.00004
Yearly Maximums	0.06795	0.06041	0.05127	0.04212											
Maximum Metric Tons per Day															
Maximum Metric Tons per Hour <sup>a</sup>															
Maximum Metric Tons per Month															
Month with Maximum															
Maximum Metric Tons per Year															
Maximum Average Metric Tons per Hour <sup>b</sup>															
Year with Maximum															

Notes:

<sup>a</sup> The hours per day are: 10 hours/day

<sup>b</sup> The hours per year are assumed to allow operation 24 hours per day, 7 days per week despite the actual construction schedule: 8,760 hours/year

Emissions added for Unit 7 demolition activities; schedule and totals adjusted accordingly

















Table 5.1A.29 AEC Offsite Demolition and Construction Exhaust and Fugitive Emissions Summary

Offsite CO<sub>2</sub> Emissions

Construction Step	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56
<b>AEC CCGT Construction</b>															
Total (metric tons/month)															
Total (metric tons/day)															
<b>AEC SCGT Construction</b>															
Total (metric tons/month)	30.79	41.69	64.66	79.41	107.42	125.71	140.75	148.23	103.98	89.20	68.96	45.32	26.98	10.23	8.79
Total (metric tons/day)	1.34	1.81	2.81	3.45	4.67	5.47	6.12	6.44	4.52	3.88	3.00	1.97	1.17	0.44	0.38
<b>Unit 7 Demolition</b>															
Total (lb/month)															
Total (lb/day)															
<b>Total Offsite CO<sub>2</sub> Emissions (Demolition and Construction V)</b>															
Metric Tons per Month	30.79	41.69	64.66	79.41	107.42	125.71	140.75	148.23	103.98	89.20	68.96	45.32	26.98	10.23	8.79
Metric Tons per Day	1.34	1.81	2.81	3.45	4.67	5.47	6.12	6.44	4.52	3.88	3.00	1.97	1.17	0.44	0.38
Yearly Maximums	1,046	1,042	1,011	955											
Maximum Metric Tons per Day															
Maximum Metric Tons per Hour <sup>a</sup>															
Maximum Metric Tons per Month															
Month with Maximum															
Maximum Metric Tons per Year															
Maximum Average Metric Tons per Hour <sup>b</sup>															
Year with Maximum															

Offsite N<sub>2</sub>O Emissions

Construction Step	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56
<b>AEC CCGT Construction</b>															
Total (metric tons/month)															
Total (metric tons/day)															
<b>AEC SCGT Construction</b>															
Total (metric tons/month)	0.00019	0.00028	0.00052	0.00063	0.00088	0.00104	0.00122	0.00133	0.00099	0.00085	0.00064	0.00041	0.00026	0.00009	0.00008
Total (metric tons/day)	0.00001	0.00001	0.00002	0.00003	0.00004	0.00005	0.00005	0.00006	0.00004	0.00004	0.00003	0.00002	0.00001	0.00000	0.00000
<b>Unit 7 Demolition</b>															
Total (lb/month)															
Total (lb/day)															
<b>Total Offsite N<sub>2</sub>O Emissions (Demolition and Construction V)</b>															
Metric Tons per Month	0.00019	0.00028	0.00052	0.00063	0.00088	0.00104	0.00122	0.00133	0.00099	0.00085	0.00064	0.00041	0.00026	0.00009	0.00008
Metric Tons per Day	0.00001	0.00001	0.00002	0.00003	0.00004	0.00005	0.00005	0.00006	0.00004	0.00004	0.00003	0.00002	0.00001	0.00000	0.00000
Yearly Maximums	0.00899	0.00906	0.00886	0.00842											
Maximum Metric Tons per Day															
Maximum Metric Tons per Hour <sup>a</sup>															
Maximum Metric Tons per Month															
Month with Maximum															
Maximum Metric Tons per Year															
Maximum Average Metric Tons per Hour <sup>b</sup>															
Year with Maximum															

Offsite CH<sub>4</sub> Emissions

Construction Step	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56
<b>AEC CCGT Construction</b>															
Total (metric tons/month)															
Total (metric tons/day)															
<b>AEC SCGT Construction</b>															
Total (metric tons/month)	0.00070	0.00110	0.00223	0.00271	0.00381	0.00457	0.00547	0.00608	0.00462	0.00398	0.00294	0.00190	0.00122	0.00041	0.00033
Total (metric tons/day)	0.00003	0.00005	0.00010	0.00012	0.00017	0.00020	0.00024	0.00026	0.00020	0.00017	0.00013	0.00008	0.00005	0.00002	0.00001
<b>Unit 7 Demolition</b>															
Total (lb/month)															
Total (lb/day)															
<b>Total Offsite CH<sub>4</sub> Emissions (Demolition and Construction V)</b>															
Metric Tons per Month	0.000696	0.001104	0.002227	0.002714	0.003811	0.004571	0.005470	0.006082	0.004622	0.003984	0.002936	0.001897	0.001224	0.000405	0.000335
Metric Tons per Day	0.000030	0.000048	0.000097	0.000118	0.000166	0.000199	0.000238	0.000264	0.000201	0.000173	0.000128	0.000082	0.000053	0.000018	0.000015
Yearly Maximums	0.04011	0.04064	0.03994	0.03805											
Maximum Metric Tons per Day															
Maximum Metric Tons per Hour <sup>a</sup>															
Maximum Metric Tons per Month															
Month with Maximum															
Maximum Metric Tons per Year															
Maximum Average Metric Tons per Hour <sup>b</sup>															
Year with Maximum															

Notes:

<sup>a</sup> The hours per day are assumed to be:

10 hours/day

<sup>b</sup> The hours per year are assumed to allow operation 24 hours per day, 7 days per week despite the actual construction schedule:

8,760 hours/year

<sup>c</sup> There are no offsite activities generating fugitive dust during construction of the AEC CCGT and AEC SCGT or during demolition of Unit 7.

Emissions added for Unit 7 demolition activities; schedule and totals adjusted accordingly.























Table 5.1A.30 AEC Onsite & Offsite  
Demolition and Construction Exhaust and  
Fugitive Emissions Summary

Onsite & Offsite CO<sub>2</sub> Emissions

Construction Step	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56
<b>AEC CCGT Construction</b>															
Total (metric tons/month)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total (metric tons/day)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
<b>AEC SCGT Construction</b>															
Total (metric tons/month)	182.02	221.55	244.52	218.00	237.43	245.69	220.78	219.69	165.41	127.03	106.79	63.10	44.75	28.01	26.57
Total (metric tons/day)	7.91	9.63	10.63	9.48	10.32	10.68	9.60	9.55	7.19	5.52	4.64	2.74	1.95	1.22	1.16
<b>Unit 7 Demolition</b>															
Total (metric tons/month)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total (metric tons/day)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
<b>Total Onsite &amp; Offsite CO<sub>2</sub> Emissions (Demolition and Const</b>															
Metric Tons per Month	182.02	221.55	244.52	218.00	237.43	245.69	220.78	219.69	165.41	127.03	106.79	63.10	44.75	28.01	26.57
Metric Tons per Day	7.91	9.63	10.63	9.48	10.32	10.68	9.60	9.55	7.19	5.52	4.64	2.74	1.95	1.22	1.16
Yearly Maximums	2,251.99	2,114.73	1,921.19	1,703.24											
Maximum Metric Tons per Day															
Maximum Metric Tons per Hour <sup>a</sup>															
Maximum Metric Tons per Month															
Month with Maximum															
Maximum Metric Tons per Year															
Maximum Average Metric Tons per Hour <sup>b</sup>															
Year with Maximum															

Onsite & Offsite N<sub>2</sub>O Emissions

Construction Step	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56
<b>AEC CCGT Construction</b>															
Total (metric tons/month)	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000
Total (metric tons/day)	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000
<b>AEC SCGT Construction</b>															
Total (metric tons/month)	0.00398	0.00479	0.00503	0.00411	0.00413	0.00405	0.00322	0.00312	0.00253	0.00180	0.00158	0.00086	0.00070	0.00053	0.00052
Total (metric tons/day)	0.00017	0.00021	0.00022	0.00018	0.00018	0.00018	0.00014	0.00014	0.00011	0.00008	0.00007	0.00004	0.00003	0.00002	0.00002
<b>Unit 7 Demolition</b>															
Total (metric tons/month)	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000
Total (metric tons/day)	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000
<b>Total Onsite &amp; Offsite N<sub>2</sub>O Emissions (Demolition and Const</b>															
Metric Tons per Month	0.00398	0.00479	0.00503	0.00411	0.00413	0.00405	0.00322	0.00312	0.00253	0.00180	0.00158	0.00086	0.00070	0.00053	0.00052
Metric Tons per Day	0.00017	0.00021	0.00022	0.00018	0.00018	0.00018	0.00014	0.00014	0.00011	0.00008	0.00007	0.00004	0.00003	0.00002	0.00002
Yearly Maximums	0.03919	0.03591	0.03165	0.02714											
Maximum Metric Tons per Day															
Maximum Metric Tons per Hour <sup>a</sup>															
Maximum Metric Tons per Month															
Month with Maximum															
Maximum Metric Tons per Year															
Maximum Average Metric Tons per Hour <sup>b</sup>															
Year with Maximum															

Onsite & Offsite CH<sub>4</sub> Emissions

Construction Step	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56
<b>AEC CCGT Construction</b>															
Total (metric tons/month)	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000
Total (metric tons/day)	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000
<b>AEC SCGT Construction</b>															
Total (metric tons/month)	0.00922	0.01125	0.01237	0.01053	0.01114	0.01133	0.00998	0.01011	0.00808	0.00611	0.00506	0.00289	0.00222	0.00140	0.00133
Total (metric tons/day)	0.00040	0.00049	0.00054	0.00046	0.00048	0.00049	0.00043	0.00044	0.00035	0.00027	0.00022	0.00013	0.00010	0.00006	0.00006
<b>Unit 7 Demolition</b>															
Total (metric tons/month)	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000
Total (metric tons/day)	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000
<b>Total Onsite &amp; Offsite CH<sub>4</sub> Emissions (Demolition and Const</b>															
Metric Tons per Month	0.00922	0.01125	0.01237	0.01053	0.01114	0.01133	0.00998	0.01011	0.00808	0.00611	0.00506	0.00289	0.00222	0.00140	0.00133
Metric Tons per Day	0.00040	0.00049	0.00054	0.00046	0.00048	0.00049	0.00043	0.00044	0.00035	0.00027	0.00022	0.00013	0.00010	0.00006	0.00006
Yearly Maximums	0.10806	0.10105	0.09121	0.08017											
Maximum Metric Tons per Day															
Maximum Metric Tons per Hour <sup>a</sup>															
Maximum Metric Tons per Month															
Month with Maximum															
Maximum Metric Tons per Year															
Maximum Average Metric Tons per Hour <sup>b</sup>															
Year with Maximum															

Notes:

<sup>a</sup> The hours per day are assumed to be:

10 hours/day

<sup>b</sup> The hours per year are assumed to allow operation 24 hours per day, 7 days per week despite the actual construction schedule:

8,760 hours/year

Emissions added for Unit 7 demolition activities; schedule and totals adjusted accordingly

**Appendix 5.1B**  
**Commissioning and Operational Emission**  
**Estimates**

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## APPENDIX 5.1B

# Commissioning and Operational Emission Estimates (Criteria and Greenhouse Gas)

Tables presented in this Appendix are as follows:

Table 5.1B.1	Summary of Commissioning Emission Estimates: Combined-Cycle Turbines
Table 5.1B.2	Summary of Commissioning Emission Estimates: Simple-Cycle Turbines
Table 5.1B.3	Combined-Cycle: GE 7FA.05 Performance Data
Table 5.1B.4	Combined-Cycle: Summary of Startup and Shutdown Emission Estimates
Table 5.1B.5	Combined-Cycle: Summary of Operation Emissions – Criteria Pollutants
Table 5.1B.6	Combined-Cycle: Summary of Operation Emissions – Air Toxics
Table 5.1B.7	Simple-Cycle: LMS-100PB Performance Data
Table 5.1B.8	Simple-Cycle: Summary of Startup and Shutdown Emission Estimates
Table 5.1B.9	Simple-Cycle: Summary of Operation Emissions – Criteria Pollutants
Table 5.1B.10	Simple-Cycle: Summary of Operation Emissions – Air Toxics
Table 5.1B.11	Auxiliary Boiler: Performance Data
Table 5.1B.12	Auxiliary Boiler: SCR Performance Data
Table 5.1B.13	Auxiliary Boiler: Summary of Operation Emissions – Criteria Pollutants
Table 5.1B.14	Auxiliary Boiler: Summary of Operation Emissions – Air Toxics
Table 5.1B.15	Facility Wide Natural Gas Fuel Use
Table 5.1B.16	Summary of Facility Operation Emissions – Greenhouse Gas Pollutants
Table 5.1B.17	Oil-Water Separator Calculations
Table 5.1B.18	SF <sub>6</sub> Calculations
Table 5.1B.19	Summary of Vehicle Emissions Associated with Project Operation – Criteria Pollutants and GHG
Table 5.1B.20	Equations Used to Calculate Criteria Pollutant and GHG Emissions
Table 5.1B.21	Vehicle Emission Factors for Operation – Criteria Pollutants
Table 5.1B.22	Vehicle Emission Factors for Operation – GHG
Table 5.1B.23	Simple-Cycle: GHG BACT Analysis
Table 5.1B.24	Combined-Cycle: GHG BACT Analysis
Table 5.1B.25	Comparison of Supplemental AFC to AFC (December 2013)

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Table 5.1B.1

Summary of Commissioning Emission Estimates: Combined-Cycle Turbines  
2016

Activity	Duration (hr)	CTG Load (%)	Heat Input (MMBtu/hr, HHV)	Unabated Emission Rate (lb/hr)			Total Unabated Emissions (lb)			Reduction (%)			Abated Emission Rate (lb/hr)			Abated Emission Rate (g/s)			Total Abated Emissions (lb)				
				NO <sub>x</sub>	CO	VOC	NO <sub>x</sub>	CO	VOC	NO <sub>x</sub> (SCR)	CO (OxCat)	VOC (OxCat)	NO <sub>x</sub>	CO	VOC	NO <sub>x</sub>	CO	VOC	NO <sub>x</sub>	CO	VOC	SO <sub>2</sub> <sup>2</sup>	PM <sub>10/2.5</sub> <sup>2</sup>
CTG Testing (Full Speed No Load, FSNL)	48	10	721	130	1,900	270	6,240	91,200	12,960	0%	0%	0%	130	1,900	270	16.4	239	34.0	6,240	91,200	12,960	233	408
Steam Blows <sup>1</sup>	120	40	1,333	68.3	32.4	3.00	8,190	3,888	360	0%	0%	0%	68.3	32.4	3.00	8.60	4.08	0.38	8,190	3,888	360	583	1,020
Set Unit HRSG & Steam Safety Valves	12	40	1,333	68.3	32.4	3.00	819	389	36.0	0%	0%	0%	68.3	32.4	3.00	8.60	4.08	0.38	819	389	36.0	58.3	102
Steam Blows - Restoration																							
DLN Emissions Tuning	12	50	1,422	47.3	23.8	2.00	567	285	24.0	0%	0%	0%	47.3	23.8	2.00	5.95	2.99	0.25	567	285	24.0	58.3	102
Emissions Tuning	12	60	1,566	52.5	24.8	2.00	630	298	24.0	0%	0%	0%	52.5	24.8	2.00	6.62	3.13	0.25	630	298	24.0	58.3	102
Emissions Tuning	12	80	1,924	63.0	29.2	2.50	756	350	30.0	0%	0%	0%	63.0	29.2	2.50	7.94	3.67	0.32	756	350	30.0	58.3	102
Restart CTGs and Run HRSG in Bypass Mode. STG Bypass Valve Tuning. HRSG Blow Down and Drum Tuning																							
Verify STG on Turning Gear. Establish Vacuum in ACC Ext Bypass Blowdown to ACC (Combined Blows). Commence Tuning on ACC Controls. Finalize Bypass Valve Tuning. ACC Cleaning.	168	80	1,924	63.0	29.2	2.50	10,584	4,899	420	78%	78%	35%	13.9	6.42	1.63	1.75	0.81	0.20	2,328	1,078	273	816	1,428
CT Base Load Testing/Tuning	24	100	2,282	73.5	34.6	3.00	1,764	829	72.0	78%	78%	35%	16.2	7.60	1.95	2.04	0.96	0.25	388	182	46.8	117	204
Load Test STG / Combined-Cycle (2X1) Tuning	48	50	1,422	47.3	23.8	2.00	2,268	1,140	96.0	78%	78%	35%	10.4	5.23	1.30	1.31	0.66	0.16	499	251	62.4	233	408
STG Load Test/Combined-Cycle Tuning	96	80	1,924	63.0	29.2	2.50	6,048	2,799	240	78%	78%	35%	13.9	6.42	1.63	1.75	0.81	0.20	1,331	616	156	467	816
RATA / Pre-performance Testing / Source Testing	84	80	1,924	63.0	29.2	2.50	5,292	2,449	210	78%	78%	35%	13.9	6.42	1.63	1.75	0.81	0.20	1,164	539	137	408	714
Source Testing & Drift Test Day 1	24	50	1,422	47.3	23.8	2.00	1,134	570	48.0	78%	78%	35%	10.4	5.23	1.30	1.31	0.66	0.16	249	125	31.2	117	204
Source Testing & Drift Test Day 2	24	50	1,422	47.3	23.8	2.00	1,134	570	48.0	78%	78%	35%	10.4	5.23	1.30	1.31	0.66	0.16	249	125	31.2	117	204
Source Testing & Drift Test Day 3	24	50	1,422	47.3	23.8	2.00	1,134	570	48.0	78%	78%	35%	10.4	5.23	1.30	1.31	0.66	0.16	249	125	31.2	117	204
Source Testing & Drift Test Day 4	24	50	1,422	47.3	23.8	2.00	1,134	570	48.0	78%	78%	35%	10.4	5.23	1.30	1.31	0.66	0.16	249	125	31.2	117	204
Source Testing & Drift Test Day 5	24	50	1,422	47.3	23.8	2.00	1,134	570	48.0	78%	78%	35%	10.4	5.23	1.30	1.31	0.66	0.16	249	125	31.2	117	204
Source Testing & Drift Test Day 6	24	50	1,422	47.3	23.8	2.00	1,134	570	48.0	78%	78%	35%	10.4	5.23	1.30	1.31	0.66	0.16	249	125	31.2	117	204
Source Testing & Drift Test Day 7	24	50	1,422	47.3	23.8	2.00	1,134	570	48.0	78%	78%	35%	10.4	5.23	1.30	1.31	0.66	0.16	249	125	31.2	117	204
Performance Testing	132	100	2,282	73.5	34.6	3.00	9,702	4,562	396	78%	78%	35%	16.2	7.60	1.95	2.04	0.96	0.25	2,134	1,004	257	642	1,122
CALISO Certification & Testing / PPA Testing	60	75	2,282	60.9	28.1	2.50	3,654	1,685	150	78%	78%	35%	13.4	6.18	1.63	1.69	0.78	0.20	804	371	97.5	292	510
<b>Total for One CTG</b>	<b>996</b>						<b>64,452</b>	<b>118,766</b>	<b>15,354</b>										<b>27,597</b>	<b>101,328</b>	<b>14,682</b>	<b>4,841</b>	<b>8,466</b>
<b>Total for Two CTGs (One 2x1 Block)</b>	<b>1,992</b>						<b>128,904</b>	<b>237,532</b>	<b>30,708</b>										<b>55,194</b>	<b>202,656</b>	<b>29,364</b>	<b>9,681</b>	<b>16,932</b>

Notes:

Information added consistent with data provided 1/28/2016

1. Part Load removal efficiencies for NO<sub>x</sub>, VOC, and CO require validation from HRSG and catalyst supplier.

2. SO<sub>2</sub> and PM<sub>10/2.5</sub> emissions during commissioning are expected to be no greater than full load operations. Therefore, emissions were calculated using the maximum hourly emission rates for normal operation, as summarized below.

Maximum Emission Rates	lb/hr
SO <sub>2</sub>	4.86
PM <sub>10/2.5</sub>	8.50

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Table 5.1B.2

Summary of Commissioning Emission Estimates: Simple-Cycle Turbines  
2016

Activity	Duration (hr)	CTG Load (%)	Heat Input (MMBtu/hr, HHV)	Unabated Emission Rate (lb/hr)			Total Unabated Emissions (lb)			Reduction (%)			Abated Emission Rate (lb/hr)			Abated Emission Rate (g/s)			Total Abated Emissions (lb)				
				NO <sub>x</sub>	CO	VOC	NO <sub>x</sub>	CO	VOC	NO <sub>x</sub> (SCR)	CO (OxCat)	VOC (OxCat)	NO <sub>x</sub>	CO	VOC	NO <sub>x</sub>	CO	VOC	NO <sub>x</sub>	CO	VOC	SO <sub>2</sub> <sup>2</sup>	PM <sub>10/2.5</sub> <sup>2</sup>
Unit 1 Testing (Full Speed No Load, FSNL)	4	5	194	40.1	244	5.08	160	976	20.3	0%	0%	0%	40.1	244	5.08	5.05	30.7	0.64	160	976	20.3	6.48	24.9
Unit 1 DLN Emissions Tuning <sup>1</sup>	12	100	880	82.0	360	4.56	984	4,320	54.7	75%	75%	33%	20.5	90.0	3.06	2.58	11.3	0.38	246	1,080	36.7	19.4	74.8
Unit 1 Emissions Tuning <sup>1</sup>	12	75	645	66.0	290	4.00	792	3,478	48.0	75%	75%	33%	16.5	72.5	2.68	2.08	9.13	0.34	198	869	32.2	19.4	74.8
Unit 1 Base Load Testing	12	75	645	66.0	290	1.71	792	3,478	20.5	75%	75%	33%	16.5	72.5	1.15	2.08	9.13	0.14	198	869	13.7	19.4	74.8
No Operation																							
Install Temporary Emissions Test Equipment																							
Refire Unit 1	12	100	880	82.0	360	4.56	984	4,320	54.7	75%	75%	33%	20.5	90.0	3.06	2.58	11.3	0.38	246	1,080	36.7	19.4	74.8
Unit 1 Source Testing & Drift Test Day 1-5; RATA / Pre-performance Testing / Part 60 / 75 Certification and Source Testing	168	100	880	82.0	360	4.56	13,776	60,480	766	75%	75%	33%	20.5	90.0	3.06	2.58	11.3	0.38	3,444	15,120	513	272	1,047
Unit 1 Water Wash & Performance Preparation	24	100	880	82.0	360	4.56	1,968	8,640	109	75%	75%	33%	20.5	90.0	3.06	2.58	11.3	0.38	492	2,160	73.3	38.9	150
Unit 1 Performance Testing	24	100	880	82.0	360	4.56	1,968	8,640	109	75%	75%	33%	20.5	90.0	3.06	2.58	11.3	0.38	492	2,160	73.3	38.9	150
Install Temporary Emissions Test Equipment																							
Unit 1 CALISO Certification	12	100	880	82.0	360	4.56	984	4,320	54.7	75%	75%	33%	20.5	90.0	3.06	2.58	11.3	0.38	246	1,080	36.7	19.4	74.8
<b>Total for One CTG</b>	<b>280</b>						<b>22,408</b>	<b>98,651</b>	<b>1,238</b>										<b>5,722</b>	<b>25,395</b>	<b>836</b>	<b>454</b>	<b>1,744</b>
<b>Total for Four CTGs</b>	<b>1,120</b>						<b>89,633</b>	<b>394,605</b>	<b>4,952</b>										<b>22,889</b>	<b>101,579</b>	<b>3,345</b>	<b>1,814</b>	<b>6,978</b>

Notes:

Information added consistent with data provided 1/28/2016

1. After commissioning, tuning is expected to occur twice a year.
2. SO<sub>2</sub> and PM<sub>10/2.5</sub> emissions during commissioning are expected to be no greater than full load operations. Therefore, emissions were calculated using the maximum hourly emission rates for normal operation, as summarized below.

Maximum Emission Rates	lb/hr
SO <sub>2</sub>	1.62
PM <sub>10/2.5</sub>	6.23



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Table 5.1B.3

Combined-Cycle: GE 7FA.05 Performance Data

2016

Alamitos 2x1 7FA emissions data

Case Number	1	2	3	4	5	6	7	8	9	10	11	12	13	14
NO <sub>x</sub> , ppmvd (dry, 15% O <sub>2</sub> )	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00
NO <sub>x</sub> , ppmvd (dry)	2.90	2.83	2.75	3.01	2.99	2.95	2.79	2.92	2.84	2.85	2.59	2.95	2.90	2.74
NO <sub>x</sub> , ppmvw (wet)	2.69	2.63	2.55	2.74	2.73	2.70	2.56	2.66	2.62	2.63	2.40	2.71	2.67	2.54
NO <sub>x</sub> , lb/h as NO <sub>2</sub>	16.5	13.0	10.0	16.3	16.2	12.6	9.47	15.6	14.1	11.3	9.05	16.3	12.7	9.49
NO <sub>x</sub> , lb/MMBtu (LHV) as NO <sub>2</sub>	0.0080	0.0080	0.0080	0.0080	0.0080	0.0080	0.0080	0.0080	0.0080	0.0080	0.0080	0.0080	0.0080	0.0080
NO <sub>x</sub> , lb/MMBtu (HHV) as NO <sub>2</sub>	0.0072	0.0072	0.0072	0.0072	0.0072	0.0072	0.0072	0.0072	0.0072	0.0072	0.0072	0.0072	0.0072	0.0072
SCR NH <sub>3</sub> slip, ppmvd (dry, 15% O <sub>2</sub> )	5.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00
SCR NH <sub>3</sub> slip, lb/h	15.3	12.0	9.26	15.1	15.0	11.7	8.77	14.4	13.0	10.4	8.38	15.1	11.8	8.79
Ammonia Use, lb/h	43.0	34.0	26.1	42.5	42.3	32.9	24.7	40.7	36.8	29.4	23.6	42.6	33.2	24.8
<b>Stack CO Emissions with the Effects of Catalytic Reduction (CO Catalyst) (ONE CTG / HRSG TRAIN)</b>														
CO, ppmvd (dry, 15% O <sub>2</sub> )	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00
CO, ppmvd (dry)	2.90	2.83	2.75	3.01	2.99	2.95	2.79	2.92	2.84	2.85	2.59	2.95	2.90	2.74
CO, ppmvw (wet)	2.69	2.63	2.55	2.74	2.73	2.70	2.56	2.66	2.62	2.63	2.40	2.71	2.67	2.54
CO, lb/h	10.0	7.92	6.09	9.93	9.88	7.67	5.77	9.50	8.58	6.87	5.51	9.94	7.74	5.78
CO, lb/MMBtu (LHV)	0.0049	0.0049	0.0049	0.0049	0.0049	0.0049	0.0049	0.0049	0.0049	0.0049	0.0049	0.0049	0.0049	0.0049
CO, lb/MMBtu (HHV)	0.0044	0.0044	0.0044	0.0044	0.0044	0.0044	0.0044	0.0044	0.0044	0.0044	0.0044	0.0044	0.0044	0.0044
<b>Stack SO<sub>2</sub> Emissions (ONE CTG / HRSG TRAIN)</b>														
Assumed SO <sub>2</sub> oxidation rate in CO Catalyst for SO <sub>3</sub> calculation, vol%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Assumed SO <sub>2</sub> oxidation rate in SCR for SO <sub>3</sub> calculation, vol%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
SO <sub>2</sub> , ppmvd (dry, 15% O <sub>2</sub> )	0.37	0.37	0.37	0.36	0.36	0.36	0.36	0.36	0.37	0.37	0.36	0.37	0.37	0.36
SO <sub>2</sub> , ppmvd (dry)	0.54	0.52	0.51	0.55	0.54	0.54	0.50	0.53	0.52	0.52	0.47	0.54	0.53	0.50
SO <sub>2</sub> , ppmvw (wet)	0.49	0.48	0.47	0.49	0.49	0.49	0.46	0.48	0.48	0.48	0.43	0.50	0.49	0.46
SO <sub>2</sub> , lb/h	4.86	3.84	2.95	4.81	4.78	3.72	2.79	4.60	4.16	3.33	2.67	4.82	3.75	2.80
SO <sub>2</sub> , lb/MMBtu (LHV)	0.0024	0.0024	0.0024	0.0024	0.0024	0.0024	0.0024	0.0024	0.0024	0.0024	0.0024	0.0024	0.0024	0.0024
SO <sub>2</sub> , lb/MMBtu (HHV)	0.0021	0.0021	0.0021	0.0021	0.0021	0.0021	0.0021	0.0021	0.0021	0.0021	0.0021	0.0021	0.0021	0.0021
<b>Stack VOC Emissions with the Effects of Catalytic Reduction (CO Catalyst) (ONE CTG / HRSG TRAIN)</b>														
VOC, ppmvd (dry, 15% O <sub>2</sub> )	0.55	0.57	0.58	0.54	0.55	0.55	0.59	0.56	0.57	0.57	0.63	0.55	0.56	0.59
VOC, ppmvd (dry)	0.80	0.80	0.80	0.81	0.81	0.82	0.82	0.82	0.81	0.81	0.82	0.81	0.81	0.81
VOC, ppmvw (wet)	0.74	0.74	0.75	0.74	0.74	0.75	0.76	0.75	0.75	0.75	0.76	0.74	0.74	0.75
VOC, lb/h as CH <sub>4</sub> (includes VOC correction to 2.0 ppmvd @ 15% O <sub>2</sub> )	5.75	4.54	3.49	5.68	5.66	4.39	3.30	5.44	4.92	3.93	3.16	5.69	4.43	3.31
VOC, lb/MMBtu (LHV)	0.0028	0.0028	0.0028	0.0028	0.0028	0.0028	0.0028	0.0028	0.0028	0.0028	0.0028	0.0028	0.0028	0.0028
VOC, lb/MMBtu (HHV)	0.0025	0.0025	0.0025	0.0025	0.0025	0.0025	0.0025	0.0025	0.0025	0.0025	0.0025	0.0025	0.0025	0.0025
<b>PM<sub>10</sub> from the CTG and Duct Burner</b>														
<b>PM<sub>10</sub> Emissions - Front and Back Half Catch</b>														
PM <sub>10</sub> , lb/h (from the CTG)	6.70	6.70	6.70	6.70	6.70	6.70	6.70	6.70	6.70	6.70	6.70	6.70	6.70	6.70
PM <sub>10</sub> , lb/h (from the Burner)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
PM <sub>10</sub> , lb/h (total from CTG and Burner)	6.70	6.70	6.70	6.70	6.70	6.70	6.70	6.70	6.70	6.70	6.70	6.70	6.70	6.70
<b>PM<sub>10</sub> with the Effects of SO<sub>2</sub> Oxidation [includes (NH<sub>4</sub>)<sub>2</sub>(SO<sub>4</sub>)] (ONE CTG / HRSG TRAIN)</b>														
<b>PM<sub>10</sub> Emissions - Front and Back Half Catch</b>														
PM <sub>10</sub> , lb/h (incl. Ammonium Sulfate, assuming 100% conversion from SO <sub>3</sub> )	8.50	8.50	8.50	8.50	8.50	8.50	8.50	8.50	8.50	8.50	8.50	8.50	8.50	8.50
PM <sub>10</sub> , lb/MMBtu (LHV)	0.0041	0.0053	0.0068	0.0042	0.0042	0.0054	0.0072	0.0044	0.0048	0.0061	0.0075	0.0042	0.0054	0.0072
PM <sub>10</sub> , lb/MMBtu (HHV)	0.0037	0.0047	0.0062	0.0038	0.0038	0.0049	0.0065	0.0039	0.0044	0.0055	0.0068	0.0038	0.0048	0.0065
<b>PM<sub>2.5</sub> with the Effects of SO<sub>2</sub> Oxidation [includes (NH<sub>4</sub>)<sub>2</sub>(SO<sub>4</sub>)] (ONE CTG / HRSG TRAIN)</b>														
<b>PM<sub>2.5</sub> Emissions - Front and Back Half Catch</b>														
PM <sub>2.5</sub> , lb/h	8.50	8.50	8.50	8.50	8.50	8.50	8.50	8.50	8.50	8.50	8.50	8.50	8.50	8.50
PM <sub>2.5</sub> , lb/MMBtu (LHV)	0.0041	0.0053	0.0068	0.0042	0.0042	0.0054	0.0072	0.0044	0.0048	0.0061	0.0075	0.0042	0.0054	0.0072
PM <sub>2.5</sub> , lb/MMBtu (HHV)	0.0037	0.0047	0.0062	0.0038	0.0038	0.0049	0.0065	0.0039	0.0044	0.0055	0.0068	0.0038	0.0048	0.0065
<b>Total Effects of SO<sub>2</sub> Oxidation (ONE CTG / HRSG TRAIN)</b>														
Total SO <sub>2</sub> to SO <sub>3</sub> conversion rate for SO <sub>3</sub> calculation, %vol	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Total Amount of SO <sub>2</sub> converted to SO <sub>3</sub> for SO <sub>3</sub> calculation, lb/h	4.86	3.84	2.95	4.81	4.78	3.72	2.79	4.60	4.16	3.33	2.67	4.82	3.75	2.80
Maximum Stack Ammonium Sulfate [(NH <sub>4</sub> ) <sub>2</sub> (SO <sub>4</sub> )] (assuming 100% conversion from SO <sub>3</sub> ), lb/h	10.0	7.91	6.08	9.92	9.87	7.67	5.76	9.49	8.57	6.86	5.50	9.93	7.73	5.78
Maximum Stack H <sub>2</sub> SO <sub>4</sub> (assuming 100% conversion from SO <sub>3</sub> to H <sub>2</sub> SO <sub>4</sub> ), lb/h	7.44	5.87	4.52	7.36	7.33	5.69	4.28	7.05	6.36	5.09	4.09	7.37	5.74	4.29

Alamitos Energy Center

Table 5.1B.3

Combined-Cycle: GE 7FA.05 Performance Data

2016

Alamitos 2x1 7FA emissions data

Case Number	1	2	3	4	5	6	7	8	9	10	11	12	13	14
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Notes:

1. Dry air composition is as follows:

N<sub>2</sub>: 78.1%

O<sub>2</sub>: 21.0%

Ar: 0.9%

CO<sub>2</sub>: 0.03%

2. Estimated emissions based on GE performance runs provided by AES on 12/23, "AES\_EXTERNAL\_12\_22\_2014\_Alamitos.xlsx" and "AES\_EXTERNAL\_12\_22\_2014\_Huntington Beach.xlsx"

3. As the CTG performance and emissions information utilized does not reflect guaranteed values currently offered by GE, it is recommended that additional and suitable margin be applied to the values to account for differences between expected and guaranteed CTG emissions values.

4. Ammonium sulfates created downstream of the SCR are included in front half particulates and front & back half particulates. It is assumed that 100% SO<sub>3</sub> is converted to ammonium sulfates in order to account for "worst case" particulate emissions.

5. CO catalyst VOC destruction rate of 50% is assumed.

6. Sulfur content in fuel gas is assumed to be 0.75 grains/100 SCF.

7. As OEM project specific information is not available, an SO<sub>2</sub> to SO<sub>3</sub> conversion rate of 100% is assumed. Use of a high conversion rate is recommended for purposes of establishing permit limitations and emissions levels to provide additional margin.

8. Ammonia use is calculated with 19% aqueous ammonia and factors in ammonia slip.

9. Information presented is not reflective of emissions control equipment guaranteed performance levels as this information is not presently available. Engineer reserves the ability to adjust information to reflect guaranteed and OEM specific information when available.

10. Information presented is intended to reflect a conservative approach to estimated stack emissions; however, no additional margin has been applied to the emissions rates.

11. Steam turbine and combined-cycle performance information presented is preliminary and for information purposes. Information is subject to change based on equipment supplier feedback and equipment selection.

12. No margin has been included in the information provided. It is recommended that additional margin be added for the purposes of establishing permit limitations.

Alamitos Energy Center  
Table 5.1B.4  
Combined-Cycle: Summary of Startup and Shutdown Emission Estimates  
2016

Hot/Warm Start Emissions

Temperature and Pollutant	Startup	Duration (min)	Catalyst Inlet (lb/hr)	Inlet Over Duration (lb)	Design Reduction (%)	Transient Reduction (%)	Net Reduction (%)	Total Outlet (lb)	Emissions per Event (lb)
<b>Event Time (min)</b>									<b>30</b>
20°F	NO <sub>x</sub>	T0-T10	10	64	11	80	40	32	7
	NO <sub>x</sub>	T10-T20	10	95	16	80	90	72	4
	NO <sub>x</sub>	T20-T30	10	75	13	80	100	80	3
	<b>NO<sub>x</sub> Total</b>	<b>Total Startup</b>	<b>30</b>						<b>14</b>
	CO	T0-T10	10	738	123	80	75	60	49
	CO	T10-T20	10	1,351	225	80	90	72	63
	CO	T20-T30	10	59	10	80	100	80	2
	<b>CO Total</b>	<b>Total Startup</b>	<b>30</b>						<b>114</b>
	VOC	T0-T10	10	84	14	50	75	38	9
	VOC	T10-T20	10	127	21	50	90	45	12
	VOC	T20-T30	10	5.3	0.9	50	100	50	0.4
	<b>VOC Total</b>	<b>Total Startup</b>	<b>30</b>						<b>21</b>
									<b>25</b>
59°F	NO <sub>x</sub>	T0-T10	10	63	11	80	40	32	7
	NO <sub>x</sub>	T10-T20	10	86	14	80	90	72	4
	NO <sub>x</sub>	T20-T30	10	68	11	80	100	80	2
	<b>NO<sub>x</sub> Total</b>	<b>Total Startup</b>	<b>30</b>						<b>13</b>
	CO	T0-T10	10	646	108	80	75	60	43
	CO	T10-T20	10	1,183	197	80	90	72	55
	CO	T20-T30	10	52	9	80	100	80	2
	<b>CO Total</b>	<b>Total Startup</b>	<b>30</b>						<b>100</b>
	VOC	T0-T10	10	79	13	45	75	34	9
	VOC	T10-T20	10	118	20	45	90	41	12
	VOC	T20-T30	10	5	0.8	45	100	45	0.5
	<b>VOC Total</b>	<b>Total Startup</b>	<b>30</b>						<b>22</b>
									<b>25</b>
100°F	NO <sub>x</sub>	T0-T10	10	62	10	80	40	32	7
	NO <sub>x</sub>	T10-T20	10	75	13	80	90	72	4
	NO <sub>x</sub>	T20-T30	10	62	10	80	100	80	2
	<b>NO<sub>x</sub> Total</b>	<b>Total Startup</b>	<b>30</b>						<b>13</b>
	CO	T0-T10	10	501	83	80	75	60	33
	CO	T10-T20	10	917	153	80	90	72	43
	CO	T20-T30	10	40	7	80	100	80	1
	<b>CO Total</b>	<b>Total Startup</b>	<b>30</b>						<b>77</b>
	VOC	T0-T10	10	57	9	45	75	34	6
	VOC	T10-T20	10	85	14	45	90	41	8
	VOC	T20-T30	10	4	1	45	100	45	0.3
	<b>VOC Total</b>	<b>Total Startup</b>	<b>30</b>						<b>14</b>
									<b>18</b>

Notes:

1. Data includes a 20% margin.

Alamitos Energy Center  
 Table 5.1B.4  
 Combined-Cycle: Summary of Startup and Shutdown Emission Estimates  
 2016

Cold Start Emissions

Temperature and Pollutant	Startup	Duration (min)	Catalyst Inlet (lb/hr)	Inlet Over Duration (lb)	Design Reduction (%)	Transient Reduction (%)	Net Reduction (%)	Total Outlet (lb)	Emissions per Event (lb)	
<b>Event Time (min)</b>									<b>60</b>	
20°F	NO <sub>x</sub>	T0-T10	10	64	11	80	0	0	11	
	NO <sub>x</sub>	T10-T20	10	95	16	80	0	0	16	
	NO <sub>x</sub>	T20-T30	10	75	13	80	0	0	13	
	NO <sub>x</sub>	T30-T40	10	75	13	80	70	56	6	
	NO <sub>x</sub>	T40-T50	10	75	13	80	85	68	4	
	NO <sub>x</sub>	T50-T60	10	75	13	80	100	80	3	
	<b>NO<sub>x</sub> Total</b>	<b>Total Startup</b>	<b>60</b>						<b>53</b>	<b>61</b>
	CO	T0-T10	10	738	123	80	30	24	93	
	CO	T10-T20	10	1,351	225	80	35	28	162	
	CO	T20-T30	10	59	10	80	50	40	6	
	CO	T30-T40	10	59	10	80	75	60	4	
	CO	T40-T50	10	59	10	80	90	72	3	
	CO	T50-T60	10	59	10	80	100	80	2	
	<b>CO Total</b>	<b>Total Startup</b>	<b>60</b>						<b>270</b>	<b>325</b>
	VOC	T0-T10	10	84	14	50	30	15	12	
	VOC	T10-T20	10	127	21	50	35	18	17	
	VOC	T20-T30	10	5	0.8	50	50	25	0.6	
	VOC	T30-T40	10	5	0.8	50	75	38	0.5	
	VOC	T40-T50	10	5	0.8	50	90	45	0.4	
	VOC	T50-T60	10	5	0.8	50	100	50	0.4	
<b>VOC Total</b>	<b>Total Startup</b>	<b>60</b>						<b>31</b>	<b>36</b>	
59°F	NO <sub>x</sub>	T0-T10	10	63	11	80	0	0	11	
	NO <sub>x</sub>	T10-T20	10	86	14	80	0	0	14	
	NO <sub>x</sub>	T20-T30	10	68	11	80	0	0	11	
	NO <sub>x</sub>	T30-T40	10	68	11	80	70	56	5	
	NO <sub>x</sub>	T40-T50	10	68	11	80	85	68	4	
	NO <sub>x</sub>	T50-T60	10	68	11	80	100	80	2	
	<b>NO<sub>x</sub> Total</b>	<b>Total Startup</b>	<b>60</b>						<b>47</b>	<b>57</b>
	CO	T0-T10	10	646	108	80	30	24	82	
	CO	T10-T20	10	1,183	197	80	35	28	142	
	CO	T20-T30	10	52	9	80	50	40	5	
	CO	T30-T40	10	52	9	80	75	60	3	
	CO	T40-T50	10	52	9	80	90	72	2	
	CO	T50-T60	10	52	9	80	100	80	2	
	<b>CO Total</b>	<b>Total Startup</b>	<b>60</b>						<b>236</b>	<b>287</b>
	VOC	T0-T10	10	79	13	50	30	15	11	
	VOC	T10-T20	10	118	20	50	35	18	16	
	VOC	T20-T30	10	5	0.8	50	50	25	0.6	
	VOC	T30-T40	10	5	0.8	50	75	38	0.5	
	VOC	T40-T50	10	5	0.8	50	90	45	0.5	
	VOC	T50-T60	10	5	0.8	50	100	50	0.4	
<b>VOC Total</b>	<b>Total Startup</b>	<b>60</b>						<b>29</b>	<b>36</b>	
100°F	NO <sub>x</sub>	T0-T10	10	62.4	10.4	80	0	0	10	
	NO <sub>x</sub>	T10-T20	10	75	12.5	80	0	0	13	
	NO <sub>x</sub>	T20-T30	10	62	10.3	80	0	0	10	
	NO <sub>x</sub>	T30-T40	10	62	10.3	80	70	56	5	
	NO <sub>x</sub>	T40-T50	10	62	10.3	80	85	68	3	
	NO <sub>x</sub>	T50-T60	10	62	10.3	80	100	80	2	
	<b>NO<sub>x</sub> Total</b>	<b>Total Startup</b>	<b>60</b>						<b>43</b>	<b>53</b>
	CO	T0-T10	10	500.7	85.5	80	30	24	63	
	CO	T10-T20	10	916.8	152.8	80	35	28	110	
	CO	T20-T30	10	40	6.7	80	50	40	4	
	CO	T30-T40	10	40	6.7	80	75	60	3	
	CO	T40-T50	10	40	6.7	80	90	72	2	
	CO	T50-T60	10	40	6.7	80	100	80	1	
	<b>CO Total</b>	<b>Total Startup</b>	<b>60</b>						<b>183</b>	<b>220</b>
	VOC	T0-T10	10	56.6	9.4	50	30	15	8	
	VOC	T10-T20	10	84.9	14.2	50	35	18	12	
	VOC	T20-T30	10	3.5	0.6	50	50	25	0.4	
	VOC	T30-T40	10	3.5	0.6	50	75	38	0.4	
	VOC	T40-T50	10	3.5	0.6	50	90	45	0.3	
	VOC	T50-T60	10	3.5	0.6	50	100	50	0.3	
<b>VOC Total</b>	<b>Total Startup</b>	<b>60</b>						<b>21</b>	<b>25</b>	

Notes:  
 1. Data includes a 20% margin.

Alamitos Energy Center

Table 5.1B.4

Combined-Cycle: Summary of Startup and Shutdown Emission Estimates

2016

Shutdown Emissions

Temperature and Pollutant	Shutdown	Duration (min)	Catalyst Inlet (lb/hr)	Inlet Over Duration (lb)	Design Reduction (%)	Transient Reduction (%)	Net Reduction (%)	Total Outlet (lb)	Emissions per Event (lb)
<b>Event Time (min)</b>									<b>30</b>
20°F	NO <sub>x</sub>	T0-T10	53	9	80	100	80	2	
	NO <sub>x</sub>	T10-T20	17	3	80	100	80	0.6	
	NO <sub>x</sub>	T20-T30	100	17	80	80	64	6	
	<b>NO<sub>x</sub> Total</b>	<b>Total Shutdown</b>	<b>30</b>					<b>9</b>	<b>10</b>
	CO	T0-T10	1,531	255	80	100	80	51	
	CO	T10-T20	1,092	182	80	100	80	36	
	CO	T20-T30	439	73	80	85	68	23	
	<b>CO Total</b>	<b>Total Shutdown</b>	<b>30</b>					<b>110</b>	<b>133</b>
	VOC	T0-T10	128	21	50	100	50	11	
	VOC	T10-T20	168	28	50	100	50	14	
	VOC	T20-T30	21	3	50	85	43	2	
	<b>VOC Total</b>	<b>Total Shutdown</b>	<b>30</b>					<b>27</b>	<b>32</b>
59°F	NO <sub>x</sub>	T0-T10	44	7	80	100	80	1	
	NO <sub>x</sub>	T10-T20	16	3	80	100	80	0.5	
	NO <sub>x</sub>	T20-T30	92	15	80	80	64	6	
	<b>NO<sub>x</sub> Total</b>	<b>Total Shutdown</b>	<b>30</b>					<b>8</b>	<b>9</b>
	CO	T0-T10	1,229	205	80	100	80	41	
	CO	T10-T20	1,057	176	80	100	80	35	
	CO	T20-T30	430	72	80	85	68	23	
	<b>CO Total</b>	<b>Total Shutdown</b>	<b>30</b>					<b>99</b>	<b>119</b>
	VOC	T0-T10	81	13	45	100	45	7	
	VOC	T10-T20	162	27	45	100	45	15	
	VOC	T20-T30	19	3	45	85	38	2	
	<b>VOC Total</b>	<b>Total Shutdown</b>	<b>30</b>					<b>24</b>	<b>29</b>
100°F	NO <sub>x</sub>	T0-T10	30	5	80	100	80	1	
	NO <sub>x</sub>	T10-T20	18	3	80	100	80	0.6	
	NO <sub>x</sub>	T20-T30	85	14	80	80	64	5	
	<b>NO<sub>x</sub> Total</b>	<b>Total Shutdown</b>	<b>30</b>					<b>7</b>	<b>8</b>
	CO	T0-T10	758	126	80	100	80	25	
	CO	T10-T20	1,014	169	80	100	80	34	
	CO	T20-T30	408	68	80	85	68	22	
	<b>CO Total</b>	<b>Total Shutdown</b>	<b>30</b>					<b>81</b>	<b>97</b>
	VOC	T0-T10	49	8	45	100	45	5	
	VOC	T10-T20	148	25	45	100	45	14	
	VOC	T20-T30	18	3	45	85	38	2	
	<b>VOC Total</b>	<b>Total Shutdown</b>	<b>30</b>					<b>21</b>	<b>24</b>

Notes:

1. Data includes a 20% margin.

Alamitos Energy Center

Table 5.1B.5

Combined-Cycle: Summary of Operation Emissions – Criteria Pollutants  
2016

Scenario	1	2	3	4	5	6	7	8	9	10	11
Ambient Temperature (°F)	28.0	28.0	28.0	65.3	65.3	65.3	65.3	107	107	107	107
Relative Humidity (%)	76%	76%	76%	87%	87%	87%	87%	11%	11%	11%	11%
Load (%)	max	average	min	max	max	average	min	max	max	average	min
Fuel Input (MMBtu/hr HHV)	2,275	1,795	1,380	2,250	2,239	1,739	1,307	2,153	1,945	1,556	1,249
<b>NO<sub>x</sub> Emissions</b>											
per turbine (lb/hr) <sup>a</sup>	16.5	13.0	10.0	16.3	16.2	12.6	9.47	15.6	14.1	11.3	9.05
per turbine (lb/day) <sup>b</sup>	488	415	352	474	473	397	331	450	418	359	312
per turbine (lb/month) <sup>c</sup>	13,455	11,109	9,081	13,161	13,108	10,666	8,555	12,522	11,503	9,603	8,100
all turbines (lb/month) <sup>c</sup>	26,911	22,218	18,162	26,322	26,216	21,332	17,109	25,045	23,006	19,205	16,201
per turbine (lb/year) <sup>d</sup>	-	-	-	82,619	82,299	67,453	54,620	-	-	-	-
per turbine (tpy) <sup>d</sup>	-	-	-	41.3	41.1	33.7	27.3	-	-	-	-
all turbines (tpy) <sup>d</sup>	-	-	-	82.6	82.3	67.5	54.6	-	-	-	-
<b>CO Emissions</b>											
per turbine (lb/hr) <sup>a</sup>	10.0	7.92	6.09	9.93	9.88	7.67	5.77	9.50	8.58	6.87	5.51
per turbine (lb/day) <sup>b</sup>	1,127	1,082	1,044	1,020	1,019	973	933	834	814	778	750
per turbine (lb/month) <sup>c</sup>	26,331	24,903	23,668	24,018	23,986	22,499	21,213	20,094	19,473	18,316	17,402
all turbines (lb/month) <sup>c</sup>	52,663	49,805	47,336	48,036	47,972	44,998	42,427	40,188	38,947	36,633	34,803
per turbine (lb/year) <sup>d</sup>	-	-	-	173,556	173,361	164,322	156,508	-	-	-	-
per turbine (tpy) <sup>d</sup>	-	-	-	86.8	86.7	82.2	78.3	-	-	-	-
all turbines (tpy) <sup>d</sup>	-	-	-	174	173	164	157	-	-	-	-
<b>VOC Emissions</b>											
per turbine (lb/hr) <sup>a</sup>	5.75	4.54	3.49	5.68	5.66	4.39	3.30	5.44	4.92	3.93	3.16
per turbine (lb/day) <sup>b</sup>	257	231	209	249	249	222	199	212	201	181	164
per turbine (lb/month) <sup>c</sup>	7,577	6,759	6,052	7,347	7,329	6,477	5,741	6,380	6,024	5,362	4,838
all turbines (lb/month) <sup>c</sup>	15,154	13,518	12,104	14,695	14,658	12,955	11,482	12,760	12,048	10,723	9,675
per turbine (lb/year) <sup>d</sup>	-	-	-	51,188	51,076	45,899	41,424	-	-	-	-
per turbine (tpy) <sup>d</sup>	-	-	-	25.6	25.5	22.9	20.7	-	-	-	-
all turbines (tpy) <sup>d</sup>	-	-	-	51.2	51.1	45.9	41.4	-	-	-	-
<b>SO<sub>2</sub> Emissions<sup>e</sup></b>											
per turbine (lb/hr) <sup>a</sup>	4.86	3.84	2.95	4.81	4.78	3.72	2.79	4.60	4.16	3.33	2.67
per turbine (lb/day) <sup>b</sup>	117	92.1	70.8	115	115	89.2	67.0	110	100	79.8	64.1
per turbine (lb/month) <sup>c</sup>	3,618	2,855	2,195	3,577	3,560	2,765	2,078	3,424	3,093	2,474	1,986
all turbines (lb/month) <sup>c</sup>	7,236	5,709	4,390	7,154	7,120	5,531	4,157	6,849	6,185	4,949	3,971
per turbine (lb/year) <sup>d</sup>	-	-	-	7,436	7,401	5,749	4,321	-	-	-	-
per turbine (tpy) <sup>d</sup>	-	-	-	3.72	3.70	2.87	2.16	-	-	-	-
all turbines (tpy) <sup>d</sup>	-	-	-	7.44	7.40	5.75	4.32	-	-	-	-
<b>PM Emissions</b>											
per turbine (lb/hr) <sup>a</sup>	8.50	8.50	8.50	8.50	8.50	8.50	8.50	8.50	8.50	8.50	8.50
per turbine (lb/day) <sup>b</sup>	204	204	204	204	204	204	204	204	204	204	204
per turbine (lb/month) <sup>c</sup>	6,324	6,324	6,324	6,324	6,324	6,324	6,324	6,324	6,324	6,324	6,324
all turbines (lb/month) <sup>c</sup>	12,648	12,648	12,648	12,648	12,648	12,648	12,648	12,648	12,648	12,648	12,648
per turbine (lb/year) <sup>d</sup>	-	-	-	39,440	39,440	39,440	39,440	-	-	-	-
per turbine (tpy) <sup>d</sup>	-	-	-	19.7	19.7	19.7	19.7	-	-	-	-
all turbines (tpy) <sup>d</sup>	-	-	-	39.4	39.4	39.4	39.4	-	-	-	-

Notes:

<sup>a</sup> The hourly emission rates are for the turbine in normal operation only (i.e., excludes startup or shutdown emissions).

<sup>b</sup> The daily emission rates include the number of daily starts and stops per the PPA (2 cold starts and 2 shutdowns per day).

<sup>c</sup> The monthly emission rates assume 31 days and include 15 cold starts, 12 warm starts, 35 hot starts, and 62 shutdowns per month.

<sup>d</sup> The annual emission rate assumes 4,100 hours of operation, 80 cold starts, 88 warm starts, 332 hot starts, and 500 shutdowns per year.

<sup>e</sup> Hourly, daily, and monthly SO<sub>2</sub> emissions assume a peak fuel sulfur content of 0.75 gr/100 scf, while annual SO<sub>2</sub> emissions assume an annual average fuel sulfur content of 0.25 gr/100 cf.

Revisions made consistent with proposed operating profile

**Alamitos Energy Center**

**Table 5.1B.6**

**Combined-Cycle: Summary of Operation Emissions – Air Toxics**

2016

**Assumptions:**

Maximum Heat Input Case:	Base load operation	
Total Operations (per turbine - includes startup and shutdown hours):	4,640	hrs/yr
Gas Heat Content:	1,050	MMBtu/MMscf
Maximum Hourly Heat Input (per turbine):	2,275	MMBtu/hr (HHV)
Average Annual Heat Input (per turbine):	2,250	MMBtu/hr (HHV)
Number of Turbines:	2	

Proposed Project Compound	Emission Factors		Emissions (per Turbine)			Emissions (Facility Total)		
	lb/MMscf <sup>a</sup>	lb/MMBtu <sup>a</sup>	lb/hr	lb/yr	tpy	lb/hr	lb/yr	tpy
Ammonia <sup>b</sup>	5 ppm	-	15.3	70,004	35.0	30.5	140,008	70.0
1,3-Butadiene	4.39E-04	4.18E-07	0.0010	4.36	0.0022	0.0019	8.73	0.0044
Acetaldehyde <sup>c</sup>	1.80E-01	1.71E-04	0.39	1,789	0.89	0.78	3,579	1.79
Acrolein <sup>c</sup>	3.69E-03	3.51E-06	0.0080	36.7	0.018	0.016	73.4	0.037
Benzene <sup>c</sup>	3.33E-03	3.17E-06	0.0072	33.1	0.017	0.014	66.2	0.033
Ethylbenzene	3.26E-02	3.10E-05	0.071	324	0.16	0.14	648	0.32
Formaldehyde <sup>c</sup>	3.67E-01	3.50E-04	0.80	3,648	1.82	1.59	7,296	3.65
Naphthalene	1.33E-03	1.27E-06	0.0029	13.2	0.0066	0.0058	26.4	0.013
PAHs <sup>d</sup>	9.18E-04	8.74E-07	0.0010	4.56	0.0023	0.0020	9.13	0.0046
Propylene Oxide	2.92E-02	2.78E-05	0.063	290	0.15	0.13	581	0.29
Toluene	1.33E-01	1.27E-04	0.29	1,322	0.66	0.58	2,644	1.32
Xylene	6.53E-02	6.22E-05	0.14	649	0.32	0.28	1,298	0.65
<b>TOTAL HAPs</b>				<b>8,115</b>	<b>4.06</b>		<b>16,230</b>	<b>8.12</b>
<b>TOTAL TACs</b>				<b>3,686</b>	<b>1.84</b>		<b>7,371</b>	<b>3.69</b>

Notes:

<sup>a</sup> Provided by SCAQMD via e-mail correspondence on 11/3/2015, with the exception of ammonia. Units of lb/MMBtu calculated by dividing lb/MMscf by the gas heat content.

<sup>b</sup> Based on the operating exhaust NH<sub>3</sub> limit of 5 ppmv @ 15% O<sub>2</sub> and an F-factor of 8,710.

<sup>c</sup> Emission factors account for the use of an oxidation catalyst, as provided by SCAQMD via e-mail correspondence on 11/3/2015.

<sup>d</sup> Per Section 3.1.4.3 of AP-42 (EPA, 2000), PAH emissions were assumed to be controlled up to 50% through the use of an oxidation catalyst.

Revisions made consistent with proposed operating profile



Alamitos Energy Center

Table 5.1B.7

Simple-Cycle: GE LMS-100PB Performance Data  
2016

Alamitos Energy Center LMS-100PB Emissions Data

Case Number	1	2	3	4	5	6	7	8	9	10	11	12	13	14
<b>Estimated Maximum Emissions (at CTG Exhaust) x (GE Data, One CTG)</b>														
NO <sub>x</sub> , ppmvd (15% O <sub>2</sub> )	25.0	25.0	25.0	25.0	25.0	25.0	25.0	25.0	25.0	25.0	25.0	25.0	25.0	25.0
NO <sub>x</sub> as NO <sub>2</sub> , lb/hr	82.3	67.0	51.8	82.0	81.7	66.2	51.2	71.5	64.4	53.4	42.0	82.6	67.0	51.8
CO, ppmvd (15% O <sub>2</sub> )	100	100	125	100	100	100	125	100	100	100	125	100	100	125
CO, lb/hr	200	163	158	200	199	161	156	174	157	130	128	201	163	158
VOC, ppmvd (15% O <sub>2</sub> )	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00
VOC, lb/hr	4.59	3.74	2.89	4.57	4.56	3.69	2.86	3.99	3.59	2.98	2.34	4.61	3.74	2.89
Fuel Sulfur Content, gr/100 scf	0.75	0.75	0.75	0.75	0.75	0.75	0.75	0.75	0.75	0.75	0.75	0.75	0.75	0.75
PM <sub>10</sub> , lb/hr	4.33	0.00	0.00	4.33	4.33	0.00	0.00	4.33	4.33	0.00	0.00	4.33	0.00	0.00
SO <sub>2</sub> , lb/hr	1.62	1.32	1.02	1.62	1.61	1.31	1.01	1.41	1.27	1.05	0.83	1.63	1.32	1.02
SO <sub>3</sub> , lb/hr	0.11	0.09	0.07	0.11	0.11	0.09	0.07	0.09	0.08	0.07	0.05	0.11	0.09	0.07
<b>Estimated Maximum Emissions (at Stack) x (GE Data, One CTG)</b>														
NO <sub>x</sub> , ppmvd (15% O <sub>2</sub> )	2.50	2.50	2.50	2.50	2.50	2.50	2.50	2.50	2.50	2.50	2.50	2.50	2.50	2.50
NO <sub>x</sub> as NO <sub>2</sub> , lb/hr	8.23	6.70	5.18	8.20	8.17	6.62	5.12	7.15	6.44	5.34	4.20	8.26	6.70	5.18
CO, ppmvd (15% O <sub>2</sub> )	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00
CO, lb/hr	8.01	6.52	5.04	7.98	7.96	6.44	4.99	6.97	6.27	5.20	4.09	8.05	6.52	5.04
VOC, ppmvd (15% O <sub>2</sub> )	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00
VOC, lb/hr	2.30	1.87	1.44	2.29	2.28	1.85	1.43	2.00	1.80	1.49	1.17	2.30	1.87	1.44
NH <sub>3</sub> , ppmvd (15% O <sub>2</sub> )	5.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00
NH <sub>3</sub> , lb/hr	6.09	4.96	3.83	6.07	6.05	4.90	3.79	5.30	4.77	3.95	3.11	6.12	4.96	3.83
PM <sub>10</sub> , lb/hr	6.23	6.23	6.23	6.23	6.23	6.23	6.23	6.23	6.23	6.23	6.23	6.23	6.23	0.00
<b>Sulfur, Stack Ammonium Sulfate and PM Calculations with 0.75 grain/100 scf Sulfur - PEC Calculation (One CTG)</b>														
Fuel Sulfur Content, gr/100 scf	0.50	0.50	0.50	0.50	0.50	0.50	0.50	0.50	0.50	0.50	0.50	0.50	0.50	0.50
Fuel Molecular Weight, lbm/lbmol	16.7	16.7	16.7	16.7	16.7	16.7	16.7	16.7	16.7	16.7	16.7	16.7	16.7	16.7
Fuel Flow, lb/hr	38,300	31,176	24,101	38,151	38,035	30,795	23,833	33,304	29,965	24,842	19,565	38,451	31,176	24,106
SCFM Fuel (LHV)	14,480	11,787	9,112	14,424	14,380	11,643	9,011	12,591	11,329	9,392	7,397	14,537	11,787	9,114
Elemental Sulfur Molar Weight	32.1	32.1	32.1	32.1	32.1	32.1	32.1	32.1	32.1	32.1	32.1	32.1	32.1	32.1
SO <sub>2</sub> Molar Weight	64.1	64.1	64.1	64.1	64.1	64.1	64.1	64.1	64.1	64.1	64.1	64.1	64.1	64.1
SO <sub>3</sub> Molar Weight	80.1	80.1	80.1	80.1	80.1	80.1	80.1	80.1	80.1	80.1	80.1	80.1	80.1	80.1
Ammonium Sulfate Molar Weight	132	132	132	132	132	132	132	132	132	132	132	132	132	132
H <sub>2</sub> SO <sub>4</sub> Molar Weight	98.1	98.1	98.1	98.1	98.1	98.1	98.1	98.1	98.1	98.1	98.1	98.1	98.1	98.1
Elemental Sulfur in Fuel, lb/hr	0.62	0.51	0.39	0.62	0.62	0.50	0.39	0.54	0.49	0.40	0.32	0.62	0.51	0.39
Moles of Sulfur in Fuel, lbmol/hr	0.02	0.02	0.01	0.02	0.02	0.02	0.01	0.02	0.02	0.01	0.01	0.02	0.02	0.01
% Sulfur Oxidized to SO <sub>2</sub> , assumed	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
% Sulfur Oxidized to SO <sub>3</sub> , assumed	10%	10%	10%	10%	10%	10%	10%	10%	10%	10%	10%	10%	10%	10%
Conservative SO <sub>2</sub> Calculation at CTG Exhaust, 90% oxidation assumption, lb/hr	1.12	0.91	0.70	1.11	1.11	0.90	0.69	0.97	0.87	0.72	0.57	1.12	0.91	0.70
Conservative SO <sub>3</sub> Calculation at CTG Exhaust, 10% oxidation assumption, lb/hr	0.15	0.13	0.10	0.15	0.15	0.12	0.10	0.13	0.12	0.10	0.08	0.16	0.13	0.10
SO <sub>2</sub> Moles at Catalyst Inlet	0.02	0.01	0.01	0.02	0.02	0.01	0.01	0.02	0.01	0.01	0.01	0.02	0.01	0.01
Assumed SO <sub>2</sub> oxidation rate in CO Catalyst for SO <sub>3</sub> calculation, vol%	43%	43%	43%	43%	43%	43%	43%	43%	43%	43%	43%	43%	43%	43%
Assumed SO <sub>2</sub> oxidation rate in SCR for SO <sub>3</sub> calculation, vol%	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%
SO <sub>3</sub> , lb/hr created in CO Catalyst	0.60	0.49	0.38	0.60	0.60	0.48	0.37	0.52	0.47	0.39	0.31	0.60	0.49	0.38
SO <sub>3</sub> , lb/hr created in SCR Catalyst	0.01	0.01	0.00	0.01	0.01	0.01	0.00	0.01	0.01	0.01	0.00	0.01	0.01	0.00
SO <sub>3</sub> , lb/hr from Catalysts	0.61	0.50	0.38	0.61	0.61	0.49	0.38	0.53	0.48	0.40	0.31	0.61	0.50	0.38
Total SO <sub>3</sub> , lb/hr (Catalysts plus initial fuel SO <sub>3</sub> )	0.77	0.62	0.48	0.76	0.76	0.62	0.48	0.67	0.60	0.50	0.39	0.77	0.62	0.48
Maximum Stack Ammonium Sulfate [(NH <sub>4</sub> ) <sub>2</sub> (SO <sub>4</sub> )] (assuming 100% conversion from SO <sub>3</sub> ), lb/h	1.26	1.03	0.79	1.26	1.25	1.02	0.79	1.10	0.99	0.82	0.65	1.27	1.03	0.80
Maximum Stack H <sub>2</sub> SO <sub>4</sub> (assuming 100% conversion from SO <sub>3</sub> to H <sub>2</sub> SO <sub>4</sub> ), lb/h	0.94	0.76	0.59	0.93	0.93	0.75	0.58	0.82	0.73	0.61	0.48	0.94	0.76	0.59
Total PM <sub>10</sub> at Stack, lb/h per 1 LMS-100PB	5.60	1.03	0.79	5.59	5.59	1.02	0.79	5.43	5.32	0.82	0.65	5.60	1.03	0.80



Alamitos Energy Center

Table 5.1B.8

Simple-Cycle: Summary of Startup and Shutdown Emission Estimates  
2016

Startup Emissions

Pollutant	Startup	Duration (min)	Catalyst Inlet (lb/hr)	Inlet Over Duration (lb)	Design Reduction (%)	Transient Reduction (%)	Net Reduction (%)	Total Outlet (lb)	Emissions per Event (lb)
NO <sub>x</sub>	T0-T10 <sup>1,2</sup>	10		4.94	90%	0%	0%	4.94	
NO <sub>x</sub>	T10-T20 <sup>3</sup>	10	82.0	13.7	90%	50%	45%	7.52	
NO <sub>x</sub>	T20-T30 <sup>3</sup>	10	82.0	13.7	90%	100%	90%	1.37	
NO <sub>x</sub>	<b>Total Startup</b>	<b>30</b>						<b>13.8</b>	<b>16.6</b>
CO	T0-T10 <sup>1,2</sup>	10		31.7	96%	83.3%	80%	6.34	
CO	T10-T20 <sup>4</sup>	10	485	80.8	96%	100%	96%	3.25	
CO	T20-T30 <sup>4</sup>	10	485	80.8	96%	100%	96%	3.25	
CO	<b>Total Startup</b>	<b>30</b>						<b>12.8</b>	<b>15.4</b>
VOC	T0-T10 <sup>1,2</sup>	10		1.00	50%	83.3%	42%	0.58	
VOC	T10-T20 <sup>5</sup>	10	10.5	1.75	50%	100%	50%	0.88	
VOC	T20-T30 <sup>5</sup>	10	10.5	1.75	50%	100%	50%	0.88	
VOC	<b>Total Startup</b>	<b>30</b>						<b>2.33</b>	<b>2.80</b>

Notes:

- First fire occurs 4 minutes after initiation of the "10 Minute Start" timeline.
- For the 10 Minute Start, emissions are per GE LMS-100PB Estimated GT 10 Minute Startup Emissions at GT Exhaust Flange, dated 02-12-15.
- For T10 through T30, NO<sub>x</sub> emissions (lb/hr) are based on Case 104 of GE-provided AES Southland (LMS-100PB Perf & Emissions) New Fuel 02.10.15 Cust Copy R1:
  - No NO<sub>x</sub> reduction occurs until catalyst is up to temperature and ammonia is injected, hence no reduction during the T0 to T10 timeframe.
  - It is assumed that the NO<sub>x</sub> reduction commences at minute 15 and that design reduction occurs 50% of the time.
  - Emissions per event include a 20% engineers' margin.
- CO emissions (lb/hr) are based on a spike factor of 485 lb/hr for 20 minutes:
  - During the T0 to T10 timeline, the exhaust is >700°F at T5 (1 minute after ignition); therefore, the Transient % of Design is calculated based on 5 minutes out of 6 (hence 83.3%).
  - Emissions per event include a 20% engineers' margin.
- VOC emissions (lb/hr) are based on a spike factor of 10.5 lb/hr for 20 minutes:
  - During the T0 to T10 timeline, the exhaust is >700°F at T5 (1 minute after ignition); therefore, the Transient % of Design is calculated based on 5 minutes out of 6 (hence 83.3%).
  - Emissions per event include a 20% engineers' margin.

Shutdown Emissions

Pollutant	Shutdown	Duration (min)	Inlet (lb)	Transient (% of Design)	Design Reduction (%)	Transient Reduction (%)	Net Reduction (%)	Emissions per Event (lb)
NO <sub>x</sub>	0-13 minutes*	13.0	5.67	100%	90%	50%	45%	3.12
CO	0-13 minutes*	13.0	54.0	100%	96%	50%	48%	28.1
VOC	0-13 minutes*	13.0	4.08	100%	50%	50%	25%	3.06

Notes:

- Emissions are per GE LMS-100PB Est Shutdown Emissions GT Exh, dated 01-06-15.  
It is conservatively assumed that the catalyst efficiency will be 50% during shutdown.

Alamitos Energy Center

Table 5.1B.9

Simple-Cycle: Summary of Operation Emissions – Criteria Pollutants  
2016

Scenario	1	2	3	4	5	6	7	8	9	10	11
Ambient Temperature (°F)	28.0	28.0	28.0	65.3	65.3	65.3	65.3	107	107	107	107
Relative Humidity (%)	76.3	76.3	76.3	86.8	86.8	86.8	86.8	10.7	10.7	10.7	10.7
Load (%)	100	75	50	100	100	75	50	100	100	75	50
Fuel Input (MMBtu/hr HHV)	879	715	553	876	873	707	547	764	688	570	449
<b>NO<sub>x</sub> Emissions</b>											
per turbine (lb/hr) <sup>a</sup>	8.23	6.70	5.18	8.20	8.17	6.62	5.12	7.15	6.44	5.34	4.20
per turbine (lb/day) <sup>b</sup>	225	191	156	224	224	189	155	201	185	160	134
per turbine (lb/month) <sup>c</sup>	6,977	5,907	4,844	6,955	6,937	5,850	4,803	6,227	5,725	4,955	4,162
all turbines (lb/month) <sup>c</sup>	27,910	23,628	19,375	27,819	27,750	23,399	19,214	24,907	22,900	19,820	16,648
per turbine (lb/year) <sup>d</sup>	-	-	-	26,244	26,194	23,084	20,093	-	-	-	-
per turbine (tpy) <sup>d</sup>	-	-	-	13.1	13.1	11.5	10.0	-	-	-	-
all turbines (tpy) <sup>d</sup>	-	-	-	52.5	52.4	46.2	40.2	-	-	-	-
<b>CO Emissions</b>											
per turbine (lb/hr) <sup>a</sup>	8.01	6.52	5.04	7.98	7.96	6.44	4.99	6.97	6.27	5.20	4.09
per turbine (lb/day) <sup>b</sup>	268	234	201	267	267	232	200	244	228	204	179
per turbine (lb/month) <sup>c</sup>	8,303	7,260	6,225	8,281	8,264	7,205	6,185	7,572	7,083	6,333	5,561
all turbines (lb/month) <sup>c</sup>	33,213	29,042	24,899	33,125	33,057	28,819	24,742	30,288	28,333	25,333	22,243
per turbine (lb/year) <sup>d</sup>	-	-	-	37,712	37,664	34,634	31,720	-	-	-	-
per turbine (tpy) <sup>d</sup>	-	-	-	18.9	18.8	17.3	15.9	-	-	-	-
all turbines (tpy) <sup>d</sup>	-	-	-	75.4	75.3	69.3	63.4	-	-	-	-
<b>VOC Emissions</b>											
per turbine (lb/hr) <sup>a</sup>	2.30	1.87	1.44	2.29	2.28	1.85	1.43	2.00	1.80	1.49	1.17
per turbine (lb/day) <sup>b</sup>	63.5	53.9	44.3	63.3	63.2	53.4	43.9	56.8	52.2	45.3	38.2
per turbine (lb/month) <sup>c</sup>	1,969	1,670	1,374	1,963	1,958	1,654	1,362	1,759	1,620	1,405	1,184
all turbines (lb/month) <sup>c</sup>	7,876	6,681	5,495	7,850	7,831	6,617	5,450	7,038	6,478	5,619	4,734
per turbine (lb/year) <sup>d</sup>	-	-	-	7,502	7,488	6,621	5,786	-	-	-	-
per turbine (tpy) <sup>d</sup>	-	-	-	3.75	3.74	3.31	2.89	-	-	-	-
all turbines (tpy) <sup>d</sup>	-	-	-	15.0	15.0	13.2	11.6	-	-	-	-
<b>SO<sub>2</sub> Emissions<sup>e</sup></b>											
per turbine (lb/hr) <sup>a</sup>	1.62	1.32	1.02	1.62	1.61	1.31	1.01	1.41	1.27	1.05	0.83
per turbine (lb/day) <sup>b</sup>	39.0	31.7	24.5	38.8	38.7	31.4	24.3	33.9	30.5	25.3	19.9
per turbine (lb/month) <sup>c</sup>	1,209	984	761	1,204	1,200	972	752	1,051	946	784	617
all turbines (lb/month) <sup>c</sup>	4,835	3,936	3,043	4,816	4,801	3,888	3,009	4,204	3,783	3,136	2,470
per turbine (lb/year) <sup>d</sup>	-	-	-	1,908	1,902	1,540	1,192	-	-	-	-
per turbine (tpy) <sup>d</sup>	-	-	-	0.95	0.95	0.77	0.60	-	-	-	-
all turbines (tpy) <sup>d</sup>	-	-	-	3.82	3.80	3.08	2.38	-	-	-	-
<b>PM Emissions</b>											
per turbine (lb/hr) <sup>a</sup>	6.23	6.23	6.23	6.23	6.23	6.23	6.23	6.23	6.23	6.23	6.23
per turbine (lb/day) <sup>b</sup>	150	150	150	150	150	150	150	150	150	150	150
per turbine (lb/month) <sup>c</sup>	4,638	4,638	4,638	4,638	4,638	4,638	4,638	4,638	4,638	4,638	4,638
all turbines (lb/month) <sup>c</sup>	18,550	18,550	18,550	18,550	18,550	18,550	18,550	18,550	18,550	18,550	18,550
per turbine (lb/year) <sup>d</sup>	-	-	-	14,700	14,700	14,700	14,700	-	-	-	-
per turbine (tpy) <sup>d</sup>	-	-	-	7.35	7.35	7.35	7.35	-	-	-	-
all turbines (tpy) <sup>d</sup>	-	-	-	29.4	29.4	29.4	29.4	-	-	-	-

Notes:

<sup>a</sup> The hourly emission rates are for the turbine in normal operation only (i.e., excludes startup or shutdown emissions).

<sup>b</sup> The daily emission rates include the number of daily starts and stops per the PPA (2 starts and 2 shutdowns per day).

<sup>c</sup> The monthly emission rates assume 31 days and include 62 starts and 62 shutdowns per month.

<sup>d</sup> The annual emission rate assumes 2,000 hours of operation, 500 starts, and 500 shutdowns per year.

<sup>e</sup> Hourly, daily, and monthly SO<sub>2</sub> emissions assume a peak fuel sulfur content of 0.75 gr/100 cf, while annual SO<sub>2</sub> emissions assume an annual average fuel sulfur content of 0.25 gr/100 cf.

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Table 5.1B.10

Simple-Cycle: Summary of Operation Emissions – Air Toxics

2016

Assumptions:

Maximum Heat Input Case:	Base load operation	
Total Operations (per turbine - includes startup and shutdown hours):	2,358	hrs/yr
Gas Heat Content:	1,050	MMBtu/MMscf
Maximum Hourly Heat Input (per turbine):	879	MMBtu/hr (HHV)
Average Annual Heat Input (per turbine):	876	MMBtu/hr (HHV)
Number of Turbines:	4	

Proposed Project Compound	Emission Factors		Emissions (per Turbine)			Emissions (Facility Total)		
	lb/MMscf <sup>a</sup>	lb/MMBtu <sup>a</sup>	lb/hr	lb/yr	tpy	lb/hr	lb/yr	tpy
Ammonia <sup>b</sup>	5 ppm	-	6.09	14,309	7.15	24.4	57,235	28.6
1,3-Butadiene	4.39E-04	4.18E-07	0.00037	0.86	0.00043	0.0015	3.45	0.0017
Acetaldehyde <sup>c</sup>	1.80E-01	1.71E-04	0.15	354	0.18	0.60	1,416	0.71
Acrolein <sup>c</sup>	3.69E-03	3.51E-06	0.0031	7.26	0.0036	0.012	29.0	0.015
Benzene <sup>c</sup>	3.33E-03	3.17E-06	0.0028	6.55	0.0033	0.011	26.2	0.013
Ethylbenzene	3.26E-02	3.10E-05	0.027	64.1	0.032	0.11	256	0.13
Formaldehyde <sup>c</sup>	3.67E-01	3.50E-04	0.31	722	0.36	1.23	2,887	1.44
Naphthalene	1.33E-03	1.27E-06	0.0011	2.62	0.0013	0.0045	10.5	0.0052
PAHs <sup>d</sup>	9.18E-04	8.74E-07	0.00038	0.90	0.00045	0.0015	3.61	0.0018
Propylene Oxide	2.96E-02	2.82E-05	0.025	58.2	0.029	0.10	233	0.12
Toluene	1.33E-01	1.27E-04	0.11	262	0.13	0.45	1,046	0.52
Xylene	6.53E-02	6.22E-05	0.055	128	0.064	0.22	514	0.26
<b>TOTAL HAPs</b>				<b>1,606</b>	<b>0.80</b>		<b>6,424</b>	<b>3.21</b>
<b>TOTAL TACs</b>				<b>729</b>	<b>0.36</b>		<b>2,916</b>	<b>1.46</b>

Notes:

<sup>a</sup> Provided by SCAQMD via e-mail correspondence on 11/3/2015, with the exception of ammonia. Units of lb/MMBtu calculated by dividing lb/MMscf by the gas heat content.

<sup>b</sup> Based on the operating exhaust NH<sub>3</sub> limit of 5 ppmv @ 15% O<sub>2</sub> and an F-factor of 8,710.

<sup>c</sup> Emission factors account for the use of an oxidation catalyst, as provided by SCAQMD via e-mail correspondence on 11/3/2015.

<sup>d</sup> Per Section 3.1.4.3 of AP-42 (EPA, 2000), PAH emissions were assumed to be controlled up to 50% through the use of an oxidation catalyst.

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Table 5.1B.11

Auxiliary Boiler: Performance Data

2016

Performance Data

Parameter	Units	Estimated/ Expected Value	Note
Gross Steaming Capacity	pph	58,537	
Net Steaming Capacity	pph	50,000	
Design Pressure	psig	540	
Design Steam Conditions		saturated	
Design Max Turndown Capability	%	25	
Design Max Heat Input	MMBtu/hr (HHV)	70.8	1, 2, and 3
Design Min Heat Input (at max turndown)	MMBtu/hr (HHV)	17.8	1
Estimated Exhaust Temp at Max Heat Input	°F	318	1
Estimated Exhaust Temp at Min Heat Input	°F	256	1
Estimated Exhaust Gas Flow at Max Heat Input	ACFM	29,473	1
Estimated Exhaust Gas Flow at Min Heat Input	ACFM	6,860	1
Estimated Stack Emissions			
Gas Heat Content	Btu/scf	1,050	
NO <sub>x</sub>	ppmvd @ 3% oxygen	5	4
NO <sub>x</sub>	lb/MMBtu (HHV)	0.0060	6
CO	ppmvd @ 3% oxygen	50	4
CO	lb/MMBtu (HHV)	0.040	6
VOC	lb/MMBtu (HHV)	0.0067	4
PM <sub>10</sub>	lb/MMBtu (HHV)	0.0071	4
SO <sub>2</sub> - 0.75 gr/100 cf, Maximum Fuel Sulfur	lb/MMBtu (HHV)	0.0020	5
SO <sub>2</sub> - 0.25 gr/100 cf, Maximum Fuel Sulfur	lb/MMBtu (HHV)	0.00068	5
NH <sub>3</sub>	ppmvd @ 3% oxygen	5	4
NH <sub>3</sub>	lb/MMBtu (HHV)	0.0022	6
Estimated Exhaust Gas Analysis (analysis will vary across the operating load range)			
CO <sub>2</sub>	% by wt	13.0	2
H <sub>2</sub> O	% by wt	10.0	2
N <sub>2</sub>	% by wt	72.6	2
O <sub>2</sub>	% by wt	4.36	2
Stack Height	ft	80	
Stack Diameter	in	36	

Notes:

1. Reflects representative aux boiler OEM provided information. SPC recommends AES add margin to the stated for the purposes of air modeling and development of air permit application values.
2. Reflects the following gas analysis (%vol): 74.246% methane, 1.473% ethane, 11.909% propane, 0.177% butane, 0.034% pentane, 1.232% hexane, 0.529% CO<sub>2</sub>, 9.686% N<sub>2</sub>, and 0.891% O<sub>2</sub>.
3. Auxiliary boiler sizing reflects conservative design assumptions for use in establishing permit limits. Final equipment size and selection (based on major equipment OEM selection) during detailed design phase will likely reduce aux boiler size to ~50-60 MMBtu/hr.
4. Reflects emission factors from SCAQMD HBEP PDOC Table D.1.
5. Calculated as follows: Fuel Sulfur Content (gr/100 cf) x 1,000,000 Btu/MMBtu x 2 lb SO<sub>2</sub>/lb S / (7,000 gr/lb x 1,050 Btu/scf x 100 scf).
6. Calculated using EPA Reference Method 19.

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Table 5.1B.11

Auxiliary Boiler: Performance Data  
2016

Auxiliary Boiler Startup Emissions

	NO <sub>x</sub>	CO	VOC	SO <sub>2</sub>	PM <sub>10</sub>	Duration	Fuel Consumption
Startup	lb/event	lb/event	lb/event	lb/event	lb/event	min/event	MMBtu/hr (HHV)
Cold (Aux Boiler)	4.22	4.34	4.69	0.24	0.84	170	41.36
Warm (Aux Boiler)	2.11	2.17	2.34	0.12	0.42	85	41.36
Hot (Aux Boiler)	0.62	0.64	0.69	0.035	0.12	25	41.36

Notes:

1. Emissions are based on achieving BACT levels at the end of the startup duration.
2. BACT levels are 2 ppmvd @ 15% O<sub>2</sub> for NO<sub>x</sub>, CO, and VOC and 5 ppmvd @ 15% O<sub>2</sub> for NH<sub>3</sub>.
3. Values presented here are not for for Guarantee. See the Guarantee performance section for further reference.

Auxiliary Boiler Emission Rates

	NO <sub>x</sub>	CO	VOC	SO <sub>2</sub>	PM <sub>10</sub>	PM <sub>2.5</sub>	NH <sub>3</sub>	Fuel Use (MMBtu)
Hourly Emissions (lb/hr)	0.42	2.83	0.47	0.14	0.51	0.51	0.16	70.8
Daily Emissions (lb/day)	3.75	21.4	4.17	1.09	3.82	3.82	1.20	535
Monthly Baseload Emissions (lbs/month)	93.1	621	103	31.7	111	111	34.7	15,517
Monthly Emissions (lb/month)	112	641	125	32.8	115	115	35.9	16,055
Annual Emissions (lb/year)	1,328	7,547	1,476	137	1,351	1,351	423	189,155
Annual Emissions (tpy)	0.66	3.77	0.74	0.07	0.68	0.68	0.21	--

Notes:

1. Hourly emissions are based on the maximum hourly firing rate.
2. Daily emissions are the monthly emissions averaged over 30 days.
3. Monthly and annual emissions assume two cold starts, four warm starts, and four hot starts per month, with monthly fuel consumption of 16,055 MMBtu and annual fuel consumption of 189,155 MMBtu.
4. Hourly, daily, and monthly SO<sub>2</sub> emission rates assume a maximum fuel sulfur level of 0.75 gr/100 cf. Annual SO<sub>2</sub> emission rates assume an average fuel sulfur level of 0.25 gr/100 cf.

Revisions made consistent with HBEP PDOC methodology and proposed operating profile

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Table 5.1B.12

Auxiliary Boiler: SCR Performance Data

2016

SCR Performance Data

Parameter	Units	Manufacturer Guarantee	Note
<b>SCR Details</b>			
Manufacturer and Model	B&W FM Series		
Active Catalyst Material	Vanadium		With a homogeneous honeycomb matrix
Catalyst Volume	ft <sup>3</sup>	46	
Catalyst Area	ft <sup>2</sup>	28	
Reactor Dimensions (L x W x H)	inches	87 x 65 x 44	
Space Velocity	hr <sup>-1</sup>	485	
Area Velocity	ft/hr	47,800	
Reducing Agent	19% Aqueous Ammonia		Obtained from Combined-cycle Power Block Ammonia Tank
Ammonia Injection Rate - Max	lb/hr	1.1	
Ammonia Injection Rate - Min	lb/hr	0.3	
Operating Temperature Range	°F	415 - 628	
Catalyst Life	Years	3	
<b>Stack Emissions</b>			
Ammonia Slip	ppmvd at 3% O <sub>2</sub>	5	
NO <sub>x</sub>	ppmvd at 3% O <sub>2</sub>	5	

**Alamitos Energy Center**

**Table 5.1B.13**

**Auxiliary Boiler: Summary of Operation Emissions – Criteria Pollutants**

° 2016

<b>NO<sub>x</sub> Emissions</b>	
(lb/hr) <sup>a</sup>	0.42
(lb/day) <sup>b</sup>	3.75
(lb/month) <sup>c</sup>	112
(lb/year) <sup>d</sup>	1,328
(tpy) <sup>d</sup>	0.66
<b>CO Emissions</b>	
(lb/hr) <sup>a</sup>	2.83
(lb/day) <sup>b</sup>	21.4
(lb/month) <sup>c</sup>	641
(lb/year) <sup>d</sup>	7,547
(tpy) <sup>d</sup>	3.77
<b>VOC Emissions</b>	
(lb/hr) <sup>a</sup>	0.47
(lb/day) <sup>b</sup>	4.17
(lb/month) <sup>c</sup>	125
(lb/year) <sup>d</sup>	1,476
(tpy) <sup>d</sup>	0.74
<b>SO<sub>2</sub> Emissions</b>	
(lb/hr) <sup>a</sup>	0.14
(lb/day) <sup>b</sup>	1.09
(lb/month) <sup>c</sup>	32.8
(lb/year) <sup>d</sup>	137
(tpy) <sup>d</sup>	0.069
<b>PM Emissions</b>	
(lb/hr) <sup>a</sup>	0.51
(lb/day) <sup>b</sup>	3.82
(lb/month) <sup>c</sup>	115
(lb/year) <sup>d</sup>	1,351
(tpy) <sup>d</sup>	0.68

Notes:

<sup>a</sup> The hourly emission rates are for the auxiliary boiler in normal operation only (i.e., excludes startup or shutdown emissions).

<sup>b</sup> The daily emission rates are the monthly emission rates averaged over 30 days.

<sup>c</sup> The monthly emission rates assume 2 cold starts, 4 warm starts, 4 hot starts, and 16,055 MMBtu of fuel consumption per month.

<sup>d</sup> The annual emission rates assume 24 cold starts, 48 warm starts, 48 hot starts, and 189,155 MMBtu of fuel consumption per year.

Revisions made consistent with HBEP PDOC methodology and proposed operating profile

**Alamitos Energy Center**

**Table 5.1B.14**

**Auxiliary Boiler: Summary of Operation Emissions – Air Toxics**

2016

**Assumptions:**

Total Operations:	8,760	hrs/yr
Gas Heat Content:	1,050	MMBtu/MMscf
Maximum Hourly Heat Input:	70.8	MMBtu/hr (HHV)
Maximum Annual Heat Input <sup>a</sup> :	189,155	MMBtu/yr (HHV)

Proposed Project Compound	Emission Factors		Emissions		
	lb/MMscf <sup>b</sup>	lb/MMBtu <sup>b</sup>	lb/hr	lb/yr	tpy
Ammonia <sup>c</sup>	5 ppm	-	1.59E-01	4.23E+02	2.12E-01
Benzene	5.80E-03	5.52E-06	3.91E-04	1.04E+00	5.22E-04
Formaldehyde	1.23E-02	1.17E-05	8.29E-04	2.22E+00	1.11E-03
PAHs	1.00E-04	9.52E-08	6.74E-06	1.80E-02	9.01E-06
Naphthalene	3.00E-04	2.86E-07	2.02E-05	5.40E-02	2.70E-05
Acetaldehyde	3.10E-03	2.95E-06	2.09E-04	5.58E-01	2.79E-04
Acrolein	2.70E-03	2.57E-06	1.82E-04	4.86E-01	2.43E-04
Propylene	5.30E-01	5.05E-04	3.57E-02	9.55E+01	4.77E-02
Toluene	2.65E-02	2.52E-05	1.79E-03	4.77E+00	2.39E-03
Xylene	1.97E-02	1.88E-05	1.33E-03	3.55E+00	1.77E-03
Ethylbenzene	6.90E-03	6.57E-06	4.65E-04	1.24E+00	6.22E-04
Hexane	4.60E-03	4.38E-06	3.10E-04	8.29E-01	4.14E-04
<b>TOTAL HAPs</b>				<b>14.8</b>	<b>0.0074</b>
<b>TOTAL TACs</b>				<b>4.09</b>	<b>0.0020</b>

Notes:

<sup>a</sup> The auxiliary boiler will operate at the maximum hourly firing rate and will have two cold starts, four warm starts, and four hot starts per month.

<sup>b</sup> Provided by SCAQMD in letter dated 11/20/2015. Units of lb/MMBtu calculated by dividing lb/MMscf by the gas heat rate.

<sup>c</sup> Based on the operating exhaust NH<sub>3</sub> limit of 5 ppmv @ 3% O<sub>2</sub> and an F-factor of 8,710.

Revisions made consistent with proposed operating profile

**Alamitos Energy Center**

**Table 5.1B.15**

**Facility Wide Natural Gas Fuel Use**

° 2016

**Hours/Year/Unit**

GE 7FA.05	4,640
GE LMS-100PB	2,358
Auxiliary Boiler	8,760

**Number of Units**

GE 7FA.05	2
GE LMS-100PB	4
Auxiliary Boiler	1

<b>Max Fuel Use</b>	<b>GE 7FA.05 (per unit)</b>	<b>GE LMS-100PB (per unit)</b>	<b>Auxiliary Boiler</b>	<b>Total</b>
Max Fuel Use Per Hour (MMBtu)	2,275	879	70.8	8,137
Max Fuel Use Per Day (MMBtu) <sup>a</sup>	54,604	21,094	535	194,117
Annual Average Fuel Use Per Year (MMBtu)	10,437,686	2,064,775	189,155	29,323,625

Notes:

<sup>a</sup> Maximum daily fuel use for the turbines is based on the maximum rated heat capacity multiplied by 24 hours/day. Refer to Table 5.1B.11 for details on the auxiliary boiler's daily fuel use.

Revisions made consistent with proposed operating profile

**Alamitos Energy Center**

**Table 5.1B.16**

**Summary of Facility Operation Emissions – Greenhouse Gas Pollutants**

**2016**

**Facility Heat Input**

GE 7FA.05 Natural Gas Use (PTE):	20,875,372	MMBtu/yr
GE LMS-100PB Natural Gas Use (PTE):	8,259,098	MMBtu/yr
Auxiliary Boiler Natural Gas Use (PTE):	189,155	MMBtu/yr
AEC Total Natural Gas Use (PTE):	29,323,625	MMBtu/yr

**GHG Netting**

Pollutant	AEC PTE Emissions (metric tons/year)
CO <sub>2</sub>	1,555,912
CH <sub>4</sub>	29.3
N <sub>2</sub> O	2.93
CO <sub>2</sub> Equivalent (Total) <sup>a</sup>	1,557,518

Notes:

<sup>a</sup> The following global warming potentials were used to estimate CO<sub>2</sub> Equivalents, per Table A-1 of 40 CFR Part 98, Subpart A:

CH<sub>4</sub> = 25  
N<sub>2</sub>O = 298

**GHG Emission Factors<sup>a</sup>**

Pollutant	Combined-Cycle Emission Factor (kg/MMBtu)	Simple-Cycle Emission Factor (kg/MMBtu)	Boiler Emission Factor (kg/MMBtu)
CO <sub>2</sub>	53.06	53.06	53.06
CH <sub>4</sub>	0.001	0.001	0.001
N <sub>2</sub> O	0.0001	0.0001	0.0001

Notes:

<sup>a</sup> Emission factors from Table 1 of EPA's *Emission Factors for Greenhouse Gas Inventories* (EPA, 2014).

Revisions made consistent with proposed operating profile

Alamitos Energy Center  
 Table 5.1B.17  
 Oil-Water Separator Calculations  
 \* 2016

VOC Emission Calculations <sup>a</sup>

Power Block	Annual Volume (gal/year)	Max Monthly Volume (gal/month) <sup>b</sup>	VOC Emission Factor (lb VOC/1,000 gal)	Annual VOC Emissions (lbs/year)	Monthly VOC Emissions (lbs/month)	Daily VOC Emissions (lbs/day) <sup>c</sup>
AEC CCGT	808,737	808,737	0.00002	0.016	0.016	0.00054
AEC SCGT	123,424	123,424	0.00002	0.002	0.002	0.00008
Total	932,161	932,161		0.019	0.019	0.00062

Notes:

<sup>a</sup> Calculations performed consistent with volumes, emission factors, and methodology agreed to by SCAQMD in an e-mail dated March 25, 2016.

<sup>b</sup> It was conservatively assumed that all of the annual volume could be processed in one month.

<sup>c</sup> Daily emissions are based on a 30-day average month.

Changes made consistent with SCAQMD correspondence

**Alamitos Energy Center**

**Table 5.1B.18**

**SF<sub>6</sub> Calculations**

° **2016**

Project Data <sup>a</sup>		Calculation Factors		Annual Emissions		
AEC Electric Breakers <sup>a</sup>	Total SF <sub>6</sub> (lbs)	Annual Leak Rate <sup>b</sup>	SF <sub>6</sub> GWP <sup>c</sup>	Annual SF <sub>6</sub> Emissions (lbs/year)	Annual SF <sub>6</sub> Emissions (metric tons/year)	CO <sub>2</sub> e (metric tons/year)
1200A 230 kV	230	1.0%	22,800	2.30	0.00104	23.8
1200A 230 kV	230	1.0%	22,800	2.30	0.00104	23.8
1200A 230 kV	230	1.0%	22,800	2.30	0.00104	23.8
3000A 230 kV	230	1.0%	22,800	2.30	0.00104	23.8
10000A 18 kV	25.0	1.0%	22,800	0.25	0.000113	2.59
10000A 18 kV	25.0	1.0%	22,800	0.25	0.000113	2.59
10000A 18 kV	25.0	1.0%	22,800	0.25	0.000113	2.59
2000A 230 kV	216	1.0%	22,800	2.16	0.000980	22.3
GCB 18 kV	24.0	1.0%	22,800	0.24	0.000109	2.48
GCB 18 kV	24.0	1.0%	22,800	0.24	0.000109	2.48
GCB 18 kV	24.0	1.0%	22,800	0.24	0.000109	2.48
GCB 18 kV	24.0	1.0%	22,800	0.24	0.000109	2.48
<b>Total</b>	<b>1,307</b>	<b>1.0%</b>	<b>22,800</b>	<b>13.1</b>	<b>0.00593</b>	<b>135</b>

Notes:

<sup>a</sup> Project data provided in 'Alamtios and HB SF6\_arb.xlsx' and 'Alamitos and HB SF6 LMS 100.xlsx'. Electrical breakers include three 18-kilovolt transmission breakers, five 230-kilovolt transmission breakers, and four 18-kilovolt generator circuit breakers.

<sup>b</sup> As allowed by the *Regulation for Reducing Sulfur Hexafluoride Emissions from Gas Insulated Switchgear* (17 CCR 95350-95359).

<sup>c</sup> GWP from Table B.1 of TCR's *2015 Climate Registry Default Emission Factors* (TCR, 2015).

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**Table 5.1B.19**

**Summary of Vehicle Emissions Associated with Project Operation – Criteria Pollutants and GHG**

° **2016**

**Criteria Pollutant Emissions for Operation**

Emission Source	Number <sup>a</sup>	Miles per Roundtrip <sup>b</sup>	Criteria Pollutant Emissions (lb/year) <sup>c, d</sup>					
			CO	VOC	SO <sub>x</sub>	NO <sub>x</sub>	PM <sub>10</sub>	PM <sub>2.5</sub>
Operation Worker Commute	36	33.2	944.90	16.96	2.62	82.55	44.75	18.65
Material Deliveries	17	13.8	3.23	0.76	0.10	24.60	0.73	0.34
<b>Total (lb/year)</b>			<b>948.13</b>	<b>17.72</b>	<b>2.72</b>	<b>107.15</b>	<b>45.48</b>	<b>18.98</b>

Notes:

<sup>a</sup> Number of operational staff (daily) and material deliveries (monthly) based on engineering estimates in 'LMS7F Alamitos and HB Table 5 12\_11\_7 02 15.xlsx'.

<sup>b</sup> Roundtrip miles/day for Operation Worker Commute and Material Deliveries taken as the Urban, South Coast Air Basin C-W and C-NW values, respectively, from Table 4.2 of Appendix D of the *CalEEMod User's Guide* (ENVIRON, 2013).

<sup>c</sup> Calculations assume that workers would be onsite: 365 days/year

<sup>d</sup> Calculations assume that material deliveries would occur: 12 months/year

**Greenhouse Gas Emissions for Operation**

Emission Source	Number <sup>a</sup>	Miles per Roundtrip <sup>b</sup>	GHG Emissions (metric tons/year) <sup>c, d</sup>			CO <sub>2</sub> -Equivalent Emissions (metric tons/year) <sup>e</sup>
			CO <sub>2</sub>	N <sub>2</sub> O	CH <sub>4</sub>	
Operation Worker Commute	36	33.2	159.60	0.001570	0.007547	160.25
Material Deliveries	17	13.8	5.06	0.000014	0.000014	5.06
<b>Total (metric tons/year)</b>			<b>164.65</b>	<b>0.001584</b>	<b>0.007561</b>	<b>165.31</b>

Notes:

<sup>a</sup> Number of operational staff (daily) and material deliveries (monthly) based on engineering estimates in 'LMS7F Alamitos and HB Table 5 12\_11\_7 02 15.xlsx'.

<sup>b</sup> Roundtrip miles/day for Operation Worker Commute and Material Deliveries taken as the Urban, South Coast Air Basin C-W and C-NW values, respectively, from Table 4.2 of Appendix D of the *CalEEMod User's Guide* (ENVIRON, 2013).

<sup>c</sup> Calculations assume that workers would be onsite: 365 days/year

<sup>d</sup> Calculations assume that material deliveries would occur: 12 months/year

<sup>e</sup> CO<sub>2</sub>-equivalent emissions based on the following global warming potentials from 40 CFR 98, Table A-1:

CH<sub>4</sub>: 25  
N<sub>2</sub>O: 298

Alamitos Energy Center  
 Table 5.1B.20  
 Equations Used to Calculate Criteria Pollutant and GHG Emissions  
 2016

Emission Source	Pollutant(s)	Equation	Variables
Operation Worker Commute Vehicle Exhaust	CO, VOC, NO <sub>x</sub> , SO <sub>x</sub> , PM <sub>10</sub> , and PM <sub>2.5</sub>	$E = N \times VMT \times D \times EF / 453.6$	E = Emissions (lb/year)
			N = Number of vehicles per day
			VMT = Vehicle miles traveled per roundtrip (miles/trip). Assumes one vehicle trip per day.
			D = Number of operational days per year
			EF = EMFAC2014 emission factor (g/mile)
453.6 = Conversion from g to lb			
Material Deliveries Vehicle Exhaust	CO, VOC, NO <sub>x</sub> , SO <sub>x</sub> , PM <sub>10</sub> , and PM <sub>2.5</sub>	$E = N \times VMT \times M \times EF / 453.6$	E = Emissions (lb/year)
			N = Number of vehicles per month
			VMT = Vehicle miles traveled per roundtrip (miles/trip)
			M = Number of operational months per year
			EF = EMFAC2014 emission factor (g/mile)
453.6 = Conversion from g to lb			
Operation Worker Commute Vehicle Exhaust	CO <sub>2</sub>	$E = N \times VMT \times D / FE \times EF \times 0.001$	E = Emissions (metric tons/year)
			N = Number of vehicles per day
			VMT = Vehicle miles traveled per roundtrip (miles/trip). Assumes one vehicle trip per day.
			D = Number of operational days per year
			FE = Fuel economy (mpg)
	EF = Emission factor (kg/gallon)		
	0.001 = Conversion from kg to metric tons		
	CH <sub>4</sub> and N <sub>2</sub> O	$E = N \times VMT \times D \times EF / 1,000 \times 0.001$	E = Emissions (metric tons/year)
			N = Number of vehicles per day
			VMT = Vehicle miles traveled per roundtrip (miles/trip). Assumes one vehicle trip per day.
D = Number of operational days per year			
EF = Emission factor (g/mile)			
1,000 = Conversion from g to kg			
0.001 = Conversion from kg to metric tons			
Material Deliveries Vehicle Exhaust	CO <sub>2</sub>	$E = N \times VMT \times M / FE \times EF \times 0.001$	E = Emissions (metric tons/year)
			N = Number of vehicles per month
			VMT = Vehicle miles traveled per roundtrip (miles/trip)
			M = Number of operational months per year
			FE = Fuel economy (mpg)
	EF = Emission factor (kg/gallon)		
	0.001 = Conversion from kg to metric tons		
	CH <sub>4</sub> and N <sub>2</sub> O	$E = N \times VMT \times M \times EF / 1,000 \times 0.001$	E = Emissions (metric tons/year)
			N = Number of vehicles per month
			VMT = Vehicle miles traveled per roundtrip (miles/trip)
M = Number of operational months per year			
EF = Emission factor (g/mile)			
1,000 = Conversion from g to kg			
0.001 = Conversion from kg to metric tons			

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Table 5.1B.21

Vehicle Emission Factors for Operation - Criteria Pollutants

° 2016

Vehicle Emission Factors for Operation

Vehicle Type	Vehicle Class <sup>a</sup>	Exhaust Emission Factors (g/mile) <sup>b, c</sup>						Fuel Economy
		CO	VOC	SO <sub>x</sub>	NO <sub>x</sub>	PM <sub>10</sub> <sup>e</sup>	PM <sub>2.5</sub> <sup>e</sup>	(mpg) <sup>d</sup>
Operation Worker Commute	Light-duty Auto/Truck	0.982	0.018	0.003	0.086	0.047	0.019	23.993
Material Deliveries	Heavy-duty Diesel	0.521	0.123	0.015	3.963	0.117	0.054	5.684

Notes:

<sup>a</sup> The vehicle classes are represented as follows:

Light-duty Auto/Truck: 50% LDA Gas, 25% LDT1 Gas, and 25% LDT2 Gas values, per Section 4.5 of Appendix A of the *CalEEMod User's Guide* (ENVIRON, 2013).

Heavy-duty Diesel: 100% HHDT DSL values, per Section 4.5 of Appendix A of the *CalEEMod User's Guide* (ENVIRON, 2013).

<sup>b</sup> The AEC CCGT and AEC SCGT are projected to begin commercial operation in April 2020 and September 2021, respectively, based on information provided by AES. Therefore, 2020 emission factors were conservatively used.

<sup>c</sup> Exhaust emission factors from EMFAC2014 for the South Coast Air Basin (Los Angeles County), calendar year 2020. A speed of 40 mph was assumed for offsite vehicles and worker commutes, which is consistent with the CalEEMod defaults. An average temperature of 68°F and humidity of 55% were used per Table B-1 of *CT-EMFAC: A Computer Model to Estimate Transportation Project Emissions* (UC Davis, 2007).

<sup>d</sup> Fuel economy from the EMFAC2014 Web Database (<http://www.arb.ca.gov/emfac/2014/>) for the South Coast Air Basin (Los Angeles County), calendar year 2020, aggregated speed. Values were estimated by dividing the VMT (miles/day) by the Fuel Consumption (gal/day).

<sup>e</sup> Because of the small number of vehicles, it is assumed that the fugitive dust emissions from paved roads are negligible. As such, paved road emission factors are not included in these values.

Alamitos Energy Center

Table 5.1B.22

Vehicle Emission Factors for Operation - GHG

2016

Vehicle Emission Factors for Operation

Fuel / Category Type	Emission Factor	Emission Factor Units	Emission Factor Source
<b>CO<sub>2</sub> Emission Factors</b>			
Gasoline	8.78	kg CO <sub>2</sub> /gallon	The Climate Registry. 2015. <i>2015 Climate Registry Default Emission Factors</i> . Table 13.1. April.
Diesel	10.21	kg CO <sub>2</sub> /gallon	The Climate Registry. 2015. <i>2015 Climate Registry Default Emission Factors</i> . Table 13.1. April.
<b>N<sub>2</sub>O Emission Factors</b>			
Gasoline Passenger Car Model Year 2012 <sup>a</sup>	0.0036	g N <sub>2</sub> O/mile	The Climate Registry. 2015. <i>2015 Climate Registry Default Emission Factors</i> . Table 13.5. April.
Diesel Heavy-duty Truck Model Year 1960 - 2012 <sup>a</sup>	0.0048	g N <sub>2</sub> O/mile	The Climate Registry. 2015. <i>2015 Climate Registry Default Emission Factors</i> . Table 13.5. April.
<b>CH<sub>4</sub> Emission Factors</b>			
Gasoline Passenger Car Model Year 2012 <sup>a</sup>	0.0173	g CH <sub>4</sub> /mile	The Climate Registry. 2015. <i>2015 Climate Registry Default Emission Factors</i> . Table 13.5. April.
Diesel Heavy-duty Truck Model Year 1960 - 2012 <sup>a</sup>	0.0051	g CH <sub>4</sub> /mile	The Climate Registry. 2015. <i>2015 Climate Registry Default Emission Factors</i> . Table 13.5. April.

Notes:

<sup>a</sup> Model Year 2012 was the most recent year of emission factors available. As a result, it was assumed representative of vehicles used for this project.

**Alamitos Energy Center**

**Table 5.1B.23**

**Simple-Cycle: GHG BACT Analysis**

**2016**

**Performance Data**

<b>Data for 1 LMS-100PB</b>	<b>100 Percent Load</b>	<b>75 Percent Load</b>	<b>50 Percent Load</b>
Net Electrical Output (kW)	97,864	72,527	47,565
Net Heat Rate (Btu/kWh-LHV)	8,060	8,778	10,359
Gross Heat Rate (Btu/kWh-LHV)	7,950	8,618	10,073
Net Heat Rate (Btu/kWh-HHV)	8,946	9,744	11,498
Gross Electrical Output (kW)	99,215	73,878	48,916

**GHG Efficiency Calculations**

<b>Parameter</b>	<b>Value</b>	<b>Notes</b>
Average Net Heat Rate (Btu/kWh-HHV)	10,063	
Operating Hours/Year	2,000	
Number of Startups and Shutdowns/Year/CTG	500	
Duration of Startup (to Baseload) (Hours)	0.17	Assumed 10 minutes from first fire to full load operation
Duration of Baseload to Completion (Hours)	0.33	Assuming baseload is reached in 10 minutes, completion is reached at 30 minutes
Duration of Shutdown (Baseload to No Fuel Combustion) (Hours)	0.22	Assumed 13 minutes from full load operation to no fuel combustion
Startup Hours/Year	83	500 * 0.17
Baseload to Completion Hours/Year	167	500 * 0.33
Shutdown Hours/Year	108	500 * 0.22
Startup Net Heat Rate (Btu/kWh-HHV)	28,746	Assumed 2.5 times the 50% load heat rate
Baseload to Completion Net Heat Rate (Btu/kWh-HHV)	10,063	Assumed same as average net heat rate
Shutdown Net Heat Rate (Btu/kWh-HHV)	17,248	Assumed 1.5 times the 50% load heat rate
Overall Net Heat Rate (Btu/kWh-HHV)	11,053	
Net lb CO <sub>2</sub> /MWh	1,293	Based on 53.06 kg CO <sub>2</sub> /MMBtu-HHV
Net lb CO <sub>2</sub> /MWh (with 8% Degradation)	1,397	1,293 Net lb CO <sub>2</sub> /MWh * 1.08

Revisions made consistent with HBEP PDOC methodology and revised AEC operating profile

Alamitos Energy Center

Table 5.1B.24

Combined-Cycle: GHG BACT Analysis  
2016

1x1 Performance Data

1 on 1 Configuration	Minimum CTG Turndown (Approximately 44% CTG Load)	First Intermediate Point (Approximately 63% CTG Load)	Second Intermediate Point (Approximately 81% CTG Load)	Base Load (100% CTG Load)
Net Plant Electrical Output (kW)	169,219	218,066	268,635	328,051
Net Plant Heat Rate (Btu/kWh-LHV)	7,061	6,327	6,275	6,155
Gross Heat Rate (Btu/kWh-LHV)	6,664	6,034	6,003	5,911
Net Heat Rate (Btu/kWh-HHV)	7,834	7,020	6,962	6,829
Gross Power Output (kW)	179,299	228,654	280,802	341,561
Average Net Electrical Output (kW)	245,993			

2x1 Performance Data

2 on 1 Configuration	Minimum CTG Turndown (Approximately 44% CTG Load)	First Intermediate Point (Approximately 63% CTG Load)	Second Intermediate Point (Approximately 81% CTG Load)	Base Load (100% CTG Load)
Net Plant Electrical Output (kW)	349,244	446,187	547,390	665,162
Net Plant Heat Rate (Btu/kWh-LHV)	6,842	6,184	6,159	6,071
Gross Heat Rate (Btu/kWh-LHV)	6,485	5,912	5,925	5,869
Net Heat Rate (Btu/kWh-HHV)	7,592	6,862	6,834	6,736
Gross Power Output (kW)	368,492	466,722	568,975	688,095
Average Net Electrical Output (kW)	501,996			

GHG Efficiency Calculations

Parameter	Value	Notes
1 on 1 Operating Hours/Year	900	Assumed
2 on 1 Operating Hours/Year	3,200	Assumed
Average Net 1 on 1 Heat Rate (Btu/kWh-HHV)	7,162	
Average Net 2 on 1 Heat Rate (Btu/kWh-HHV)	7,006	
Operating Hours/Year	4,100	
Number of Hot/Warm Startups/Year	420	For two turbines
Number of Cold Startups/Year	80	For two turbines
Number of Shutdowns/Year	500	For two turbines
Duration of Hot/Warm Startup (to Baseload) (Hours)	0.25	First fire to baseload reached in 15 minutes
Duration of Baseload to Completion After Hot/Warm Startup (Hours)	0.25	Assuming baseload is reached in 15 minutes, completion is reached at 30 minutes
Duration of Cold Startup (to Baseload) (Hours)	0.33	First fire to baseload reached in 20 minutes
Duration of Baseload to Completion After Cold Startup (Hours)	0.67	Assuming baseload is reached in 20 minutes, completion is reached at 60 minutes
Duration of Shutdown (Baseload to No Fuel Combustion) (Hours)	0.50	Baseload to no fuel combustion reached in 30 minutes
Startup Hours/Year	132	$420 * 0.25 + 80 * 0.33$
Baseload to Completion Hours/Year	158	$420 * 0.25 + 80 * 0.67$
Shutdown Hours/Year	250	$500 * 0.50$
Startup Net Heat Rate (Btu/kWh-HHV)	19,586	Assumed 2.5 times the 44% load heat rate
Baseload to Completion Net Heat Rate (Btu/kWh- HHV)	7,162	Assumed same as 1 x 1 configuration for simplicity
Shutdown Net Heat Rate (Btu/kWh-HHV)	11,752	Assumed 1.5 times the 44% load heat rate
Overall Net Heat Rate (Btu/kWh-HHV)	7,654	
Net lb CO <sub>2</sub> /MWh	896	Based on 53.06 kg CO <sub>2</sub> /MMBtu-HHV
Net lb CO <sub>2</sub> /MWh (with 8% Degradation)	967	$896 \text{ Net lb CO}_2/\text{MWh} * 1.08$
Capacity Factor (%)	31.37	

Revisions made consistent with HBEP PDOC methodology and revised AEC operating profile

**Alamitos Energy Center**

**Table 5.1B.25**

**Comparison of Supplemental AFC to AFC (December 2013)**

**April 2016**

Parameter	Supplemental AFC	AFC (December 2013)
Net Generating Capacity (MW)	1,040	1,936
<i>Energy</i>		
Net Heat Rate (Btu/kWh, HHV)	11,053 (Simple-cycle Block) 7,654 (Combined-cycle Block)	8,949
Maximum Fuel Consumption (MMBtu/hr)	8,137	18,103
Average Fuel Consumption (MMBtu/yr)	29,323,625	60,892,017
<i>Operation Emissions</i>		
GHG Emissions (MT CO <sub>2</sub> e/yr)	1,557,654	3,284,949
NO <sub>x</sub> Emissions (tpy)	136	272
CO Emissions (tpy)	253	372
VOC Emissions (tpy)	66.9	188
SO <sub>2</sub> Emissions (tpy)	11.3	20.8
PM <sub>10</sub> Emissions (tpy)	69.5	99.5
PM <sub>2.5</sub> Emissions (tpy)	69.5	99.5
<i>Construction Emissions</i>		
GHG Emissions (MT CO <sub>2</sub> e/yr)	6,611	3,671
NO <sub>x</sub> Emissions (tpy)	15.2	18.7
CO Emissions (tpy)	14.9	12.9
VOC Emissions (tpy)	0.82	1.91
SO <sub>2</sub> Emissions (tpy)	0.069	0.031
PM <sub>10</sub> Emissions (tpy)	2.73	4.02
PM <sub>2.5</sub> Emissions (tpy)	0.91	1.53

Revisions made consistent with changes to BACT analysis and operating profile

**Appendix 5.1C**  
**Dispersion Modeling and Climate Information**

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## APPENDIX 5.1C

# Dispersion Modeling and Climate Information

Tables presented in this Appendix are as follows:

Table 5.1C.1	Commissioning Stack Parameters
Table 5.1C.2	Commissioning Emission Rates
Table 5.1C.3	Commissioning Building Parameters
Table 5.1C.4	Commissioning Results
Table 5.1C.5	Operational Stack Parameters
Table 5.1C.6	Operational Emission Rates
Table 5.1C.7	Operational Building Parameters
Table 5.1C.8a	Operational Results – Load Analysis
Table 5.1C.8b	Operational Results – SCAQMD Rule 2005
Table 5.1C.8c	Operational Results – Class II SIL and Increment
Table 5.1C.8d	Operational Results – Class I SIL and Increment
Table 5.1C.9	Competing Source Stack Parameters
Table 5.1C.10	Competing Source Emission Rates
Table 5.1C.11	Competing Source Results
Table 5.1C.12	AEC CCGT Construction with AGS Units 1 – 6 Operation Stack Parameters
Table 5.1C.13	AEC CCGT Construction with AGS Units 1 – 6 Operation Emission Rates
Table 5.1C.14	AEC CCGT Construction with AGS Units 1 – 6 Operation Building Parameters
Table 5.1C.15	AEC CCGT Construction with AGS Units 1 – 6 Operation Results
Table 5.1C.16	AEC CCGT Operation with AEC SCGT Construction and AGS Units 3, 4, and 6 Operation Stack Parameters
Table 5.1C.17	AEC CCGT Operation with AEC SCGT Construction and AGS Units 3, 4, and 6 Operation Emission Rates
Table 5.1C.18	AEC CCGT Operation with AEC SCGT Construction and AGS Units 3, 4, and 6 Building Parameters
Table 5.1C.19	AEC CCGT Operation with AEC SCGT Construction and AGS Units 3, 4, and 6 Operation Results
Table 5.1C.20a	First Quarter Wind Table
Table 5.1C.20b	Second Quarter Wind Table
Table 5.1C.20c	Third Quarter Wind Table
Table 5.1C.20d	Fourth Quarter Wind Table

Figures presented in this Appendix are as follows:

Figure 5.1C-1a	First Quarter Wind Rose
Figure 5.1C-1b	Second Quarter Wind Rose
Figure 5.1C-1c	Third Quarter Wind Rose
Figure 5.1C-1d	Fourth Quarter Wind Rose
Figure 5.1C-1e	Annual Wind Rose
Figure 5.1C-2	Receptor Grid for AEC Modeling
Figure 5.1C-3	AERMOD 7FA.05 Commissioning Model Setup
Figure 5.1C-4	AERMOD LMS-100 Commissioning Model Setup

Figure 5.1C-5	AERMOD Operational Model Setup
Figure 5.1C-6	AERMOD AEC CCGT Construction with AGS Units 1 – 6 Operation Model Setup
Figure 5.1C-7	AERMOD AEC CCGT Operation with AEC SCGT Construction and AGS Units 3, 4, and 6 Operation Model Setup
Figure 5.1C-8	Competing Source Receptor Grid

**Alamitos Energy Center**

**Table 5.1C.1**

**Commissioning Stack Parameters**

° **2016**

**Point Sources**

Scenario	Source ID	Easting (X) (m)	Northing (Y) (m)	Base Elevation (m)	Stack Height (m)	Temperature <sup>a</sup> (K)	Exit Velocity <sup>a</sup> (m/s)	Stack Diameter (m)
GE 7FA.05, 10% Load	7FA01	398058	3736934	4.57	42.7	361	9.33	6.10
	7FA02	398058	3736890	4.57	42.7	361	9.33	6.10
	Aux Boiler	398086	3736829	4.57	24.4	432	21.2	0.91
GE 7FA.05, 40% Load	7FA01	398058	3736934	4.57	42.7	359	11.9	6.10
	7FA02	398058	3736890	4.57	42.7	359	11.9	6.10
	Aux Boiler	398086	3736829	4.57	24.4	432	21.2	0.91
GE 7FA.05, 80% Load	7FA01	398058	3736934	4.57	42.7	366	16.1	6.10
	7FA02	398058	3736890	4.57	42.7	366	16.1	6.10
	Aux Boiler	398086	3736829	4.57	24.4	432	21.2	0.91
GE LMS-100, 5% Load	7FA01	398058	3736934	4.57	42.7	350/350	12.2/11.8	6.10
	7FA02	398058	3736890	4.57	42.7	350/350	12.2/11.8	6.10
	LMS01	398252	3737139	4.57	24.4	728	10.0	4.11
	LMS02	398252	3737124	4.57	24.4	728	10.0	4.11
	LMS03	398251	3737012	4.57	24.4	728	10.0	4.11
	LMS04	398251	3736997	4.57	24.4	728	10.0	4.11
GE LMS-100, 75% Load	Aux Boiler	398086	3736829	4.57	24.4	432	21.2	0.91
	7FA01	398058	3736934	4.57	42.7	350/350	12.2/11.8	6.10
	7FA02	398058	3736890	4.57	42.7	350/350	12.2/11.8	6.10
	LMS01	398252	3737139	4.57	24.4	748	23.8	4.11
	LMS02	398252	3737124	4.57	24.4	748	23.8	4.11
	LMS03	398251	3737012	4.57	24.4	748	23.8	4.11
GE LMS-100, Full Load	LMS04	398251	3736997	4.57	24.4	748	23.8	4.11
	Aux Boiler	398086	3736829	4.57	24.4	432	21.2	0.91
	7FA01	398058	3736934	4.57	42.7	350/350	12.2/11.8	6.10
	7FA02	398058	3736890	4.57	42.7	350/350	12.2/11.8	6.10
	LMS01	398252	3737139	4.57	24.4	694	33.3	4.11
	LMS02	398252	3737124	4.57	24.4	694	33.3	4.11
GE LMS-100, Full Load	LMS03	398251	3737012	4.57	24.4	694	33.3	4.11
	LMS04	398251	3736997	4.57	24.4	694	33.3	4.11
GE LMS-100, Full Load	LMS04	398251	3736997	4.57	24.4	694	33.3	4.11
	Aux Boiler	398086	3736829	4.57	24.4	432	21.2	0.91

<sup>a</sup> Temperature and exit velocities shown for the GE 7FA.05 turbines during commissioning of the AEC SCGT are based on the worst case load analysis results for 1-hour NO<sub>2</sub> and CO (Scenario 03) and annual NO<sub>2</sub>, PM<sub>10</sub>, and PM<sub>2.5</sub> (Scenario 07), respectively.

**Alamitos Energy Center**

**Table 5.1C.2**

**Commissioning Emission Rates**

**2016**

**Short-Term Pollutant Commissioning Emissions**

Scenario	Source ID	1-hour NO <sub>2</sub>		1-hour CO		8-hour CO	
		(g/s)	(lb/hr)	(g/s)	(lb/hr)	(g/s)	(lb/hr)
GE 7FA.05, 10% Load	7FA01	16.4	130	239	1,900	239	1,900
	7FA02	16.4	130	239	1,900	239	1,900
	Aux Boiler	0.054	0.42	0.36	2.83	0.30	2.37
GE 7FA.05, 40% Load	7FA01	8.60	68.3	Emission rates are captured by another modeled commissioning or operation scenario			
	7FA02	8.60	68.3				
	Aux Boiler	0.054	0.42				
GE 7FA.05, 80% Load	7FA01	7.94	63.0				
	7FA02	7.94	63.0				
	Aux Boiler	0.054	0.42				
GE LMS-100, 5% Load	7FA01	7.69	61.0	41.0	325	14.9	118
	7FA02	7.69	61.0	41.0	325	14.9	118
	LMS01	5.05	40.1	30.7	244	30.7	244
	LMS02	5.05	40.1	30.7	244	30.7	244
	LMS03	5.05	40.1	30.7	244	30.7	244
	LMS04	5.05	40.1	30.7	244	30.7	244
	Aux Boiler	0.054	0.42	0.36	2.83	0.30	2.37
GE LMS-100, 75% Load	7FA01	Emission rates are captured by another modeled commissioning or operation scenario		41.0	325	14.9	118
	7FA02			41.0	325	14.9	118
	LMS01			9.13	72.5	9.13	72.5
	LMS02			9.13	72.5	9.13	72.5
	LMS03			9.13	72.5	9.13	72.5
	LMS04			9.13	72.5	9.13	72.5
	Aux Boiler			0.36	2.83	0.30	2.37
GE LMS-100, Full Load	7FA01			41.0	325	14.9	118
	7FA02			41.0	325	14.9	118
	LMS01			11.3	90.0	11.3	90.0
	LMS02			11.3	90.0	11.3	90.0
	LMS03			11.3	90.0	11.3	90.0
	LMS04			11.3	90.0	11.3	90.0
	Aux Boiler			0.36	2.83	0.30	2.37

**Annual Pollutant Commissioning Emissions**

Scenario	Source ID	Annual NO <sub>2</sub>		Annual PM <sub>10</sub>		Annual PM <sub>2.5</sub>	
		(g/s)	(lb/hr)	(g/s)	(lb/hr)	(g/s)	(lb/hr)
GE 7FA.05 <sup>a</sup>	7FA01	1.18	9.39	0.69	5.47	0.69	5.47
	7FA02	1.18	9.39	0.69	5.47	0.69	5.47
	Aux Boiler	0.019	0.15	0.019	0.15	0.019	0.15
GE LMS-100 <sup>b</sup>	7FA01	0.79	6.24	0.57	4.50	0.57	4.50
	7FA02	0.79	6.24	0.57	4.50	0.57	4.50
	LMS01	0.37	2.95	0.24	1.88	0.24	1.88
	LMS02	0.37	2.95	0.24	1.88	0.24	1.88
	LMS03	0.37	2.95	0.24	1.88	0.24	1.88
	LMS04	0.37	2.95	0.24	1.88	0.24	1.88
	Aux Boiler	0.019	0.15	0.019	0.15	0.019	0.15

<sup>a</sup> GE 7FA.05 annual emissions include emissions from commissioning as well as annual operation.

<sup>b</sup> GE LMS-100 annual emissions include emissions from commissioning as well as annual operation.

Revisions made consistent with revised operational emissions



**Alamitos Energy Center**

**Table 5.1C.4**

**Commissioning Results**

**2016**

Scenario	Year	NO <sub>2</sub> (µg/m <sup>3</sup> ) <sup>a</sup>		CO (µg/m <sup>3</sup> )	
		1-hour	1-hour	1-hour	8-hour
GE 7FA.05, 10% Load	2006	62.9	1,145	788	
	2007	61.7	1,122	704	
	2008	63.3	1,151	682	
	2009	60.9	1,108	735	
	2011	67.6	1,231	835	
GE 7FA.05, 40% Load	2006	27.9	-	-	
	2007	27.1	-	-	
	2008	29.4	-	-	
	2009	26.7	-	-	
	2011	29.2	-	-	
GE 7FA.05, 80% Load	2006	19.5	-	-	
	2007	19.5	-	-	
	2008	21.0	-	-	
	2009	18.5	-	-	
	2011	19.7	-	-	
GE LMS-100, 5% Load <sup>b</sup>	2006	49.7	361	186	
	2007	49.3	363	189	
	2008	51.1	373	187	
	2009	49.4	363	218	
	2011	61.9	470	240	
GE LMS-100, 75% Load <sup>b</sup>	2006	-	176	46.8	
	2007	-	180	44.6	
	2008	-	177	42.8	
	2009	-	166	45.3	
	2011	-	193	45.2	
GE LMS-100, Full Load <sup>b</sup>	2006	-	175	45.1	
	2007	-	180	43.2	
	2008	-	177	41.5	
	2009	-	166	43.7	
	2011	-	192	44.9	

<sup>a</sup> The maximum 1-hour NO<sub>2</sub> concentrations include an ambient NO<sub>2</sub> ratio of 0.80 (EPA, 2011).

<sup>b</sup> The modeled impacts for the GE LMS-100 commissioning scenarios include impacts from the auxiliary boiler and the GE 7FA.05 turbines operating in emissions scenario CC03.

Scenario	Year	NO <sub>2</sub> (µg/m <sup>3</sup> ) <sup>c</sup>	PM <sub>10</sub> (µg/m <sup>3</sup> )	PM <sub>2.5</sub> (µg/m <sup>3</sup> )
		Annual	Annual	Annual
GE 7FA.05 <sup>d</sup>	2006	0.26	0.21	0.21
	2007	0.24	0.19	0.19
	2008	0.24	0.19	0.19
	2009	0.24	0.19	0.19
	2011	0.24	0.19	0.19
GE LMS-100 <sup>e</sup>	2006	0.20	0.20	0.20
	2007	0.19	0.18	0.18
	2008	0.20	0.19	0.19
	2009	0.18	0.18	0.18
	2011	0.19	0.18	0.18

<sup>c</sup> The maximum annual NO<sub>2</sub> concentrations include an ambient NO<sub>2</sub> ratio of 0.75 (EPA, 2005).

<sup>d</sup> Annual commissioning impacts are based on total emissions from commissioning and annual operation of 2 GE 7FA.05 turbines operating in exhaust scenario CC07 and the auxiliary boiler.

<sup>e</sup> Annual commissioning impacts are based on total emissions from operation of 2 GE 7FA.05 turbines operating in exhaust scenario CC07 and the auxiliary boiler, and commissioning and annual operation of 4 GE LMS-100 turbines operating in exhaust scenario SC07 for NO<sub>2</sub>, PM<sub>10</sub>, and PM<sub>2.5</sub>.

Revisions made as a result of modeling with revised commissioning emission rates

Alamitos Energy Center

Table 5.1C.5

Operational Stack Parameters

2016

Point Sources

Scenario	Source ID	Easting (X) (m)	Northing (Y) (m)	Base Elevation (m)	Stack Height (m)	Temperature (K)	Exit Velocity (m/s)	Stack Diameter (m)
CC01	GE 7FA.05-01	398058	3736934	4.57	42.7	375	20.4	6.10
	GE 7FA.05-02	398058	3736890	4.57	42.7	375	20.4	6.10
CC02	GE 7FA.05-01	398058	3736934	4.57	42.7	354	15.6	6.10
	GE 7FA.05-02	398058	3736890	4.57	42.7	354	15.6	6.10
CC03	GE 7FA.05-01	398058	3736934	4.57	42.7	350	12.2	6.10
	GE 7FA.05-02	398058	3736890	4.57	42.7	350	12.2	6.10
CC04	GE 7FA.05-01	398058	3736934	4.57	42.7	374	20.1	6.10
	GE 7FA.05-02	398058	3736890	4.57	42.7	374	20.1	6.10
CC05	GE 7FA.05-01	398058	3736934	4.57	42.7	375	20.2	6.10
	GE 7FA.05-02	398058	3736890	4.57	42.7	375	20.2	6.10
CC06	GE 7FA.05-01	398058	3736934	4.57	42.7	353	14.9	6.10
	GE 7FA.05-02	398058	3736890	4.57	42.7	353	14.9	6.10
CC07	GE 7FA.05-01	398058	3736934	4.57	42.7	350	11.8	6.10
	GE 7FA.05-02	398058	3736890	4.57	42.7	350	11.8	6.10
CC08	GE 7FA.05-01	398058	3736934	4.57	42.7	378	20.2	6.10
	GE 7FA.05-02	398058	3736890	4.57	42.7	378	20.2	6.10
CC09	GE 7FA.05-01	398058	3736934	4.57	42.7	379	18.3	6.10
	GE 7FA.05-02	398058	3736890	4.57	42.7	379	18.3	6.10
CC10	GE 7FA.05-01	398058	3736934	4.57	42.7	365	14.0	6.10
	GE 7FA.05-02	398058	3736890	4.57	42.7	365	14.0	6.10
CC11	GE 7FA.05-01	398058	3736934	4.57	42.7	358	12.2	6.10
	GE 7FA.05-02	398058	3736890	4.57	42.7	358	12.2	6.10
SC01	GE LMS-100-01	398252	3737139	4.57	24.4	693	33.3	4.11
	GE LMS-100-02	398252	3737124	4.57	24.4	693	33.3	4.11
	GE LMS-100-03	398251	3737012	4.57	24.4	693	33.3	4.11
	GE LMS-100-04	398251	3736997	4.57	24.4	693	33.3	4.11
SC02	GE LMS-100-01	398252	3737139	4.57	24.4	709	28.7	4.11
	GE LMS-100-02	398252	3737124	4.57	24.4	709	28.7	4.11
	GE LMS-100-03	398251	3737012	4.57	24.4	709	28.7	4.11
	GE LMS-100-04	398251	3736997	4.57	24.4	709	28.7	4.11
SC03	GE LMS-100-01	398252	3737139	4.57	24.4	749	23.8	4.11
	GE LMS-100-02	398252	3737124	4.57	24.4	749	23.8	4.11
	GE LMS-100-03	398251	3737012	4.57	24.4	749	23.8	4.11
	GE LMS-100-04	398251	3736997	4.57	24.4	749	23.8	4.11
SC04	GE LMS-100-01	398252	3737139	4.57	24.4	698	33.1	4.11
	GE LMS-100-02	398252	3737124	4.57	24.4	698	33.1	4.11
	GE LMS-100-03	398251	3737012	4.57	24.4	698	33.1	4.11
	GE LMS-100-04	398251	3736997	4.57	24.4	698	33.1	4.11
SC05	GE LMS-100-01	398252	3737139	4.57	24.4	699	33.0	4.11
	GE LMS-100-02	398252	3737124	4.57	24.4	699	33.0	4.11
	GE LMS-100-03	398251	3737012	4.57	24.4	699	33.0	4.11
	GE LMS-100-04	398251	3736997	4.57	24.4	699	33.0	4.11
SC06	GE LMS-100-01	398252	3737139	4.57	24.4	707	28.4	4.11
	GE LMS-100-02	398252	3737124	4.57	24.4	707	28.4	4.11
	GE LMS-100-03	398251	3737012	4.57	24.4	707	28.4	4.11
	GE LMS-100-04	398251	3736997	4.57	24.4	707	28.4	4.11
SC07	GE LMS-100-01	398252	3737139	4.57	24.4	746	23.6	4.11
	GE LMS-100-02	398252	3737124	4.57	24.4	746	23.6	4.11
	GE LMS-100-03	398251	3737012	4.57	24.4	746	23.6	4.11
	GE LMS-100-04	398251	3736997	4.57	24.4	746	23.6	4.11
SC08	GE LMS-100-01	398252	3737139	4.57	24.4	720	30.2	4.11
	GE LMS-100-02	398252	3737124	4.57	24.4	720	30.2	4.11
	GE LMS-100-03	398251	3737012	4.57	24.4	720	30.2	4.11
	GE LMS-100-04	398251	3736997	4.57	24.4	720	30.2	4.11
SC09	GE LMS-100-01	398252	3737139	4.57	24.4	738	28.0	4.11
	GE LMS-100-02	398252	3737124	4.57	24.4	738	28.0	4.11
	GE LMS-100-03	398251	3737012	4.57	24.4	738	28.0	4.11
	GE LMS-100-04	398251	3736997	4.57	24.4	738	28.0	4.11
SC10	GE LMS-100-01	398252	3737139	4.57	24.4	760	24.5	4.11
	GE LMS-100-02	398252	3737124	4.57	24.4	760	24.5	4.11
	GE LMS-100-03	398251	3737012	4.57	24.4	760	24.5	4.11
	GE LMS-100-04	398251	3736997	4.57	24.4	760	24.5	4.11
SC11	GE LMS-100-01	398252	3737139	4.57	24.4	801	20.5	4.11
	GE LMS-100-02	398252	3737124	4.57	24.4	801	20.5	4.11
	GE LMS-100-03	398251	3737012	4.57	24.4	801	20.5	4.11
	GE LMS-100-04	398251	3736997	4.57	24.4	801	20.5	4.11
AB	Auxiliary Boiler	398086	3736829	4.57	24.4	432	21.2	0.91

**Alamitos Energy Center**  
**Table 5.1C.6**  
**Operational Emission Rates**  
**2016**

**GE 7FA.05 Per Turbine Emission Rates**

Exhaust Scenario	1-hour NO <sub>2</sub> <sup>a</sup>		1-hour CO <sup>a</sup>		8-hour CO <sup>b</sup>		1-hour SO <sub>2</sub>		3-hour SO <sub>2</sub>		24-hour SO <sub>2</sub>		24-hour PM <sub>10</sub>		24-hour PM <sub>2.5</sub>		Annual NO <sub>2</sub> <sup>c</sup>		Annual PM <sub>10</sub> <sup>c</sup>		Annual PM <sub>2.5</sub> <sup>c</sup>	
	(g/s)	(lb/hr)	(g/s)	(lb/hr)	(g/s)	(lb/hr)	(g/s)	(lb/hr)	(g/s)	(lb/hr)	(g/s)	(lb/hr)	(g/s)	(lb/hr)	(g/s)	(lb/hr)	(g/s)	(lb/hr)	(g/s)	(lb/hr)	(g/s)	(lb/hr)
CC01	7.69	61.0	41.0	325	15.2	121	0.61	4.86	0.61	4.86	0.61	4.86	1.07	8.50	1.07	8.50	-	-	-	-	-	-
CC02	7.69	61.0	41.0	325	15.1	119	0.48	3.84	0.48	3.84	0.48	3.84	1.07	8.50	1.07	8.50	-	-	-	-	-	-
CC03	7.69	61.0	41.0	325	14.9	118	0.37	2.95	0.37	2.95	0.37	2.95	1.07	8.50	1.07	8.50	-	-	-	-	-	-
CC04	7.18	57.0	36.2	287	13.6	108	0.61	4.81	0.61	4.81	0.61	4.81	1.07	8.50	1.07	8.50	1.19	9.43	0.57	4.50	0.57	4.50
CC05	7.18	57.0	36.2	287	13.6	108	0.60	4.78	0.60	4.78	0.60	4.78	1.07	8.50	1.07	8.50	1.18	9.39	0.57	4.50	0.57	4.50
CC06	7.18	57.0	36.2	287	13.4	106	0.47	3.72	0.47	3.72	0.47	3.72	1.07	8.50	1.07	8.50	0.97	7.70	0.57	4.50	0.57	4.50
CC07	7.18	57.0	36.2	287	13.2	105	0.35	2.79	0.35	2.79	0.35	2.79	1.07	8.50	1.07	8.50	0.79	6.24	0.57	4.50	0.57	4.50
CC08	6.68	53.0	27.7	220	10.7	85.2	0.58	4.60	0.58	4.60	0.58	4.60	1.07	8.50	1.07	8.50	-	-	-	-	-	-
CC09	6.68	53.0	27.7	220	10.7	84.6	0.52	4.16	0.52	4.16	0.52	4.16	1.07	8.50	1.07	8.50	-	-	-	-	-	-
CC10	6.68	53.0	27.7	220	10.5	83.5	0.42	3.33	0.42	3.33	0.42	3.33	1.07	8.50	1.07	8.50	-	-	-	-	-	-
CC11	6.68	53.0	27.7	220	10.4	82.7	0.34	2.67	0.34	2.67	0.34	2.67	1.07	8.50	1.07	8.50	-	-	-	-	-	-

**GE LMS-100 Per Turbine Emission Rates**

Exhaust Scenario	1-hour NO <sub>2</sub> <sup>d</sup>		1-hour CO <sup>d</sup>		8-hour CO <sup>e</sup>		1-hour SO <sub>2</sub>		3-hour SO <sub>2</sub>		24-hour SO <sub>2</sub>		24-hour PM <sub>10</sub>		24-hour PM <sub>2.5</sub>		Annual NO <sub>2</sub> <sup>f</sup>		Annual PM <sub>10</sub> <sup>f</sup>		Annual PM <sub>2.5</sub> <sup>f</sup>	
	(g/s)	(lb/hr)	(g/s)	(lb/hr)	(g/s)	(lb/hr)	(g/s)	(lb/hr)	(g/s)	(lb/hr)	(g/s)	(lb/hr)	(g/s)	(lb/hr)	(g/s)	(lb/hr)	(g/s)	(lb/hr)	(g/s)	(lb/hr)	(g/s)	(lb/hr)
SC01	2.78	22.0	5.77	45.8	2.20	17.5	0.20	1.62	0.20	1.62	0.20	1.62	0.79	6.23	0.79	6.23	-	-	-	-	-	-
SC02	2.72	21.6	5.71	45.3	2.04	16.2	0.17	1.32	0.17	1.32	0.17	1.32	0.79	6.23	0.79	6.23	-	-	-	-	-	-
SC03	2.67	21.2	5.66	44.9	1.89	15.0	0.13	1.02	0.13	1.02	0.13	1.02	0.79	6.23	0.79	6.23	-	-	-	-	-	-
SC04	2.78	22.0	5.76	45.8	2.20	17.4	0.20	1.62	0.20	1.62	0.20	1.62	0.79	6.23	0.79	6.23	0.38	3.00	0.21	1.68	0.21	1.68
SC05	2.77	22.0	5.76	45.7	2.19	17.4	0.20	1.61	0.20	1.61	0.20	1.61	0.79	6.23	0.79	6.23	0.38	2.99	0.21	1.68	0.21	1.68
SC06	2.72	21.6	5.71	45.3	2.04	16.2	0.16	1.31	0.16	1.31	0.16	1.31	0.79	6.23	0.79	6.23	0.33	2.64	0.21	1.68	0.21	1.68
SC07	2.67	21.2	5.66	44.9	1.89	15.0	0.13	1.01	0.13	1.01	0.13	1.01	0.79	6.23	0.79	6.23	0.29	2.29	0.21	1.68	0.21	1.68
SC08	2.74	21.7	5.73	45.5	2.09	16.6	0.18	1.41	0.18	1.41	0.18	1.41	0.79	6.23	0.79	6.23	-	-	-	-	-	-
SC09	2.71	21.5	5.70	45.3	2.02	16.0	0.16	1.27	0.16	1.27	0.16	1.27	0.79	6.23	0.79	6.23	-	-	-	-	-	-
SC10	2.67	21.2	5.67	45.0	1.91	15.1	0.13	1.05	0.13	1.05	0.13	1.05	0.79	6.23	0.79	6.23	-	-	-	-	-	-
SC11	2.63	20.9	5.63	44.7	1.79	14.2	0.10	0.83	0.10	0.83	0.10	0.83	0.79	6.23	0.79	6.23	-	-	-	-	-	-

**Auxiliary Boiler Emission Rates**

Exhaust Scenario	1-hour NO <sub>2</sub>		1-hour CO		8-hour CO		1-hour SO <sub>2</sub>		3-hour SO <sub>2</sub>		24-hour SO <sub>2</sub>		24-hour PM <sub>10</sub>		24-hour PM <sub>2.5</sub>		Annual NO <sub>2</sub>		Annual PM <sub>10</sub>		Annual PM <sub>2.5</sub>	
	(g/s)	(lb/hr)	(g/s)	(lb/hr)	(g/s)	(lb/hr)	(g/s)	(lb/hr)	(g/s)	(lb/hr)	(g/s)	(lb/hr)	(g/s)	(lb/hr)	(g/s)	(lb/hr)	(g/s)	(lb/hr)	(g/s)	(lb/hr)	(g/s)	(lb/hr)
AB	0.054	0.42	0.36	2.83	0.30	2.37	0.018	0.14	0.018	0.14	0.0057	0.046	0.020	0.16	0.020	0.16	0.019	0.15	0.019	0.15	0.019	0.15

<sup>a</sup> Hourly CO and NO<sub>2</sub> emission rates for the GE 7FA.05s are based on cold startup events.

<sup>b</sup> 8-hour CO emission rates for the GE 7FA.05s are based on two cold starts, two shutdowns, and the balance of the period at steady-state operation.

<sup>c</sup> Annual emission rates for the GE 7FA.05s are based on 80 cold startups, 88 warm startups, 332 hot startups, 500 shutdowns, and 4,100 hours of steady-state operation.

<sup>d</sup> Hourly CO and NO<sub>2</sub> emission rates for the GE LMS-100s are based on one startup, one shutdown, and the balance of the hour at steady-state operation.

<sup>e</sup> 8-hour CO emission rates for the GE LMS-100s are based on two startups, two shutdowns, and the balance of the period at steady-state operation.

<sup>f</sup> Annual emission rates for the GE LMS-100s are based on 500 hot startups, 500 shutdowns, and 2,000 hours of steady-state operation.

Revisions made consistent with the revised operational emissions



Alamitos Energy Center

Table 5.1C.8a

Operational Results – Load Analysis  
2016

28°F Ambient Temperature Scenarios

Scenario Description <sup>a</sup>	Exhaust Scenario	Year	NO <sub>2</sub> (µg/m <sup>3</sup> ) <sup>b</sup>		CO (µg/m <sup>3</sup> )		SO <sub>2</sub> (µg/m <sup>3</sup> )			PM <sub>10</sub> (µg/m <sup>3</sup> )	PM <sub>2.5</sub> (µg/m <sup>3</sup> )	
			1-hour	1-hour (federal) <sup>c</sup>	1-hour	8-hour	1-hour	1-hour (federal) <sup>d</sup>	3-hour	24-hour	24-hour	24-hour <sup>e</sup>
GE 7FA.05 Max. Load/ GE LMS-100 Max. Load	CC01/SC01/AB	2006	17.8	15.1	101	22.7	1.76	1.55	1.56	0.43	0.97	0.80
		2007	19.3	13.2	111	21.7	1.98	1.31	1.36	0.43	0.98	0.71
		2008	17.8	12.6	107	20.5	1.77	1.35	1.22	0.37	0.83	0.74
		2009	17.3	12.5	101	23.1	1.75	1.33	1.21	0.40	0.98	0.77
		2011	19.0	14.2	103	24.9	1.85	1.57	1.28	0.43	1.01	0.75
GE 7FA.05 Max. Load/ GE LMS-100 Ave. Load	CC01/SC02/AB	2006	18.1	15.5	101	22.8	1.73	1.54	1.53	0.43	1.04	0.87
		2007	19.7	14.0	112	21.9	1.95	1.32	1.36	0.44	1.06	0.77
		2008	18.6	13.1	108	20.7	1.76	1.35	1.22	0.37	0.89	0.80
		2009	18.0	12.9	102	23.1	1.72	1.33	1.21	0.40	1.06	0.85
		2011	19.4	14.8	104	25.0	1.80	1.57	1.28	0.43	1.09	0.82
GE 7FA.05 Max. Load/ GE LMS-100 Min. Load	CC01/SC03/AB	2006	18.6	16.1	102	22.9	1.67	1.51	1.48	0.42	1.14	0.95
		2007	20.2	15.0	114	22.2	1.90	1.30	1.35	0.43	1.17	0.83
		2008	19.6	14.1	109	20.9	1.74	1.32	1.20	0.36	0.98	0.88
		2009	19.0	13.9	104	23.3	1.67	1.31	1.20	0.40	1.15	0.92
		2011	19.9	15.9	106	25.1	1.74	1.54	1.28	0.43	1.18	0.91
GE 7FA.05 Ave. Load/ GE LMS-100 Max. Load	CC02/SC01/AB	2006	23.0	19.8	138	35.0	1.90	1.63	1.66	0.50	1.22	1.01
		2007	24.8	17.2	148	30.4	2.09	1.51	1.53	0.51	1.29	0.88
		2008	23.1	17.6	148	30.6	1.87	1.49	1.37	0.43	1.07	0.92
		2009	21.4	17.2	131	34.0	1.83	1.51	1.45	0.47	1.15	0.99
		2011	25.3	18.6	144	34.8	2.09	1.65	1.42	0.48	1.17	0.94
GE 7FA.05 Ave. Load/ GE LMS-100 Ave. Load	CC02/SC02/AB	2006	23.5	19.9	139	35.0	1.88	1.63	1.65	0.50	1.28	1.07
		2007	25.2	17.3	149	30.5	2.07	1.50	1.53	0.51	1.35	0.92
		2008	23.5	17.6	148	30.8	1.87	1.49	1.37	0.44	1.12	0.98
		2009	21.6	17.6	131	34.0	1.80	1.51	1.46	0.47	1.22	1.04
		2011	25.8	18.9	146	34.8	2.04	1.66	1.42	0.48	1.23	1.00
GE 7FA.05 Ave. Load/ GE LMS-100 Min. Load	CC02/SC03/AB	2006	24.0	20.6	139	35.1	1.83	1.61	1.64	0.50	1.36	1.15
		2007	25.6	18.3	150	30.5	2.01	1.50	1.52	0.51	1.44	0.97
		2008	24.0	17.7	148	31.0	1.85	1.49	1.37	0.43	1.21	1.04
		2009	22.1	18.0	132	34.1	1.75	1.51	1.45	0.47	1.31	1.11
		2011	26.2	19.6	148	34.9	1.97	1.64	1.39	0.48	1.32	1.08
GE 7FA.05 Min. Load/ GE LMS-100 Max. Load	CC03/SC01/AB	2006	27.6	24.2	172	44.1	1.87	1.57	1.63	0.49	1.48	1.24
		2007	28.4	21.1	172	38.1	1.96	1.44	1.46	0.51	1.54	1.02
		2008	27.4	22.0	178	37.9	1.83	1.47	1.37	0.43	1.29	1.06
		2009	25.2	22.0	167	42.0	1.75	1.50	1.45	0.46	1.37	1.19
		2011	30.1	23.3	183	44.2	2.03	1.65	1.48	0.49	1.47	1.11
GE 7FA.05 Min. Load/ GE LMS-100 Ave. Load	CC03/SC02/AB	2006	28.1	24.2	172	44.1	1.86	1.57	1.62	0.49	1.52	1.26
		2007	28.8	21.2	173	38.1	1.93	1.44	1.46	0.51	1.60	1.08
		2008	27.8	22.0	178	38.0	1.83	1.47	1.37	0.43	1.33	1.12
		2009	25.3	22.0	167	42.0	1.72	1.51	1.46	0.46	1.41	1.23
		2011	30.6	23.3	184	44.2	2.01	1.64	1.49	0.49	1.49	1.14
GE 7FA.05 Min. Load/ GE LMS-100 Min. Load	CC03/SC03/AB	2006	28.7	24.3	172	44.2	1.81	1.57	1.61	0.49	1.60	1.33
		2007	29.3	21.4	174	38.2	1.88	1.43	1.46	0.50	1.68	1.15
		2008	28.4	22.1	178	38.1	1.80	1.47	1.37	0.42	1.39	1.18
		2009	25.3	22.0	168	42.1	1.67	1.50	1.45	0.46	1.49	1.28
		2011	31.3	23.4	186	44.3	1.96	1.59	1.45	0.49	1.51	1.21

Alamitos Energy Center

Table 5.1C.8a

Operational Results – Load Analysis  
2016

65.3°F Ambient Temperature Scenarios

Scenario Description <sup>a</sup>	Exhaust Scenario	Year	NO <sub>2</sub> (µg/m <sup>3</sup> ) <sup>b</sup>			CO (µg/m <sup>3</sup> )			SO <sub>2</sub> (µg/m <sup>3</sup> )			PM <sub>10</sub> (µg/m <sup>3</sup> )		PM <sub>2.5</sub> (µg/m <sup>3</sup> )	
			1-hour	1-hour (federal) <sup>c</sup>	Annual	1-hour	8-hour	1-hour	1-hour (federal) <sup>d</sup>	3-hour	24-hour	24-hour	Annual	24-hour <sup>e</sup>	Annual
GE 7FA.05 Max. Load with Evap./ GE LMS-100 Max. Load with Evap.	CC04/SC04/AB	2006	17.1	14.5	0.15	91.0	20.9	1.78	1.57	1.58	0.43	0.98	0.10	0.81	0.10
		2007	18.7	12.9	0.14	102	20.0	2.01	1.33	1.38	0.44	0.99	0.095	0.71	0.095
		2008	17.2	12.2	0.14	96.7	19.0	1.79	1.37	1.24	0.37	0.84	0.097	0.75	0.097
		2009	16.7	12.0	0.13	91.5	21.2	1.77	1.35	1.23	0.41	0.98	0.092	0.78	0.092
		2011	18.5	13.7	0.15	94.1	22.9	1.88	1.59	1.30	0.44	1.02	0.10	0.76	0.10
GE 7FA.05 Max. Load with Evap./ GE LMS-100 Max. Load	CC04/SC05/AB	2006	17.1	14.5	0.15	91.0	20.9	1.78	1.57	1.58	0.43	0.98	0.10	0.81	0.10
		2007	18.6	12.9	0.14	102	20.0	2.01	1.33	1.38	0.44	0.99	0.096	0.71	0.096
		2008	17.2	12.2	0.14	96.7	19.0	1.79	1.37	1.24	0.37	0.84	0.097	0.75	0.097
		2009	16.7	12.0	0.13	91.5	21.2	1.77	1.35	1.23	0.41	0.98	0.092	0.78	0.092
		2011	18.5	13.7	0.15	94.1	22.9	1.88	1.59	1.30	0.44	1.02	0.10	0.76	0.10
GE 7FA.05 Max. Load with Evap./ GE LMS-100 Ave. Load	CC04/SC06/AB	2006	17.5	15.0	0.15	92.0	21.0	1.73	1.55	1.53	0.43	1.05	0.11	0.89	0.11
		2007	19.1	13.7	0.14	103	20.2	1.96	1.33	1.38	0.44	1.08	0.099	0.78	0.099
		2008	18.1	12.8	0.14	97.9	19.2	1.78	1.35	1.23	0.37	0.91	0.10	0.81	0.10
		2009	17.5	12.6	0.14	92.8	21.3	1.72	1.34	1.23	0.41	1.07	0.096	0.86	0.096
		2011	19.0	14.4	0.15	95.4	23.0	1.80	1.57	1.30	0.44	1.10	0.10	0.84	0.10
GE 7FA.05 Max. Load with Evap./ GE LMS-100 Min. Load	CC04/SC07/AB	2006	18.0	15.7	0.15	93.3	21.1	1.69	1.54	1.50	0.43	1.16	0.11	0.96	0.11
		2007	19.5	14.6	0.14	104	20.5	1.93	1.33	1.37	0.44	1.19	0.10	0.84	0.10
		2008	19.1	13.9	0.14	99.4	19.3	1.77	1.34	1.22	0.37	1.00	0.11	0.90	0.11
		2009	18.5	13.6	0.14	94.4	21.5	1.69	1.33	1.23	0.41	1.17	0.10	0.93	0.10
		2011	19.4	15.5	0.15	96.6	23.1	1.77	1.57	1.30	0.44	1.20	0.11	0.93	0.11
GE 7FA.05 Max. Load/ GE LMS-100 Max. Load with Evap.	CC05/SC04/AB	2006	17.0	14.4	0.15	90.1	20.7	1.74	1.54	1.55	0.42	0.97	0.10	0.80	0.10
		2007	18.5	12.8	0.14	101	19.9	1.97	1.31	1.35	0.43	0.98	0.095	0.71	0.095
		2008	17.1	12.1	0.14	95.8	18.8	1.75	1.34	1.22	0.37	0.83	0.096	0.75	0.096
		2009	16.6	11.9	0.13	91.0	21.0	1.74	1.32	1.20	0.40	0.98	0.092	0.78	0.092
		2011	18.4	13.6	0.14	93.2	22.7	1.85	1.56	1.27	0.43	1.01	0.099	0.76	0.099
GE 7FA.05 Max. Load/ GE LMS-100 Max. Load	CC05/SC05/AB	2006	17.0	14.4	0.15	90.1	20.7	1.75	1.54	1.55	0.42	0.97	0.10	0.81	0.10
		2007	18.5	12.8	0.14	101	19.9	1.97	1.31	1.35	0.43	0.98	0.095	0.71	0.095
		2008	17.1	12.1	0.14	95.8	18.8	1.75	1.35	1.22	0.37	0.83	0.096	0.75	0.096
		2009	16.6	11.9	0.13	91.0	21.0	1.74	1.32	1.20	0.40	0.98	0.092	0.78	0.092
		2011	18.4	13.6	0.14	93.2	22.7	1.85	1.56	1.27	0.43	1.01	0.099	0.76	0.099
GE 7FA.05 Max. Load/ GE LMS-100 Ave. Load	CC05/SC06/AB	2006	17.4	14.9	0.15	91.3	20.8	1.70	1.52	1.51	0.42	1.05	0.11	0.88	0.11
		2007	18.9	13.6	0.14	102	20.1	1.93	1.30	1.34	0.43	1.07	0.098	0.77	0.098
		2008	18.0	12.7	0.14	97.1	18.9	1.74	1.33	1.20	0.36	0.90	0.10	0.81	0.10
		2009	17.5	12.5	0.13	92.2	21.1	1.69	1.31	1.20	0.40	1.07	0.095	0.86	0.095
		2011	18.9	14.3	0.14	94.5	22.8	1.77	1.54	1.27	0.43	1.10	0.10	0.83	0.10
GE 7FA.05 Max. Load/ GE LMS-100 Min. Load	CC05/SC07/AB	2006	17.9	15.6	0.15	92.6	20.9	1.66	1.50	1.47	0.42	1.15	0.11	0.96	0.11
		2007	19.4	14.5	0.14	103.3	20.3	1.89	1.30	1.34	0.43	1.18	0.10	0.83	0.10
		2008	18.9	13.8	0.14	98.5	19.1	1.73	1.32	1.19	0.36	0.99	0.11	0.89	0.11
		2009	18.5	13.6	0.13	93.8	21.2	1.66	1.30	1.20	0.40	1.16	0.10	0.93	0.10
		2011	19.3	15.4	0.15	95.7	22.9	1.73	1.54	1.27	0.43	1.19	0.11	0.92	0.11

Alamitos Energy Center

Table 5.1C.8a

Operational Results – Load Analysis  
2016

65.3°F Ambient Temperature Scenarios

Scenario Description <sup>a</sup>	Exhaust Scenario	Year	NO <sub>2</sub> (µg/m <sup>3</sup> ) <sup>b</sup>			CO (µg/m <sup>3</sup> )			SO <sub>2</sub> (µg/m <sup>3</sup> )				PM <sub>10</sub> (µg/m <sup>3</sup> )		PM <sub>2.5</sub> (µg/m <sup>3</sup> )	
			1-hour	1-hour (federal) <sup>c</sup>	Annual	1-hour	8-hour	1-hour	1-hour (federal) <sup>d</sup>	3-hour	24-hour	24-hour	Annual	24-hour <sup>e</sup>	Annual	
GE 7FA.05 Ave. Load/ GE LMS-100 Max. Load with Evap.	CC06/SC04/AB	2006	22.6	19.2	0.19	128	32.8	1.94	1.65	1.69	0.51	1.27	0.15	1.05	0.15	
		2007	24.1	16.9	0.17	136	28.5	2.11	1.54	1.56	0.53	1.34	0.14	0.91	0.14	
		2008	22.4	17.1	0.18	136	28.7	1.89	1.54	1.41	0.45	1.11	0.14	0.95	0.14	
		2009	20.9	16.8	0.17	122	31.8	1.85	1.56	1.50	0.48	1.19	0.14	1.03	0.14	
		2011	24.1	18.2	0.18	135	32.3	2.08	1.70	1.47	0.50	1.21	0.14	0.97	0.14	
GE 7FA.05 Ave. Load/ GE LMS-100 Max. Load	CC06/SC05/AB	2006	22.6	19.2	0.19	128	32.8	1.94	1.65	1.69	0.51	1.27	0.15	1.05	0.15	
		2007	24.1	16.9	0.17	136	28.5	2.12	1.54	1.56	0.53	1.34	0.14	0.91	0.14	
		2008	22.4	17.1	0.18	136	28.7	1.89	1.54	1.41	0.45	1.12	0.14	0.95	0.14	
		2009	20.9	16.8	0.17	122	31.8	1.85	1.56	1.50	0.48	1.19	0.14	1.03	0.14	
		2011	24.1	18.2	0.18	135	32.3	2.08	1.70	1.47	0.50	1.21	0.14	0.97	0.14	
GE 7FA.05 Ave. Load/ GE LMS-100 Ave. Load	CC06/SC06/AB	2006	23.2	19.4	0.19	129	32.8	1.90	1.64	1.68	0.51	1.33	0.15	1.11	0.15	
		2007	24.1	16.9	0.18	137	28.5	2.07	1.53	1.56	0.52	1.40	0.14	0.95	0.14	
		2008	22.8	17.3	0.18	136	28.8	1.88	1.54	1.41	0.44	1.16	0.15	1.01	0.15	
		2009	21.1	17.2	0.17	122	31.9	1.81	1.56	1.50	0.48	1.26	0.14	1.08	0.14	
		2011	24.7	18.5	0.18	137	32.4	2.05	1.68	1.45	0.50	1.26	0.15	1.03	0.15	
GE 7FA.05 Ave. Load/ GE LMS-100 Min. Load	CC06/SC07/AB	2006	23.7	20.0	0.19	129	32.9	1.87	1.64	1.68	0.51	1.41	0.16	1.19	0.16	
		2007	25.0	18.0	0.18	139	28.6	2.04	1.53	1.56	0.52	1.49	0.15	1.00	0.15	
		2008	23.4	17.3	0.18	136	29.0	1.87	1.54	1.41	0.44	1.25	0.15	1.07	0.15	
		2009	21.7	17.6	0.17	122	31.9	1.77	1.56	1.50	0.48	1.35	0.14	1.14	0.14	
		2011	25.6	19.3	0.18	139	32.4	2.02	1.66	1.42	0.50	1.35	0.15	1.11	0.15	
GE 7FA.05 Min. Load/ GE LMS-100 Max. Load with Evap.	CC07/SC04/AB	2006	26.6	23.2	0.20	156	40.4	1.83	1.53	1.60	0.48	1.52	0.19	1.27	0.19	
		2007	27.3	20.4	0.18	156	34.7	1.90	1.39	1.42	0.49	1.58	0.17	1.04	0.17	
		2008	26.5	21.1	0.18	161	34.7	1.79	1.43	1.33	0.42	1.32	0.17	1.08	0.17	
		2009	24.2	21.3	0.18	152	38.3	1.71	1.47	1.42	0.45	1.40	0.17	1.22	0.17	
		2011	29.1	22.3	0.18	167	40.5	1.98	1.62	1.46	0.49	1.51	0.18	1.13	0.18	
GE 7FA.05 Min. Load/ GE LMS-100 Max. Load	CC07/SC05/AB	2006	26.6	23.2	0.20	156	40.4	1.83	1.53	1.60	0.48	1.52	0.19	1.27	0.19	
		2007	27.3	20.4	0.18	156	34.7	1.90	1.39	1.42	0.49	1.58	0.17	1.04	0.17	
		2008	26.5	21.1	0.18	161	34.7	1.80	1.43	1.33	0.42	1.32	0.17	1.08	0.17	
		2009	24.2	21.3	0.18	152	38.3	1.71	1.47	1.42	0.45	1.40	0.17	1.22	0.17	
		2011	29.1	22.3	0.18	167	40.5	1.98	1.62	1.46	0.49	1.52	0.18	1.13	0.18	
GE 7FA.05 Min. Load/ GE LMS-100 Ave. Load	CC07/SC06/AB	2006	27.2	23.2	0.20	156	40.4	1.80	1.53	1.58	0.48	1.55	0.19	1.29	0.19	
		2007	27.7	20.4	0.18	157	34.8	1.86	1.39	1.42	0.49	1.63	0.18	1.10	0.18	
		2008	26.9	21.2	0.19	161	34.7	1.78	1.43	1.33	0.41	1.36	0.18	1.15	0.18	
		2009	24.2	21.3	0.18	152	38.4	1.66	1.47	1.42	0.45	1.44	0.17	1.26	0.17	
		2011	29.6	22.4	0.18	168	40.6	1.95	1.59	1.45	0.48	1.54	0.18	1.17	0.18	
GE 7FA.05 Min. Load/ GE LMS-100 Min. Load	CC07/SC07/AB	2006	27.8	23.3	0.20	156	40.4	1.77	1.53	1.57	0.48	1.63	0.19	1.36	0.19	
		2007	28.3	20.5	0.18	159	34.9	1.83	1.39	1.42	0.49	1.71	0.18	1.17	0.18	
		2008	27.4	21.3	0.19	161	34.8	1.76	1.43	1.33	0.41	1.42	0.18	1.20	0.18	
		2009	24.3	21.4	0.18	152	38.5	1.63	1.47	1.42	0.45	1.52	0.17	1.31	0.17	
		2011	30.3	22.4	0.19	170	40.6	1.92	1.56	1.43	0.48	1.56	0.18	1.23	0.18	

Alamitos Energy Center

Table 5.1C.8a

Operational Results – Load Analysis  
2016

107°F Ambient Temperature Scenarios

Scenario Description <sup>a</sup>	Exhaust Scenario	Year	NO <sub>2</sub> (µg/m <sup>3</sup> ) <sup>b</sup>		CO (µg/m <sup>3</sup> )			SO <sub>2</sub> (µg/m <sup>3</sup> )			PM <sub>10</sub> (µg/m <sup>3</sup> )	PM <sub>2.5</sub> (µg/m <sup>3</sup> )
			1-hour	1-hour (federal) <sup>c</sup>	1-hour	8-hour	1-hour	1-hour (federal) <sup>d</sup>	3-hour	24-hour	24-hour	24-hour <sup>e</sup>
GE 7FA.05 Max. Load with Evap./ GE LMS-100 Max. Load with Evap.	CC08/SC08/AB	2006	16.2	13.6	71.9	16.5	1.67	1.47	1.48	0.40	1.00	0.84
		2007	17.5	12.4	80.0	16.1	1.88	1.26	1.29	0.41	1.01	0.74
		2008	16.5	11.7	74.8	15.0	1.68	1.29	1.16	0.35	0.86	0.77
		2009	16.2	11.4	71.5	16.7	1.66	1.27	1.15	0.38	1.02	0.81
		2011	17.8	13.2	75.1	18.1	1.77	1.50	1.22	0.41	1.05	0.79
GE 7FA.05 Max. Load with Evap./ GE LMS-100 Max. Load	CC08/SC09/AB	2006	16.4	13.9	72.4	16.5	1.64	1.46	1.45	0.40	1.04	0.86
		2007	17.7	12.7	80.5	16.2	1.85	1.25	1.28	0.41	1.05	0.76
		2008	16.9	12.0	75.4	15.1	1.66	1.28	1.15	0.35	0.89	0.79
		2009	16.5	11.8	72.1	16.7	1.63	1.26	1.14	0.38	1.06	0.84
		2011	18.0	13.6	75.6	18.1	1.72	1.48	1.21	0.41	1.09	0.82
GE 7FA.05 Max. Load with Evap./ GE LMS-100 Ave. Load	CC08/SC10/AB	2006	16.7	14.4	73.4	16.6	1.59	1.43	1.41	0.40	1.11	0.92
		2007	18.0	13.4	81.5	16.4	1.81	1.23	1.28	0.41	1.14	0.81
		2008	17.6	12.8	76.5	15.2	1.65	1.26	1.14	0.34	0.95	0.86
		2009	17.3	12.6	73.3	16.8	1.59	1.24	1.14	0.37	1.13	0.90
		2011	18.3	14.4	76.3	18.2	1.65	1.46	1.21	0.41	1.16	0.88
GE 7FA.05 Max. Load with Evap./ GE LMS-100 Min. Load	CC08/SC11/AB	2006	17.2	15.3	74.7	16.8	1.54	1.42	1.36	0.39	1.22	1.02
		2007	18.5	14.5	82.8	16.6	1.76	1.23	1.27	0.40	1.25	0.87
		2008	18.6	13.9	78.0	15.4	1.62	1.23	1.12	0.34	1.05	0.93
		2009	18.5	13.7	74.9	17.0	1.55	1.22	1.13	0.37	1.23	0.98
		2011	19.3	15.5	77.2	18.3	1.61	1.44	1.20	0.40	1.26	0.97
GE 7FA.05 Max. Load/ GE LMS-100 Max. Load with Evap.	CC09/SC08/AB	2006	17.0	14.4	75.9	17.9	1.63	1.42	1.44	0.40	1.04	0.86
		2007	18.6	13.0	85.4	17.1	1.84	1.23	1.25	0.41	1.06	0.76
		2008	17.2	12.2	79.6	16.3	1.62	1.26	1.13	0.34	0.89	0.80
		2009	16.7	12.0	75.1	18.1	1.62	1.24	1.13	0.37	1.04	0.84
		2011	19.5	13.8	82.9	19.3	1.81	1.45	1.19	0.40	1.08	0.82
GE 7FA.05 Max. Load/ GE LMS-100 Max. Load	CC09/SC09/AB	2006	17.2	14.6	76.4	18.0	1.60	1.41	1.42	0.39	1.07	0.90
		2007	18.8	13.3	85.9	17.2	1.81	1.22	1.25	0.40	1.10	0.79
		2008	17.6	12.5	80.1	16.4	1.61	1.24	1.12	0.34	0.93	0.83
		2009	17.1	12.2	75.7	18.1	1.59	1.22	1.13	0.37	1.08	0.87
		2011	19.7	14.1	83.4	19.4	1.77	1.44	1.18	0.40	1.11	0.85
GE 7FA.05 Max. Load/ GE LMS-100 Ave. Load	CC09/SC10/AB	2006	17.6	15.1	77.4	18.0	1.55	1.39	1.37	0.39	1.14	0.96
		2007	19.1	14.0	86.9	17.4	1.77	1.21	1.24	0.40	1.18	0.83
		2008	18.3	13.3	81.2	16.5	1.59	1.22	1.11	0.34	0.99	0.88
		2009	17.8	13.1	76.8	18.2	1.55	1.20	1.13	0.37	1.15	0.94
		2011	20.0	14.9	84.5	19.4	1.69	1.42	1.17	0.40	1.19	0.92
GE 7FA.05 Max. Load/ GE LMS-100 Min. Load	CC09/SC11/AB	2006	18.1	15.9	78.6	18.2	1.50	1.37	1.32	0.39	1.25	1.05
		2007	19.5	15.0	88.2	17.6	1.72	1.21	1.23	0.40	1.30	0.90
		2008	19.2	14.4	82.7	16.7	1.57	1.20	1.10	0.33	1.09	0.97
		2009	18.9	14.2	78.4	18.3	1.50	1.19	1.13	0.36	1.25	1.01
		2011	20.4	16.0	85.6	19.6	1.61	1.40	1.17	0.39	1.29	1.01

Alamitos Energy Center

Table 5.1C.8a

Operational Results – Load Analysis  
2016

107°F Ambient Temperature Scenarios

Scenario Description <sup>a</sup>	Exhaust Scenario	Year	NO <sub>2</sub> (µg/m <sup>3</sup> ) <sup>b</sup>		CO (µg/m <sup>3</sup> )			SO <sub>2</sub> (µg/m <sup>3</sup> ) <sup>d</sup>			PM <sub>10</sub> (µg/m <sup>3</sup> )	PM <sub>2.5</sub> (µg/m <sup>3</sup> )
			1-hour	1-hour (federal) <sup>c</sup>	1-hour	8-hour	1-hour	1-hour (federal)	3-hour	24-hour	24-hour	24-hour <sup>e</sup>
GE 7FA.05 Ave. Load/ GE LMS-100 Max. Load with Evap.	CC10/SC08/AB	2006	21.1	17.7	97.9	24.8	1.73	1.46	1.52	0.44	1.25	1.04
		2007	22.6	15.2	106	21.8	1.90	1.34	1.36	0.46	1.32	0.91
		2008	20.6	15.5	101	22.0	1.67	1.34	1.22	0.39	1.10	0.96
		2009	19.4	15.2	92.9	24.3	1.67	1.36	1.31	0.42	1.19	1.01
		2011	23.0	16.7	106	25.8	1.86	1.52	1.35	0.45	1.24	0.97
GE 7FA.05 Ave. Load/ GE LMS-100 Max. Load	CC10/SC09/AB	2006	21.4	17.9	98.6	24.8	1.70	1.45	1.49	0.44	1.27	1.07
		2007	22.7	15.6	106	21.8	1.87	1.34	1.35	0.45	1.35	0.93
		2008	20.8	15.5	101	22.1	1.66	1.34	1.22	0.39	1.12	0.98
		2009	19.5	15.4	93.2	24.4	1.64	1.36	1.31	0.41	1.22	1.04
		2011	23.3	17.0	106	25.8	1.83	1.49	1.33	0.45	1.26	1.00
GE 7FA.05 Ave. Load/ GE LMS-100 Ave. Load	CC10/SC10/AB	2006	21.8	18.3	100	24.8	1.67	1.43	1.46	0.44	1.34	1.12
		2007	23.0	16.5	107	22.0	1.83	1.34	1.35	0.45	1.41	0.96
		2008	21.2	15.6	102	22.2	1.64	1.34	1.22	0.38	1.18	1.02
		2009	20.1	15.8	93.9	24.4	1.60	1.36	1.31	0.41	1.28	1.11
		2011	24.0	17.5	107	25.9	1.79	1.47	1.30	0.45	1.31	1.07
GE 7FA.05 Ave. Load/ GE LMS-100 Min. Load	CC10/SC11/AB	2006	22.3	18.9	101	24.9	1.62	1.43	1.45	0.44	1.45	1.21
		2007	23.5	17.5	109	22.2	1.78	1.33	1.34	0.45	1.52	1.03
		2008	22.1	16.6	103	22.4	1.62	1.33	1.22	0.38	1.28	1.10
		2009	21.1	16.4	94.6	24.5	1.55	1.36	1.31	0.41	1.38	1.18
		2011	24.8	18.5	109	25.9	1.74	1.45	1.25	0.45	1.41	1.14
GE 7FA.05 Min. Load/ GE LMS-100 Max. Load with Evap.	CC11/SC08/AB	2006	23.8	19.8	112	29.0	1.68	1.37	1.47	0.43	1.41	1.17
		2007	24.7	17.5	117	25.3	1.77	1.26	1.27	0.44	1.49	1.01
		2008	22.9	17.9	115	25.2	1.61	1.28	1.19	0.37	1.24	1.05
		2009	21.3	17.9	106	28.1	1.59	1.32	1.27	0.40	1.32	1.15
		2011	25.9	19.1	122	30.4	1.81	1.49	1.35	0.44	1.42	1.08
GE 7FA.05 Min. Load/ GE LMS-100 Max. Load	CC11/SC09/AB	2006	24.0	19.8	112	29.0	1.65	1.37	1.44	0.43	1.44	1.19
		2007	24.8	17.5	117	25.3	1.74	1.26	1.27	0.44	1.52	1.03
		2008	23.1	17.9	115	25.3	1.60	1.28	1.19	0.37	1.26	1.07
		2009	21.4	17.9	106	28.1	1.56	1.32	1.27	0.40	1.35	1.17
		2011	26.3	19.2	122	30.4	1.78	1.45	1.34	0.44	1.43	1.10
GE 7FA.05 Min. Load/ GE LMS-100 Ave. Load	CC11/SC10/AB	2006	24.4	20.0	113	29.0	1.62	1.37	1.42	0.42	1.50	1.25
		2007	25.2	17.6	118	25.4	1.70	1.26	1.27	0.44	1.58	1.08
		2008	23.5	18.0	115	25.4	1.57	1.28	1.19	0.37	1.31	1.11
		2009	21.6	17.9	106	28.2	1.52	1.32	1.27	0.39	1.41	1.21
		2011	26.9	19.3	123	30.5	1.74	1.43	1.31	0.44	1.45	1.15
GE 7FA.05 Min. Load/ GE LMS-100 Min. Load	CC11/SC11/AB	2006	25.0	20.7	115	29.1	1.57	1.37	1.41	0.42	1.58	1.33
		2007	25.6	18.8	120	25.6	1.65	1.25	1.27	0.43	1.67	1.14
		2008	24.0	18.1	115	25.6	1.54	1.28	1.19	0.37	1.39	1.19
		2009	22.2	18.2	106	28.3	1.47	1.31	1.27	0.39	1.50	1.29
		2011	27.7	20.1	125	30.5	1.70	1.39	1.27	0.44	1.50	1.23

<sup>a</sup> All modeled scenarios include two GE 7FA.05 turbines, four GE LMS-100 turbines, and the auxiliary boiler.

<sup>b</sup> The maximum 1-hour and annual NO<sub>2</sub> concentrations include ambient NO<sub>2</sub> ratios of 0.80 (EPA, 2011) and 0.75 (EPA, 2005), respectively.

<sup>c</sup> The federal 1-hour NO<sub>2</sub> and 24-hour PM<sub>2.5</sub> results are the high-8th-high impacts modeled.

<sup>d</sup> The federal 1-hour SO<sub>2</sub> results are the high-4th-high impacts modeled.

Revisions based on modeling with the revised operational emission rates

**Alamitos Energy Center**

**Table 5.1C.8b**

**Operational Results – SCAQMD Rule 2005**

**2016**

**GE 7FA.05 Unit 1**

Year	1-hour Concentration ( $\mu\text{g}/\text{m}^3$ ) <sup>a, b</sup>	1-hour Federal Concentration ( $\mu\text{g}/\text{m}^3$ ) <sup>a, b</sup>	Annual Concentration ( $\mu\text{g}/\text{m}^3$ ) <sup>a, c</sup>
2006	13.0	13.0	0.085
2007	12.7	12.7	0.078
2008	13.6	13.6	0.079
2009	12.7	12.7	0.077
2011	13.3	13.3	0.078

**GE LMS-100 Unit 1**

Year	1-hour Concentration ( $\mu\text{g}/\text{m}^3$ ) <sup>a, b</sup>	1-hour Federal Concentration ( $\mu\text{g}/\text{m}^3$ ) <sup>a, b</sup>	Annual Concentration ( $\mu\text{g}/\text{m}^3$ ) <sup>a, c</sup>
2006	2.71	2.71	0.012
2007	2.54	2.54	0.011
2008	2.93	2.93	0.011
2009	2.73	2.73	0.011
2011	4.37	4.37	0.012

**GE LMS-100 Unit 3**

Year	1-hour Concentration ( $\mu\text{g}/\text{m}^3$ ) <sup>a, b</sup>	1-hour Federal Concentration ( $\mu\text{g}/\text{m}^3$ ) <sup>a, b</sup>	Annual Concentration ( $\mu\text{g}/\text{m}^3$ ) <sup>a, c</sup>
2006	2.71	2.71	0.013
2007	2.57	2.57	0.011
2008	3.04	3.04	0.011
2009	2.73	2.73	0.011
2011	4.48	4.48	0.012

**Auxiliary Boiler**

Year	1-hour Concentration ( $\mu\text{g}/\text{m}^3$ ) <sup>a</sup>	1-hour Federal Concentration ( $\mu\text{g}/\text{m}^3$ ) <sup>a</sup>	Annual Concentration ( $\mu\text{g}/\text{m}^3$ ) <sup>a</sup>
2006	1.18	1.18	0.021
2007	1.22	1.22	0.020
2008	1.22	1.22	0.022
2009	1.21	1.21	0.030
2011	1.19	1.19	0.034

**GE 7FA.05 Unit 2**

Year	1-hour Concentration ( $\mu\text{g}/\text{m}^3$ ) <sup>a, b</sup>	1-hour Federal Concentration ( $\mu\text{g}/\text{m}^3$ ) <sup>a, b</sup>	Annual Concentration ( $\mu\text{g}/\text{m}^3$ ) <sup>a, c</sup>
2006	13.1	13.1	0.085
2007	12.6	12.6	0.078
2008	13.8	13.8	0.077
2009	12.7	12.7	0.077
2011	13.3	13.3	0.079

**GE LMS-100 Unit 2**

Year	1-hour Concentration ( $\mu\text{g}/\text{m}^3$ ) <sup>a, b</sup>	1-hour Federal Concentration ( $\mu\text{g}/\text{m}^3$ ) <sup>a, b</sup>	Annual Concentration ( $\mu\text{g}/\text{m}^3$ ) <sup>a, c</sup>
2006	2.68	2.68	0.013
2007	2.57	2.57	0.011
2008	2.97	2.97	0.011
2009	2.70	2.70	0.011
2011	7.06	7.06	0.012

**GE LMS-100 Unit 4**

Year	1-hour Concentration ( $\mu\text{g}/\text{m}^3$ ) <sup>a, b</sup>	1-hour Federal Concentration ( $\mu\text{g}/\text{m}^3$ ) <sup>a, b</sup>	Annual Concentration ( $\mu\text{g}/\text{m}^3$ ) <sup>a, c</sup>
2006	2.74	2.74	0.013
2007	2.58	2.58	0.011
2008	3.00	3.00	0.011
2009	2.74	2.74	0.011
2011	4.40	4.40	0.012

<sup>a</sup> The maximum 1-hour and annual NO<sub>2</sub> concentrations include ambient NO<sub>2</sub> ratios of 0.80 (EPA, 2011) and 0.75 (EPA, 2005), respectively.

<sup>b</sup> The modeled impact for the 1-hour NO<sub>2</sub> AAQS for the GE 7FA.05 and GE LMS-100 units are based on exhaust scenarios CC03 and SC03, respectively.

<sup>c</sup> The modeled impact for the annual NO<sub>2</sub> AAQS for the GE 7FA.05 and GE LMS-100 units are based on exhaust scenarios CC07 and SC07, respectively.

Revisions based on modeling with the revised operational emission rates:

**Alamitos Energy Center**

**Table 5.1C.8c**

**Operational Results – Class II SIL and Increment**

**April 2016**

Year	NO <sub>2</sub> (µg/m <sup>3</sup> ) <sup>a</sup>		CO (µg/m <sup>3</sup> )		PM <sub>10</sub> (µg/m <sup>3</sup> )	
	1-hour <sup>b</sup>	Annual <sup>c</sup>	1-hour <sup>b</sup>	8-hour <sup>b</sup>	24-hour <sup>c</sup>	Annual <sup>c</sup>
2006	28.7	0.20	172	44.2	1.63	0.19
2007	29.3	0.18	174	38.2	1.71	0.18
2008	28.4	0.00	178	38.1	1.42	0.18
2009	25.3	0.18	168	42.1	1.52	0.17
2011	31.3	0.19	186	44.3	1.56	0.18

<sup>a</sup> The maximum 1-hour and annual NO<sub>2</sub> concentrations include ambient NO<sub>2</sub> ratios of 0.80 (EPA, 2011) and 0.75 (EPA, 2005), respectively.

<sup>b</sup> The modeled impact for the 1-hour NO<sub>2</sub>, 1-hour CO, and 8-hour CO Class II SILs and Increments for the GE 7FA.05 and GE LMS-100 units are based on exhaust scenarios CC03 and SC03, respectively.

<sup>c</sup> The modeled impact for the annual NO<sub>2</sub> and PM<sub>10</sub> Class II SILs and Increments for the GE 7FA.05 and GE LMS-100 units are based on exhaust scenarios CC07 and SC07, respectively.

Revisions based on modeling with the revised operational emission rates

**Alamitos Energy Center**

**Table 5.1C.8d**

**Operational Results – Class I SIL and Increment**

**April 2016**

**Annual NO<sub>2</sub> Concentrations (µg/m<sup>3</sup>) at 50 km Receptor Ring <sup>a,b</sup>**

Year	2006	2007	2008	2009	2011
All	0.0035	0.0034	0.0038	0.0047	0.0042
GE 7FA.05 Unit 1	0.0011	0.0010	0.0011	0.0015	0.0013
GE 7FA.05 Unit 2	0.0011	0.0010	0.0011	0.0015	0.0013
GE LMS-100 Unit 1	3.7E-04	3.4E-04	3.7E-04	4.4E-04	4.0E-04
GE LMS-100 Unit 2	3.7E-04	3.4E-04	3.7E-04	4.4E-04	4.0E-04
GE LMS-100 Unit 3	3.7E-04	3.5E-04	3.8E-04	4.4E-04	4.0E-04
GE LMS-100 Unit 4	3.6E-04	3.5E-04	3.8E-04	4.4E-04	4.0E-04
Auxiliary Boiler	4.5E-05	4.5E-05	5.3E-05	6.8E-05	5.3E-05

**24-hour PM<sub>10</sub> Concentrations (µg/m<sup>3</sup>) at 50 km Receptor Ring <sup>c</sup>**

Year	2006	2007	2008	2009	2011
All	0.048	0.035	0.041	0.056	0.044
GE 7FA.05 Unit 1	0.010	0.0091	0.010	0.013	0.011
GE 7FA.05 Unit 2	0.010	0.0091	0.010	0.013	0.011
GE LMS-100 Unit 1	0.0067	0.0050	0.0051	0.0076	0.0056
GE LMS-100 Unit 2	0.0067	0.0050	0.0051	0.0076	0.0056
GE LMS-100 Unit 3	0.0067	0.0050	0.0051	0.0076	0.0056
GE LMS-100 Unit 4	0.0067	0.0050	0.0051	0.0076	0.0056
Auxiliary Boiler	4.8E-04	4.5E-04	4.4E-04	4.6E-04	5.5E-04

**Annual PM<sub>10</sub> Concentrations (µg/m<sup>3</sup>) at 50 km Receptor Ring <sup>c</sup>**

Year	2006	2007	2008	2009	2011
All	0.0034	0.0033	0.0037	0.0046	0.0041
GE 7FA.05 Unit 1	0.0010	0.0010	0.0011	0.0014	0.0012
GE 7FA.05 Unit 2	0.0010	0.0010	0.0011	0.0014	0.0012
GE LMS-100 Unit 1	3.5E-04	3.3E-04	3.6E-04	4.2E-04	3.8E-04
GE LMS-100 Unit 2	3.5E-04	3.3E-04	3.6E-04	4.2E-04	3.8E-04
GE LMS-100 Unit 3	3.5E-04	3.3E-04	3.6E-04	4.3E-04	3.8E-04
GE LMS-100 Unit 4	3.5E-04	3.3E-04	3.6E-04	4.3E-04	3.8E-04
Auxiliary Boiler	6.0E-05	6.0E-05	7.0E-05	9.0E-05	7.0E-05

<sup>a</sup> The maximum annual NO<sub>2</sub> concentrations include an ambient NO<sub>2</sub> ratio of 0.75 (EPA, 2005).

<sup>b</sup> The modeled impact for the annual NO<sub>2</sub> Class I SIL and Increment for the GE 7FA.05 and GE LMS-100 units are based on exhaust scenarios CC07 and SC07, respectively.

<sup>c</sup> The modeled impact for the 24-hour and annual PM<sub>10</sub> Class I SILs and Increments for the GE 7FA.05 and GE LMS-100 units are based on exhaust scenarios CC07 and SC07, respectively.

Revisions based on modeling with the revised operational emission rates

**Alamitos Energy Center**  
**Table 5.1C.9**  
**Competing Source Stack Parameters**  
**April 2016**

**Point Sources**

Facility	Source ID	Easting (X) (m)	Northing (Y) (m)	Base Elevation (m)	Stack Height (m)	Temperature (K)	Exit Velocity (m/s)	Stack Diameter (m)
AEC	7FA01	398058	3736934	4.57	42.7	350	12.2	6.10
	7FA02	398058	3736890	4.57	42.7	350	12.2	6.10
	LMS01	398252	3737139	4.57	24.4	749	23.8	4.11
	LMS02	398252	3737124	4.57	24.4	749	23.8	4.11
	LMS03	398251	3737012	4.57	24.4	749	23.8	4.11
	LMS04	398251	3736997	4.57	24.4	749	23.8	4.11
	AUXBOILER	398086	3736829	4.57	24.4	432	21.2	0.91
Haynes Generating Station (Haynes)	Haynes Unit 11	398554	3736805	2.74	45.7	627	21.6	4.11
	Haynes Unit 12	398554	3736811	2.67	45.7	627	21.6	4.11
	Haynes Unit 13	398554	3736912	2.60	45.7	627	21.6	4.11
	Haynes Unit 14	398554	3736919	2.61	45.7	627	21.6	4.11
	Haynes Unit 15	398554	3737019	2.60	45.7	627	21.6	4.11
	Haynes Unit 16	398554	3737025	2.60	45.7	627	21.6	4.11
	Haynes Boiler 1	398601	3736258	3.20	73.2	386	17.1	5.33
	Haynes Boiler 2	398601	3736293	3.20	73.2	384	15.7	5.33
	CCGS Unit 9	398652	3736693	3.54	42.7	368	19.1	5.79
	CCGS Unit 10	398652	3736739	3.54	42.7	368	19.1	5.79
Beta Offshore (Beta)	16607301	395222	3716431	0	18.3	661	31.1	0.30
	16607302	395222	3716431	0	18.3	641	30.0	0.30
	16607303	395222	3716431	0	18.3	585	24.2	0.30
	16607304	394082	3717932	0	18.3	663	28.7	0.30
	16607305	394082	3717932	0	18.3	684	34.7	0.30
	16607306	394082	3717932	0	18.3	583	21.1	0.30
	16607307	395265	3716554	0	18.3	671	39.4	0.61
	16607308	395265	3716554	0	18.3	671	38.1	0.61
	16607309	395265	3716554	0	18.3	677	37.5	0.61
	16607310	395265	3716554	0	18.3	671	81.2	0.76
	16607311	395265	3716554	0	18.3	669	81.1	0.76
	16607312	395265	3716554	0	18.3	668	81.4	0.76
	16607313	395265	3716554	0	22.9	464	8.35	0.51

**Volume Sources**

Facility	Source ID	Base Elevation (m)	Release Height (m)	Initial Horizontal Dimension (m)	Initial Vertical Dimension (m)
Shipping Lanes (800 sources)	704601 - 764625	0	50.0	186	23.3

Competing source data provided by SCAQMD.

**Alamitos Energy Center**

**Table 5.1C.10**

**Competing Source Emission Rates**

**April 2016**

**Emission Rates for PSD 1-hour NO<sub>2</sub> Competing Source Modeling**

Facility	Source ID	1-hour NO <sub>2</sub>	
		(g/s)	(lb/hr)
AEC	7FA01	7.69	61.0
	7FA02	7.69	61.0
	LMS01	2.67	21.2
	LMS02	2.67	21.2
	LMS03	2.67	21.2
	LMS04	2.67	21.2
	AUXBOILER	0.054	0.42
Haynes	Haynes Unit 11	3.12	24.7
	Haynes Unit 12	3.12	24.7
	Haynes Unit 13	3.12	24.7
	Haynes Unit 14	3.12	24.7
	Haynes Unit 15	3.12	24.7
	Haynes Unit 16	3.12	24.7
	Haynes Boiler 1	1.69	13.4
	Haynes Boiler 2	1.69	13.4
	CCGS Unit 9	2.17	17.2
	CCGS Unit 10	2.17	17.2
Beta	16607301	1.90	15.0
	16607302	1.90	15.0
	16607303	1.90	15.0
	16607304	1.90	15.0
	16607305	1.90	15.0
	16607306	1.90	15.0
	16607307	0.37	2.90
	16607308	0.31	2.50
	16607309	0.35	2.80
	16607310	2.52	20.0
	16607311	2.48	19.7
	16607312	2.48	19.7
	16607313	10.3	81.6
Shipping Lanes (Total for 800 sources)	704601 - 764625	171	1,357

Competing source data provided by SCAQMD.

**Alamitos Energy Center**  
**Table 5.1C.11**  
**Competing Source Results**  
**April 2016**

**1-hour NO<sub>2</sub> Concentrations (µg/m<sup>3</sup>)<sup>a, b</sup>**

Year	2006	2007	2008	2009	2011
All (Max. Impact)	105	108	108	105	99.1
AEC (Max. Contribution)	6.54	6.36	6.76	6.87	6.75
Haynes (Max. Contribution)	48.0	48.0	48.0	48.0	48.0
Beta (Max. Contribution)	0.36	0.61	0.33	0.37	0.73
Ships (Max. Contribution)	101	104	105	102	97.8

<sup>a</sup> The maximum 1-hour NO<sub>2</sub> concentrations include an ambient NO<sub>2</sub> ratio of 0.80 (EPA, 2011). Maximum impacts are the high-8th-high, while the maximum contributions are the highest of the 8th through 25th high.

<sup>b</sup> The modeled impact for the 1-hour NO<sub>2</sub> competing source assessment for the GE 7FA.05 and GE LMS-100 units are based on exhaust scenarios CC03 and SC03, respectively.

Alamitos Energy Center

Table 5.1C.12

AEC CCGT Construction with AGS Units 1 - 6 Operation Stack Parameters

April 2016

Construction Point Sources

Source ID	Stack Release Type (Beta)	Easting (X) (m)	Northing (Y) (m)	Base Elevation (m)	Stack Height (m)	Temperature (K)	Exit Velocity (m/s)	Stack Diameter (m)
7FA01	Horizontal	398050	3736725	4.57	4.60	533	18.0	0.127
7FA02	Horizontal	398075	3736725	4.57	4.60	533	18.0	0.127
7FA03	Horizontal	398100	3736725	4.57	4.60	533	18.0	0.127
7FA04	Horizontal	398125	3736725	4.57	4.60	533	18.0	0.127
7FA05	Horizontal	398150	3736725	4.57	4.60	533	18.0	0.127
7FA06	Horizontal	398175	3736725	4.57	4.60	533	18.0	0.127
7FA07	Horizontal	398050	3736750	4.57	4.60	533	18.0	0.127
7FA08	Horizontal	398075	3736750	4.57	4.60	533	18.0	0.127
7FA09	Horizontal	398100	3736750	4.57	4.60	533	18.0	0.127
7FA10	Horizontal	398125	3736750	4.57	4.60	533	18.0	0.127
7FA11	Horizontal	398150	3736750	4.57	4.60	533	18.0	0.127
7FA12	Horizontal	398175	3736750	4.57	4.60	533	18.0	0.127
7FA13	Horizontal	398050	3736775	4.57	4.60	533	18.0	0.127
7FA14	Horizontal	398075	3736775	4.57	4.60	533	18.0	0.127
7FA15	Horizontal	398100	3736775	4.57	4.60	533	18.0	0.127
7FA16	Horizontal	398125	3736775	4.57	4.60	533	18.0	0.127
7FA17	Horizontal	398150	3736775	4.57	4.60	533	18.0	0.127
7FA18	Horizontal	398175	3736775	4.57	4.60	533	18.0	0.127
7FA19	Horizontal	398050	3736800	4.57	4.60	533	18.0	0.127
7FA20	Horizontal	398075	3736800	4.57	4.60	533	18.0	0.127
7FA21	Horizontal	398100	3736800	4.57	4.60	533	18.0	0.127
7FA22	Horizontal	398125	3736800	4.57	4.60	533	18.0	0.127
7FA23	Horizontal	398150	3736800	4.57	4.60	533	18.0	0.127
7FA24	Horizontal	398175	3736800	4.57	4.60	533	18.0	0.127
7FA25	Horizontal	398050	3736825	4.57	4.60	533	18.0	0.127
7FA26	Horizontal	398075	3736825	4.57	4.60	533	18.0	0.127
7FA27	Horizontal	398100	3736825	4.57	4.60	533	18.0	0.127
7FA28	Horizontal	398125	3736825	4.57	4.60	533	18.0	0.127
7FA29	Horizontal	398150	3736825	4.57	4.60	533	18.0	0.127
7FA30	Horizontal	398175	3736825	4.57	4.60	533	18.0	0.127
7FA31	Horizontal	398050	3736850	4.57	4.60	533	18.0	0.127
7FA32	Horizontal	398075	3736850	4.57	4.60	533	18.0	0.127
7FA33	Horizontal	398100	3736850	4.57	4.60	533	18.0	0.127
7FA34	Horizontal	398125	3736850	4.57	4.60	533	18.0	0.127
7FA35	Horizontal	398150	3736850	4.57	4.60	533	18.0	0.127
7FA36	Horizontal	398175	3736850	4.57	4.60	533	18.0	0.127
7FA37	Horizontal	398050	3736875	4.57	4.60	533	18.0	0.127
7FA38	Horizontal	398075	3736875	4.57	4.60	533	18.0	0.127
7FA39	Horizontal	398100	3736875	4.57	4.60	533	18.0	0.127
7FA40	Horizontal	398125	3736875	4.57	4.60	533	18.0	0.127
7FA41	Horizontal	398150	3736875	4.57	4.60	533	18.0	0.127
7FA42	Horizontal	398175	3736875	4.57	4.60	533	18.0	0.127
7FA43	Horizontal	398050	3736900	4.57	4.60	533	18.0	0.127
7FA44	Horizontal	398075	3736900	4.57	4.60	533	18.0	0.127
7FA45	Horizontal	398100	3736900	4.57	4.60	533	18.0	0.127
7FA46	Horizontal	398125	3736900	4.57	4.60	533	18.0	0.127
7FA47	Horizontal	398150	3736900	4.57	4.60	533	18.0	0.127
7FA48	Horizontal	398175	3736900	4.57	4.60	533	18.0	0.127
7FA49	Horizontal	398050	3736925	4.57	4.60	533	18.0	0.127
7FA50	Horizontal	398075	3736925	4.57	4.60	533	18.0	0.127
7FA51	Horizontal	398100	3736925	4.57	4.60	533	18.0	0.127
7FA52	Horizontal	398125	3736925	4.57	4.60	533	18.0	0.127
7FA53	Horizontal	398150	3736925	4.57	4.60	533	18.0	0.127
7FA54	Horizontal	398175	3736925	4.57	4.60	533	18.0	0.127
7FA55	Horizontal	398050	3736950	4.57	4.60	533	18.0	0.127
7FA56	Horizontal	398075	3736950	4.57	4.60	533	18.0	0.127
7FA57	Horizontal	398100	3736950	4.57	4.60	533	18.0	0.127
7FA58	Horizontal	398125	3736950	4.57	4.60	533	18.0	0.127
7FA59	Horizontal	398150	3736950	4.57	4.60	533	18.0	0.127
7FA60	Horizontal	398175	3736950	4.57	4.60	533	18.0	0.127

Alamitos Energy Center

Table 5.1C.12

AEC CCGT Construction with AGS Units 1 - 6 Operation Stack Parameters

April 2016

Construction Area Poly Sources

Source ID	Base Elevation (m)	Release Height (m)	Number of Vertices	Vertical Dimension (m)	Easting (X1) (m)	Northing (Y1) (m)	Easting (X2) (m)	Northing (Y2) (m)	Easting (X3) (m)	Northing (Y3) (m)	Easting (X4) (m)	Northing (Y4) (m)
FUG	4.57	0.00	4	1.00	398185	3736725	398045	3736725	398045	3736960	398185	3736960

Operational Point Sources

Source ID	Easting (X) (m)	Northing (Y) (m)	Base Elevation (m)	Stack Height (m)	Temperature (K)	Exit Velocity (m/s)	Stack Diameter (m)
AGS Unit 1	397965	3737095	4.57	61.0	456	19.0	3.58
AGS Unit 2	397993	3737095	4.57	61.0	472	26.2	3.65
AGS Unit 3	398096	3737050	4.57	60.7	366	10.7	5.31
AGS Unit 4	398157	3737050	4.57	60.7	359	11.1	5.17
AGS Unit 5	398135	3736650	4.57	58.2	388	17.7	5.58
AGS Unit 6	398135	3736600	4.57	58.2	387	16.8	5.61

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**Table 5.1C.13**

**AEC CCGT Construction with AGS Units 1 - 6 Operation Emission Rates**

**April 2016**

**Emission Rates for 1-hour, 3-hour, 8-hour, and 24-hour Modeling**

Source ID	1-hour NO <sub>2</sub>		1-hour NO <sub>2</sub> (federal)		1-hour CO		8-hour CO		1-hour SO <sub>2</sub>		3-hour SO <sub>2</sub>		24-hour SO <sub>2</sub>		24-hour PM <sub>10</sub>		24-hour PM <sub>2.5</sub>	
	(g/s)	(lb/hr)	(g/s)	(lb/hr)	(g/s)	(lb/hr)	(g/s)	(lb/hr)	(g/s)	(lb/hr)	(g/s)	(lb/hr)	(g/s)	(lb/hr)	(g/s)	(lb/hr)	(g/s)	(lb/hr)
FUG	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0.017	0.14	0.0046	0.036
EXH	0.21	1.63	0.21	1.63	1.06	8.44	1.06	8.44	0.0018	0.014	0.0018	0.014	7.5E-04	0.0059	0.0010	0.0082	0.0010	0.0082
AGS Unit 1	1.71	13.6	1.71	13.6	42.8	340	42.8	340	0.14	1.11	0.14	1.11	0.14	1.11	0.25	1.96	0.25	1.96
AGS Unit 2	1.63	12.9	1.63	12.9	31.4	249	31.4	249	0.13	1.06	0.13	1.06	0.13	1.06	0.25	1.96	0.25	1.96
AGS Unit 3	3.04	24.1	3.04	24.1	39.6	314	39.6	314	0.25	1.98	0.25	1.98	0.25	1.98	0.46	3.69	0.46	3.69
AGS Unit 4	1.97	15.6	1.97	15.6	5.93	47.1	5.93	47.1	0.25	1.99	0.25	1.99	0.25	1.99	0.46	3.69	0.46	3.69
AGS Unit 5	3.00	23.8	3.00	23.8	87.7	696	87.7	696	0.35	2.80	0.35	2.80	0.35	2.80	0.66	5.23	0.66	5.23
AGS Unit 6	3.07	24.4	3.07	24.4	38.2	303	38.2	303	0.35	2.81	0.35	2.81	0.35	2.81	0.66	5.23	0.66	5.23
Maximum Month	27		27		14		14		14		14		14		17		17	

**Emission Rates for Annual Modeling**

Source ID	Annual NO <sub>2</sub>		Annual PM <sub>10</sub>		Annual PM <sub>2.5</sub>	
	(g/s)	(lb/hr)	(g/s)	(lb/hr)	(g/s)	(lb/hr)
FUG	-	-	0.012	0.097	0.0034	0.027
EXH	0.063	0.50	7.5E-04	0.0059	7.4E-04	0.0059
AGS Unit 1	1.71	13.6	0.25	1.96	0.25	1.96
AGS Unit 2	1.63	12.9	0.25	1.96	0.25	1.96
AGS Unit 3	3.04	24.1	0.46	3.69	0.46	3.69
AGS Unit 4	1.97	15.6	0.46	3.69	0.46	3.69
AGS Unit 5	3.00	23.8	0.66	5.23	0.66	5.23
AGS Unit 6	3.07	24.4	0.66	5.23	0.66	5.23
Maximum Months	24-35		15-26		15-26	

Emission rates for exhaust sources are the total for all sources.

Schedule pushed back to account for Unit 7 demolition activities

**Alamitos Energy Center**

**Table 5.1C.14**

**AEC CCGT Construction with AGS Units 1 - 6 Operation Building Parameters**

**April 2016**

Building Name	Number of Tiers	Tier Number	Base Elevation (m)	Tier Height (m)	Number of Corners	Corner 1 East (X) (m)	Corner 1 North (Y) (m)	Corner 2 East (X) (m)	Corner 2 North (Y) (m)	Corner 3 East (X) (m)	Corner 3 North (Y) (m)	Corner 4 East (X) (m)	Corner 4 North (Y) (m)
U12	1	1	4.57	39.7	4	397950	3737089	397950	3737116	398009	3737116	398009	3737089
U3	1	1	4.57	37.0	4	398083	3737113	398110	3737113	398110	3737071	398083	3737071
U4	1	1	4.57	37.0	4	398142	3737113	398171	3737113	398171	3737070	398142	3737070
U5	1	1	4.57	47.2	4	398159	3736658	398190	3736658	398190	3736636	398159	3736636
U6	1	1	4.57	47.2	4	398158	3736608	398190	3736608	398190	3736584	398158	3736584

Alamitos Energy Center

Table 5.1C.15

AEC CCGT Construction with AGS Units 1 - 6 Operation Results

April 2016

Source	Year	NO <sub>2</sub> (µg/m <sup>3</sup> ) <sup>a</sup>			CO (µg/m <sup>3</sup> )		SO <sub>2</sub> (µg/m <sup>3</sup> )			PM <sub>10</sub> (µg/m <sup>3</sup> )		PM <sub>2.5</sub> (µg/m <sup>3</sup> )		
		1-hour	1-hour (federal) <sup>b</sup>	Annual	1-hour	8-hour	1-hour	1-hour (federal) <sup>c</sup>	3-hour	24-hour	24-hour	Annual	24-hour <sup>b</sup>	Annual
ALL	2006	12.6	12.5	1.79	206	142	1.28	1.22	1.18	0.43	7.31	2.04	1.64	0.65
Exhaust		12.6	12.5	1.40	81.7	67.6	0.14	0.14	0.13	0.037	0.051	0.022	0.042	0.022
Fugitive		-	-	-	-	-	-	-	-	-	7.19	1.91	1.51	0.53
AGS Operation		10.2	9.38	0.84	203	140	1.27	1.21	1.18	0.43	0.79	0.21	0.62	0.21
ALL	2007	12.7	12.6	1.85	209	141	1.31	1.23	1.20	0.39	6.75	2.08	1.61	0.67
Exhaust		12.7	12.6	1.42	82.1	67.6	0.14	0.14	0.13	0.035	0.049	0.023	0.044	0.023
Fugitive		-	-	-	-	-	-	-	-	-	6.62	1.95	1.48	0.54
AGS Operation		10.3	9.61	0.79	206	139	1.31	1.22	1.20	0.38	0.71	0.20	0.56	0.20
ALL	2008	12.6	12.6	1.87	210	145	1.30	1.23	1.16	0.36	7.04	2.05	1.63	0.67
Exhaust		12.6	12.6	1.40	81.7	68.2	0.14	0.14	0.13	0.034	0.048	0.022	0.043	0.022
Fugitive		-	-	-	-	-	-	-	-	-	6.93	1.91	1.46	0.53
AGS Operation		10.4	9.70	0.84	207	143	1.29	1.23	1.16	0.36	0.66	0.21	0.54	0.21
ALL	2009	12.6	12.4	1.82	206	164	1.37	1.23	1.24	0.45	6.62	1.96	1.50	0.64
Exhaust		12.6	12.4	1.40	81.3	65.3	0.14	0.14	0.13	0.036	0.049	0.022	0.044	0.022
Fugitive		-	-	-	-	-	-	-	-	-	6.55	1.83	1.34	0.51
AGS Operation		10.2	9.59	0.79	203	161	1.37	1.23	1.24	0.44	0.82	0.20	0.57	0.20
ALL	2011	12.6	12.2	1.86	277	183	1.59	1.28	1.16	0.43	6.74	1.96	1.61	0.64
Exhaust		12.6	12.2	1.43	81.3	71.1	0.14	0.13	0.13	0.034	0.047	0.023	0.042	0.023
Fugitive		-	-	-	-	-	-	-	-	-	6.68	1.83	1.47	0.51
AGS Operation		11.6	9.75	0.81	275	181	1.58	1.28	1.16	0.43	0.79	0.20	0.52	0.20

<sup>a</sup>The maximum 1-hour and annual NO<sub>2</sub> concentrations include ambient NO<sub>2</sub> ratios of 0.80 (EPA, 2011) and 0.75 (EPA, 2005), respectively.

<sup>b</sup>The federal 1-hour NO<sub>2</sub> and 24-hour PM<sub>2.5</sub> results are the high-8th-high impacts modeled.

<sup>c</sup>The federal 1-hour SO<sub>2</sub> results are the high-4th-high impacts modeled.

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Table 5.1C.16

AEC CCGT Operation with AEC SCGT Construction and AGS Units 3, 4, and 6 Operation Stack Parameters

April 2016

Construction Point Sources

Source ID	Stack Release Type (Beta)	Easting (X) (m)	Northing (Y) (m)	Base Elevation (m)	Stack Height (m)	Temperature (K)	Exit Velocity (m/s)	Stack Diameter (m)
LMS01	Horizontal	398200	3736850	4.572	4.60	533	18.0	0.127
LMS02	Horizontal	398225	3736850	4.572	4.60	533	18.0	0.127
LMS03	Horizontal	398250	3736850	4.572	4.60	533	18.0	0.127
LMS04	Horizontal	398275	3736850	4.572	4.60	533	18.0	0.127
LMS05	Horizontal	398200	3736875	4.572	4.60	533	18.0	0.127
LMS06	Horizontal	398225	3736875	4.572	4.60	533	18.0	0.127
LMS07	Horizontal	398250	3736875	4.572	4.60	533	18.0	0.127
LMS08	Horizontal	398275	3736875	4.572	4.60	533	18.0	0.127
LMS09	Horizontal	398200	3736900	4.572	4.60	533	18.0	0.127
LMS10	Horizontal	398225	3736900	4.572	4.60	533	18.0	0.127
LMS11	Horizontal	398250	3736900	4.572	4.60	533	18.0	0.127
LMS12	Horizontal	398275	3736900	4.572	4.60	533	18.0	0.127
LMS13	Horizontal	398200	3736925	4.572	4.60	533	18.0	0.127
LMS14	Horizontal	398225	3736925	4.572	4.60	533	18.0	0.127
LMS15	Horizontal	398250	3736925	4.572	4.60	533	18.0	0.127
LMS16	Horizontal	398275	3736925	4.572	4.60	533	18.0	0.127
LMS17	Horizontal	398200	3736950	4.572	4.60	533	18.0	0.127
LMS18	Horizontal	398225	3736950	4.572	4.60	533	18.0	0.127
LMS19	Horizontal	398250	3736950	4.572	4.60	533	18.0	0.127
LMS20	Horizontal	398275	3736950	4.572	4.60	533	18.0	0.127
LMS21	Horizontal	398200	3736975	4.572	4.60	533	18.0	0.127
LMS22	Horizontal	398225	3736975	4.572	4.60	533	18.0	0.127
LMS23	Horizontal	398250	3736975	4.572	4.60	533	18.0	0.127
LMS24	Horizontal	398275	3736975	4.572	4.60	533	18.0	0.127
LMS25	Horizontal	398200	3737000	4.572	4.60	533	18.0	0.127
LMS26	Horizontal	398225	3737000	4.572	4.60	533	18.0	0.127
LMS27	Horizontal	398250	3737000	4.572	4.60	533	18.0	0.127
LMS28	Horizontal	398275	3737000	4.572	4.60	533	18.0	0.127
LMS29	Horizontal	398200	3737025	4.572	4.60	533	18.0	0.127
LMS30	Horizontal	398225	3737025	4.572	4.60	533	18.0	0.127
LMS31	Horizontal	398250	3737025	4.572	4.60	533	18.0	0.127
LMS32	Horizontal	398275	3737025	4.572	4.60	533	18.0	0.127
LMS33	Horizontal	398200	3737050	4.572	4.60	533	18.0	0.127
LMS34	Horizontal	398225	3737050	4.572	4.60	533	18.0	0.127
LMS35	Horizontal	398250	3737050	4.572	4.60	533	18.0	0.127
LMS36	Horizontal	398275	3737050	4.572	4.60	533	18.0	0.127
LMS37	Horizontal	398200	3737075	4.57	4.60	533	18.0	0.127
LMS38	Horizontal	398225	3737075	4.57	4.60	533	18.0	0.127
LMS39	Horizontal	398250	3737075	4.57	4.60	533	18.0	0.127
LMS40	Horizontal	398275	3737075	4.57	4.60	533	18.0	0.127
LMS41	Horizontal	398200	3737100	4.57	4.60	533	18.0	0.127
LMS42	Horizontal	398225	3737100	4.57	4.60	533	18.0	0.127
LMS43	Horizontal	398250	3737100	4.57	4.60	533	18.0	0.127
LMS44	Horizontal	398275	3737100	4.57	4.60	533	18.0	0.127
LMS45	Horizontal	398200	3737125	4.57	4.60	533	18.0	0.127
LMS46	Horizontal	398225	3737125	4.57	4.60	533	18.0	0.127
LMS47	Horizontal	398250	3737125	4.57	4.60	533	18.0	0.127
LMS48	Horizontal	398275	3737125	4.57	4.60	533	18.0	0.127
LMS49	Horizontal	398200	3737150	4.57	4.60	533	18.0	0.127
LMS50	Horizontal	398225	3737150	4.57	4.60	533	18.0	0.127
LMS51	Horizontal	398250	3737150	4.57	4.60	533	18.0	0.127
LMS52	Horizontal	398275	3737150	4.57	4.60	533	18.0	0.127
LMS53	Horizontal	398200	3737175	4.57	4.60	533	18.0	0.127
LMS54	Horizontal	398225	3737175	4.57	4.60	533	18.0	0.127
LMS55	Horizontal	398250	3737175	4.57	4.60	533	18.0	0.127
LMS56	Horizontal	398275	3737175	4.57	4.60	533	18.0	0.127
LMS57	Horizontal	398200	3736825	4.57	4.60	533	18.0	0.127
LMS58	Horizontal	398225	3736825	4.57	4.60	533	18.0	0.127
LMS59	Horizontal	398200	3736800	4.57	4.60	533	18.0	0.127
LMS60	Horizontal	398225	3736800	4.57	4.60	533	18.0	0.127
LMS61	Horizontal	398200	3736775	4.57	4.60	533	18.0	0.127
LMS62	Horizontal	398225	3736775	4.57	4.60	533	18.0	0.127
LMS63	Horizontal	398200	3736750	4.57	4.60	533	18.0	0.127
LMS64	Horizontal	398225	3736750	4.57	4.60	533	18.0	0.127
LMS65	Horizontal	398200	3736725	4.57	4.60	533	18.0	0.127
LMS66	Horizontal	398225	3736725	4.57	4.60	533	18.0	0.127

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Table 5.1C.16

AEC CCGT Operation with AEC SCGT Construction and AGS Units 3, 4, and 6 Operation Stack Parameters

April 2016

Construction Area Poly Sources

Source ID	Base Elevation (m)	Release Height (m)	Number of Vertices	Vertical Dimension (m)	Easting (X1) (m)	Northing (Y1) (m)	Easting (X2) (m)	Northing (Y2) (m)	Easting (X3) (m)	Northing (Y3) (m)
FUG	4.57	0.00	8	1.00	398275	3737175	398275	3736850	398235	3736850

Source ID	Easting (X4) (m)	Northing (Y4) (m)	Easting (X5) (m)	Northing (Y5) (m)	Easting (X6) (m)	Northing (Y6) (m)	Easting (X7) (m)	Northing (Y7) (m)	Easting (X8) (m)	Northing (Y8) (m)
FUG	398235	3736725	398185	3736725	398185	3736960	398200	3736960	398200	3737175

Operational Point Sources

Source ID	Scenario	Easting (X) (m)	Northing (Y) (m)	Base Elevation (m)	Stack Height (m)	Temperature (K)	Exit Velocity (m/s)	Stack Diameter (m)
7FA01-02	State 1-hour SO <sub>2</sub>	398058	3736934	4.57	42.7	354	15.6	6.10
7FA02-02		398058	3736890	4.57	42.7	354	15.6	6.10
7FA01-03	1-hour NO <sub>2</sub> , CO	398058	3736934	4.57	42.7	350	12.2	6.10
7FA02-03		398058	3736890	4.57	42.7	350	12.2	6.10
7FA01-06	Federal 1-hour SO <sub>2</sub>	398058	3736934	4.57	42.7	353	14.9	6.10
7FA02-06	3-hour SO <sub>2</sub> , 24-hour SO <sub>2</sub>	398058	3736890	4.57	42.7	353	14.9	6.10
7FA01-07	Annual NO <sub>2</sub> , PM <sub>10</sub> , PM <sub>2.5</sub>	398058	3736934	4.57	42.7	350	11.8	6.10
7FA02-07		398058	3736890	4.57	42.7	350	11.8	6.10
Auxiliary Boiler	All	398086	3736829	4.57	24.4	432	21.2	0.91
AGS Unit 3	All	398096	3737050	4.57	60.7	366	10.7	5.31
AGS Unit 4	All	398157	3737050	4.57	60.7	359	11.1	5.17
AGS Unit 6	All	398135	3736600	4.57	58.2	387	16.8	5.61

Alamitos Energy Center

Table 5.1C.17

AEC CCGT Operation with AEC SCGT Construction and AGS Units 3, 4, and 6 Operation Emission Rates

April 2016

Emission Rates for 1-hour, 3-hour, 8-hour, and 24-hour Modeling

Source ID	1-hour NO <sub>2</sub>		1-hour NO <sub>2</sub> (federal)		1-hour CO		8-hour CO		1-hour SO <sub>2</sub>		1-hour SO <sub>2</sub> (federal)		3-hour SO <sub>2</sub>		24-hour SO <sub>2</sub>		24-hour PM <sub>10</sub>		24-hour PM <sub>2.5</sub>		
	(g/s)	(lb/hr)	(g/s)	(lb/hr)	(g/s)	(lb/hr)	(g/s)	(lb/hr)	(g/s)	(lb/hr)	(g/s)	(lb/hr)	(g/s)	(lb/hr)	(g/s)	(lb/hr)	(g/s)	(lb/hr)	(g/s)	(lb/hr)	
FUG	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0.036	0.29	0.015	0.12
EXH <sup>a</sup>	0.11	0.91	0.11	0.91	1.15	9.13	1.15	9.13	0.0022	0.017	0.0022	0.017	0.0022	0.017	9.0E-04	0.0071	0.0015	0.012	0.0014	0.011	
7FA01 <sup>b</sup>	7.69	61.0	7.69	61.0	41.0	325	14.9	118	0.48	3.84	0.47	3.72	0.47	3.72	0.47	3.72	1.07	8.50	1.07	8.50	
7FA02 <sup>b</sup>	7.69	61.0	7.69	61.0	41.0	325	14.9	118	0.48	3.84	0.47	3.72	0.47	3.72	0.47	3.72	1.07	8.50	1.07	8.50	
Auxiliary Boiler	0.05	0.42	0.054	0.42	0.36	2.83	0.30	2.37	0.018	0.14	0.018	0.14	0.018	0.14	0.0057	0.046	0.02	0.16	0.02	0.16	
AGS Unit 3	3.04	24.1	3.04	24.1	39.6	314	39.6	314	0.25	1.98	0.25	1.98	0.25	1.98	0.25	1.98	0.46	3.69	0.46	3.69	
AGS Unit 4	1.97	15.6	1.97	15.6	5.93	47.1	5.93	47.1	0.25	1.99	0.25	1.99	0.25	1.99	0.25	1.99	0.46	3.69	0.46	3.69	
AGS Unit 6	3.07	24.4	3.07	24.4	38.2	303	38.2	303	0.35	2.81	0.35	2.81	0.35	2.81	0.35	2.81	0.66	5.23	0.66	5.23	
Maximum Month	43		43		43		43		43		43		43		43		43		43		

Emission Rates for Annual Modeling

Source ID	Annual NO <sub>2</sub>		Annual PM <sub>10</sub>		Annual PM <sub>2.5</sub>	
	(g/s)	(lb/hr)	(g/s)	(lb/hr)	(g/s)	(lb/hr)
FUG	-	-	0.013	0.10	0.0035	0.027
EXH <sup>a</sup>	0.021	0.17	6.3E-04	0.0050	6.2E-04	0.0050
7FA01 <sup>b</sup>	0.79	6.24	0.57	4.50	0.57	4.50
7FA02 <sup>b</sup>	0.79	6.24	0.57	4.50	0.57	4.50
Auxiliary Boiler	0.019	0.15	0.019	0.15	0.019	0.15
AGS Unit 3	3.04	24.1	0.46	3.69	0.46	3.69
AGS Unit 4	1.97	15.6	0.46	3.69	0.46	3.69
AGS Unit 6	3.07	24.4	0.66	5.23	0.66	5.23
Maximum Months	41-52		41-52		41-52	

<sup>a</sup> Emission rates for exhaust sources are the total for all sources.

<sup>b</sup> Emission rates for the GE 7FA.05 turbines are for the load scenario resulting in the worst-case modeled impacts for the AEC CCGT.

Revisions made consistent with the revised operational emissions and to account for Unit 7 demolition activities, as they affect the construction schedule



**Alamitos Energy Center**

**Table 5.1C.19**

**AEC CCGT Operation with AEC SCGT Construction and AGS Units 3, 4, and 6 Operation Results**

**April 2016**

Source	Year	NO <sub>2</sub> (µg/m <sup>3</sup> ) <sup>a</sup>			CO (µg/m <sup>3</sup> )			SO <sub>2</sub> (µg/m <sup>3</sup> )				PM <sub>10</sub> (µg/m <sup>3</sup> )		PM <sub>2.5</sub> (µg/m <sup>3</sup> )	
		1-hour	1-hour (federal) <sup>b</sup>	Annual	1-hour	8-hour	1-hour	1-hour (federal) <sup>c</sup>	3-hour	24-hour	24-hour	Annual	24-hour <sup>b</sup>	Annual	
ALL		29.4	26.6	0.93	225	98.3	2.24	2.16	2.14	0.69	12.2	2.23	4.89	0.76	
Exhaust		6.20	5.99	0.41	77.5	57.5	0.15	0.14	0.13	0.033	0.053	0.016	0.046	0.016	
Fugitive	2006	-	-	-	-	-	-	-	-	-	11.9	2.00	4.09	0.53	
AEC Operation		25.7	24.1	0.18	172	44.0	1.75	1.63	1.59	0.49	1.42	0.18	1.23	0.18	
AGS Operation		7.67	7.08	0.56	103	65.3	0.98	0.94	0.91	0.31	0.58	0.14	0.46	0.14	
ALL		29.6	24.5	0.86	226	103	2.39	2.10	2.01	0.69	12.4	2.11	4.93	0.72	
Exhaust		6.15	5.97	0.41	76.9	51.7	0.14	0.14	0.12	0.032	0.051	0.016	0.045	0.016	
Fugitive	2007	-	-	-	-	-	-	-	-	-	12.2	1.90	4.26	0.50	
AEC Operation		24.8	21.0	0.16	165	37.6	1.70	1.49	1.52	0.48	1.40	0.16	0.91	0.16	
AGS Operation		7.79	7.30	0.54	95.7	64.4	1.00	0.96	0.93	0.29	0.53	0.14	0.40	0.14	
ALL		29.8	25.1	0.88	228	95.7	2.24	2.06	1.93	0.58	12.8	2.21	5.05	0.75	
Exhaust		6.21	6.00	0.41	77.7	54.5	0.15	0.14	0.12	0.031	0.051	0.016	0.047	0.016	
Fugitive	2008	-	-	-	-	-	-	-	-	-	12.2	1.99	4.29	0.53	
AEC Operation		26.6	21.7	0.16	178	37.6	1.79	1.52	1.39	0.41	1.16	0.15	0.95	0.16	
AGS Operation		7.71	7.29	0.57	94.1	61.6	0.99	0.95	0.90	0.26	0.48	0.15	0.39	0.15	
ALL		28.9	25.6	0.89	229	111	2.38	2.18	2.08	0.70	12.1	2.24	5.02	0.75	
Exhaust		6.24	5.90	0.41	78.0	52.7	0.15	0.14	0.14	0.031	0.050	0.016	0.046	0.016	
Fugitive	2009	-	-	-	-	-	-	-	-	-	11.5	2.02	4.18	0.54	
AEC Operation		24.9	21.8	0.16	167	41.4	1.61	1.54	1.48	0.45	1.31	0.16	1.12	0.16	
AGS Operation		7.72	7.24	0.54	94.3	74.0	0.97	0.96	0.96	0.32	0.59	0.14	0.42	0.14	
ALL		31.2	26.2	0.88	234	99.1	2.31	2.22	1.96	0.65	12.8	2.11	4.75	0.72	
Exhaust		6.21	5.99	0.42	77.6	53.6	0.15	0.14	0.12	0.031	0.050	0.017	0.045	0.017	
Fugitive	2011	-	-	-	-	-	-	-	-	-	11.8	1.88	4.13	0.50	
AEC Operation		26.2	23.0	0.17	175	43.7	1.79	1.64	1.39	0.46	1.41	0.16	0.98	0.16	
AGS Operation		7.79	7.42	0.53	114	65.0	1.04	0.98	0.89	0.27	0.50	0.13	0.38	0.13	

<sup>a</sup> The maximum 1-hour and annual NO<sub>2</sub> concentrations include ambient NO<sub>2</sub> ratios of 0.80 (EPA, 2011) and 0.75 (EPA, 2005), respectively.

<sup>b</sup> The federal 1-hour NO<sub>2</sub> and 24-hour PM<sub>2.5</sub> results are the high-8th-high impacts modeled.

<sup>c</sup> The federal 1-hour SO<sub>2</sub> results are the high-4th-high impacts modeled.

Revisions based on modeling with the revised operational emission rates

**Alamitos Energy Center**  
**Table 5.1C.20a**  
**First Quarter Wind Table**  
**April 2016**

**Frequency Distribution (Hours)**

**Date Range: January 1 - March 31 (2006-2009 and 2011)**

Wind Speed (m/s)	0.25 - 0.5	0.5 - 2.1	2.1 - 3.6	3.6 - 5.7	5.7 - 8.8	8.8 - 11.1	>= 11.1	Total
Wind Direction (from)								
N	0	437	162	1	0	0	0	600
NNE	0	922	141	3	0	0	0	1,066
NE	0	876	83	13	1	0	0	973
ENE	0	782	86	23	0	0	0	891
E	0	565	112	21	1	0	0	699
ESE	0	308	62	15	0	0	0	385
SE	0	297	183	57	13	1	0	551
SSE	0	239	213	53	3	0	0	508
S	0	211	308	35	1	0	0	555
SSW	0	198	282	29	0	0	0	509
SW	0	202	129	26	1	0	0	358
WSW	0	277	138	67	4	0	0	486
W	0	857	649	453	48	1	0	2,008
WNW	0	526	176	53	0	0	0	755
NW	0	178	20	1	0	0	0	199
NNW	0	157	24	2	0	0	0	183
Total	0	7,032	2,768	852	72	2	0	10,726

0 Calm Winds

98 Missing Winds

**Alamitos Energy Center**  
**Table 5.1C.20b**  
**Second Quarter Wind Table**  
**April 2016**

**Frequency Distribution (Hours)**

**Date Range: April 1 - June 30 (2006-2009 and 2011)**

Wind Speed (m/s)	0.25 - 0.5	0.5 - 2.1	2.1 - 3.6	3.6 - 5.7	5.7 - 8.8	8.8 - 11.1	>= 11.1	Total
Wind Direction (from)								
N	0	164	13	2	0	0	0	179
NNE	0	283	19	0	0	0	0	302
NE	0	444	14	1	0	0	0	459
ENE	0	364	21	3	0	0	0	388
E	0	365	43	3	0	0	0	411
ESE	0	291	78	2	0	0	0	371
SE	0	494	332	24	0	0	0	850
SSE	0	448	451	24	0	0	0	923
S	0	385	682	57	2	0	0	1,126
SSW	0	254	511	53	0	0	0	818
SW	0	160	218	32	0	0	0	410
WSW	0	229	143	71	10	0	0	453
W	0	947	991	663	48	0	0	2,649
WNW	0	794	322	116	3	0	0	1,235
NW	0	160	14	2	0	0	0	176
NNW	0	106	4	0	0	0	0	110
Total	0	5,888	3,856	1,053	63	0	0	10,860

0 Calm Winds

60 Missing Winds

**Alamitos Energy Center**  
**Table 5.1C.20c**  
**Third Quarter Wind Table**  
**April 2016**

**Frequency Distribution (Hours)**

**Date Range: July 1 - September 30 (2006-2009 and 2011)**

Wind Speed (m/s)	0.25 - 0.5	0.5 - 2.1	2.1 - 3.6	3.6 - 5.7	5.7 - 8.8	8.8 - 11.1	>= 11.1	Total
Wind Direction (from)								
N	0	217	9	4	0	0	0	230
NNE	0	350	3	1	0	0	0	354
NE	0	497	10	2	0	0	0	509
ENE	0	384	11	0	0	0	0	395
E	0	319	24	0	0	0	0	343
ESE	0	250	37	2	0	0	0	289
SE	0	448	203	11	0	0	0	662
SSE	0	451	331	21	0	0	0	803
S	0	368	568	28	0	0	0	964
SSW	0	224	452	25	0	0	0	701
SW	0	177	197	14	0	0	0	388
WSW	0	228	117	9	0	0	0	354
W	0	1,127	972	506	3	0	0	2,608
WNW	0	1,174	484	233	1	0	0	1,892
NW	0	252	29	4	0	0	0	285
NNW	0	136	4	0	0	0	0	140
Total	0	6,602	3,451	860	4	0	0	10,917

0 Calm Winds

146 Missing Winds

**Alamitos Energy Center**

**Table 5.1C.20d**

**Fourth Quarter Wind Table**

**April 2016**

**Frequency Distribution (Hours)**

**Date Range: October 1 - December 31 (2006-2009 and 2011)**

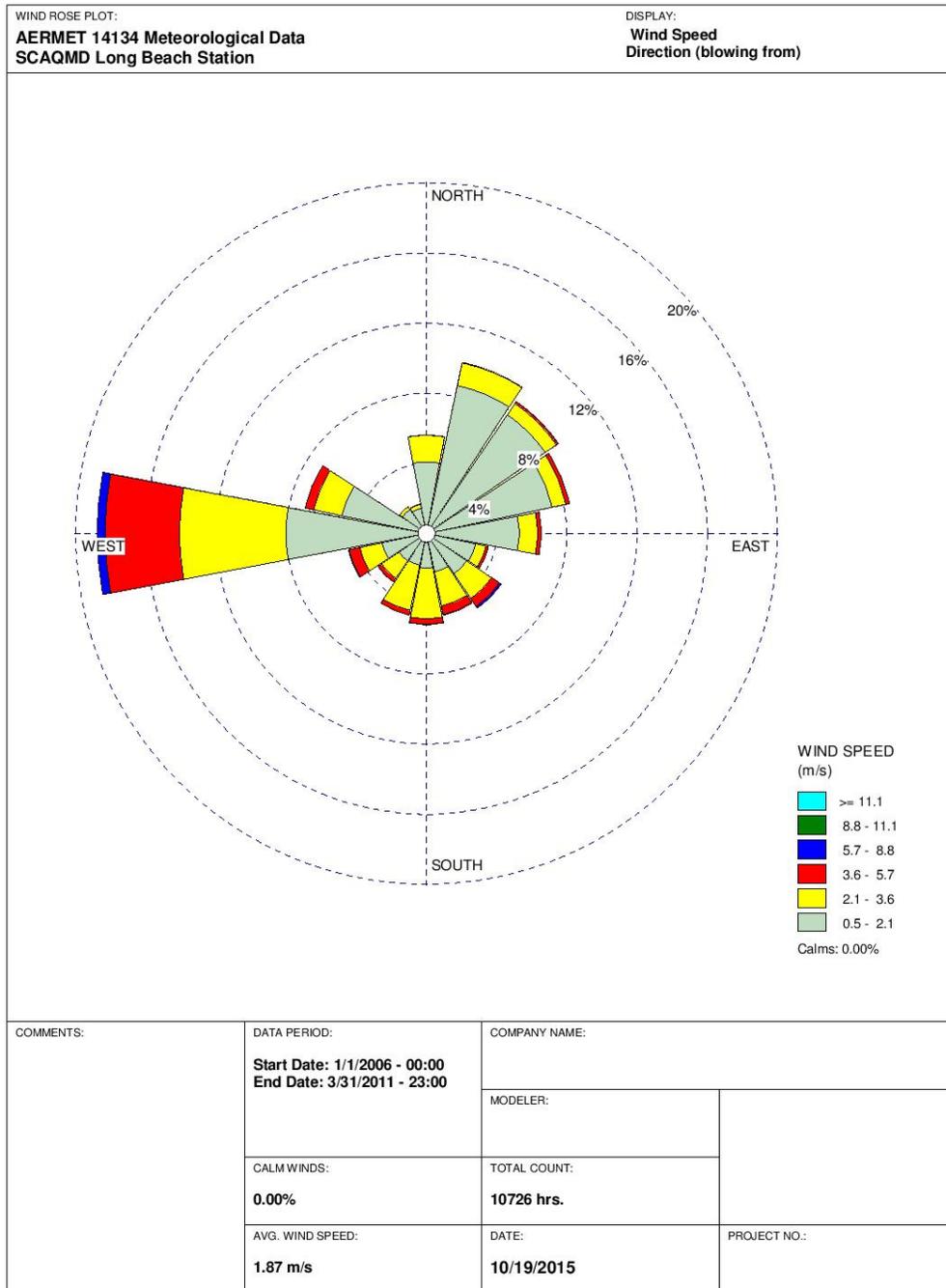
Wind Speed (m/s)	0.25 - 0.5	0.5 - 2.1	2.1 - 3.6	3.6 - 5.7	5.7 - 8.8	8.8 - 11.1	>= 11.1	Total
Wind Direction (from)								
N	0	492	154	17	3	0	0	666
NNE	0	1,033	111	46	10	0	0	1,200
NE	0	1,070	82	40	9	0	1	1,202
ENE	0	834	73	35	1	0	0	943
E	0	545	113	30	5	3	1	697
ESE	0	259	41	11	0	0	1	312
SE	0	262	100	25	12	2	1	402
SSE	0	194	153	21	2	1	0	371
S	0	235	235	20	1	0	1	492
SSW	0	228	208	21	1	0	0	458
SW	0	176	94	11	2	0	0	283
WSW	0	299	133	42	4	0	0	478
W	0	974	627	242	37	0	0	1,880
WNW	0	776	264	67	15	0	0	1,122
NW	0	230	28	4	2	1	0	265
NNW	0	172	24	6	1	0	0	203
Total	0	7,779	2,440	638	105	7	5	10,974

1 Calm Wind

42 Missing Winds

Alamitos Energy Center  
 Figure 5.1C-1a  
 First Quarter Wind Rose  
 April 2016

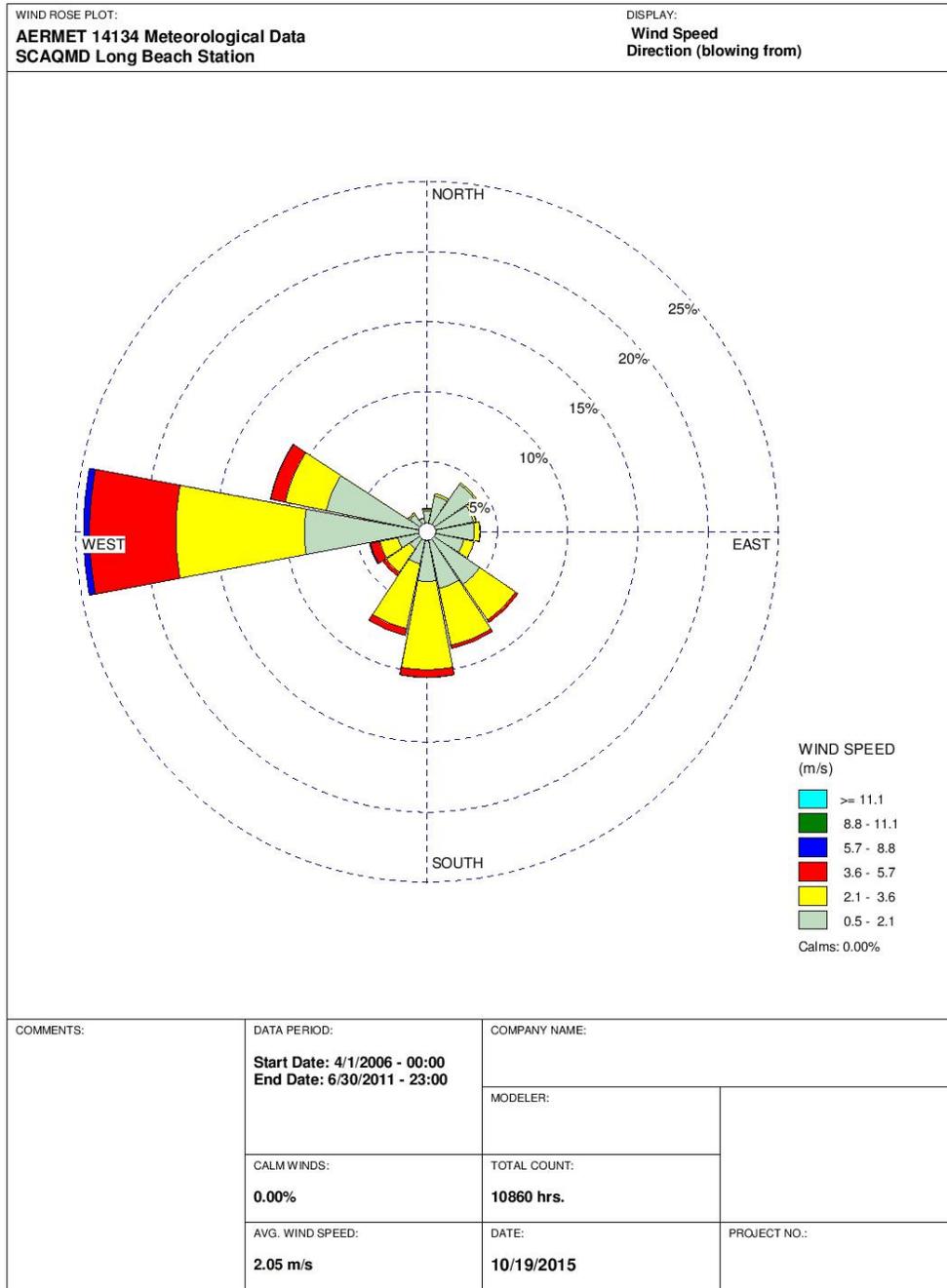
Date Range: January 1 – March 31 (2006-2009 and 2011)



WRPLOT View - Lakes Environmental Software

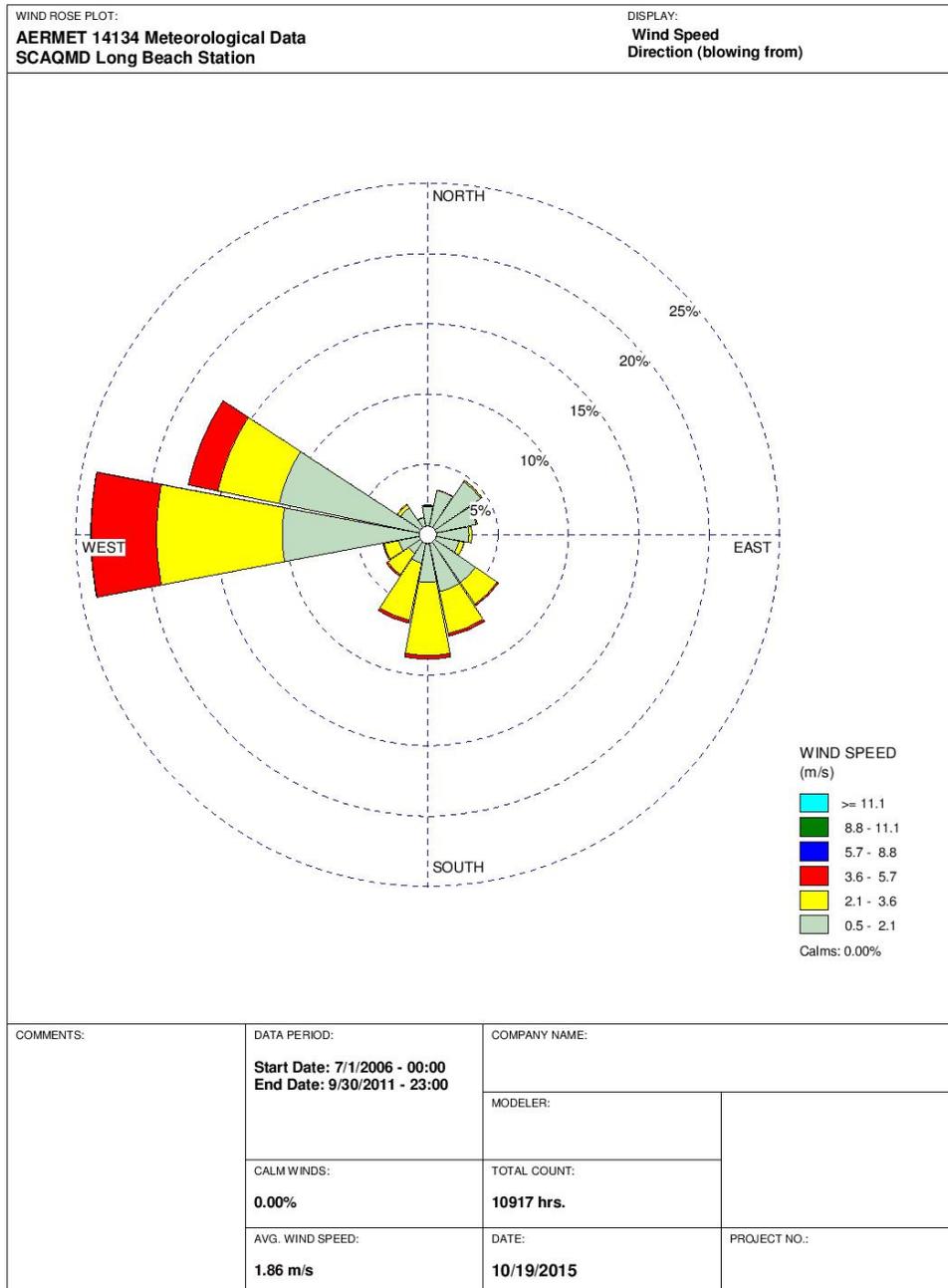
Alamitos Energy Center  
 Figure 5.1C-1b  
 Second Quarter Wind Rose  
 April 2016

Date Range: April 1 – June 30 (2006-2009 and 2011)



Alamitos Energy Center  
 Figure 5.1C-1c  
 Third Quarter Wind Rose  
 April 2016

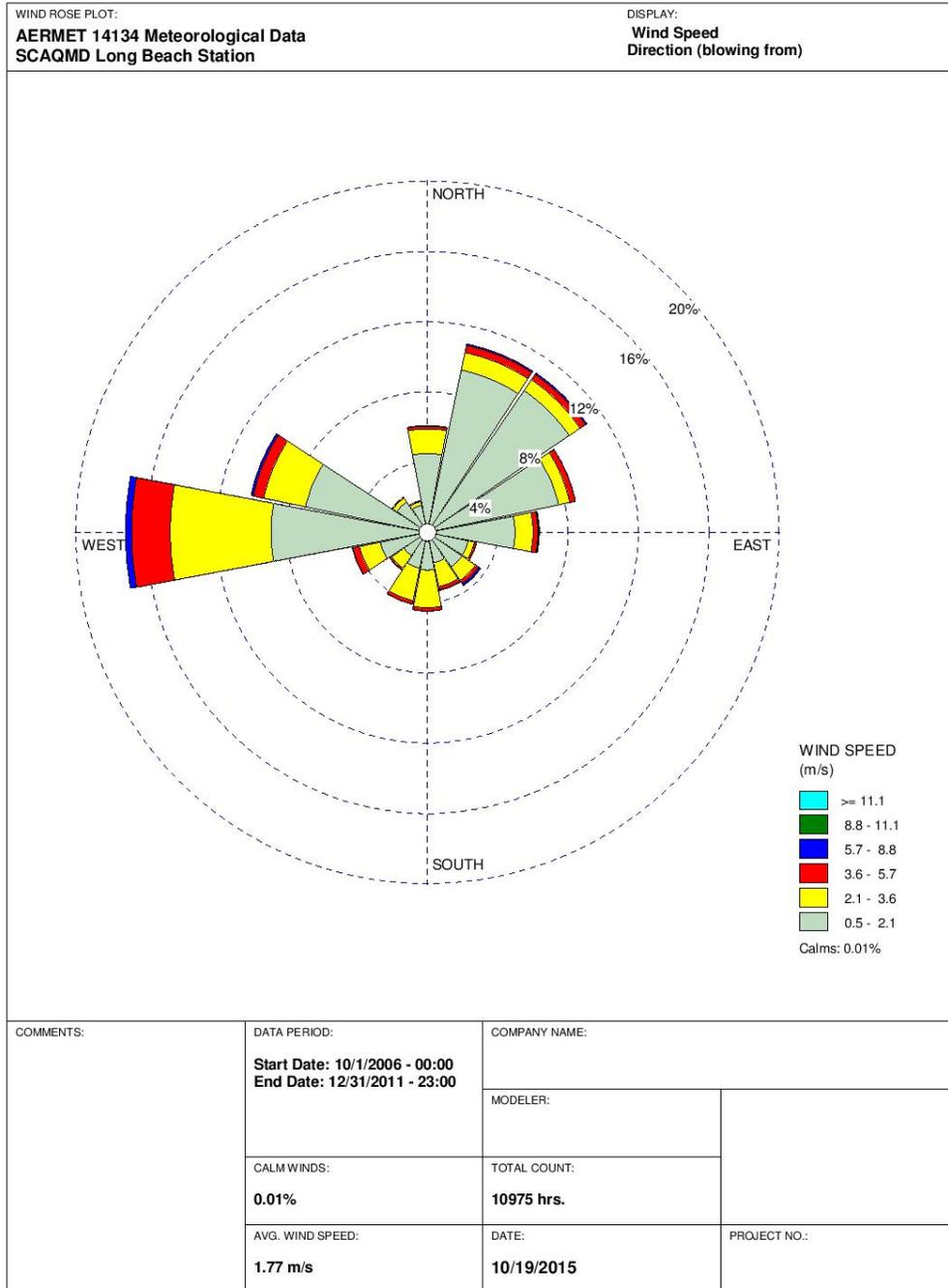
Date Range: July 1 – September 30 (2006-2009 and 2011)



WRPLOT View - Lakes Environmental Software

Alamitos Energy Center  
 Figure 5.1C-1d  
 Fourth Quarter Wind Rose  
 April 2016

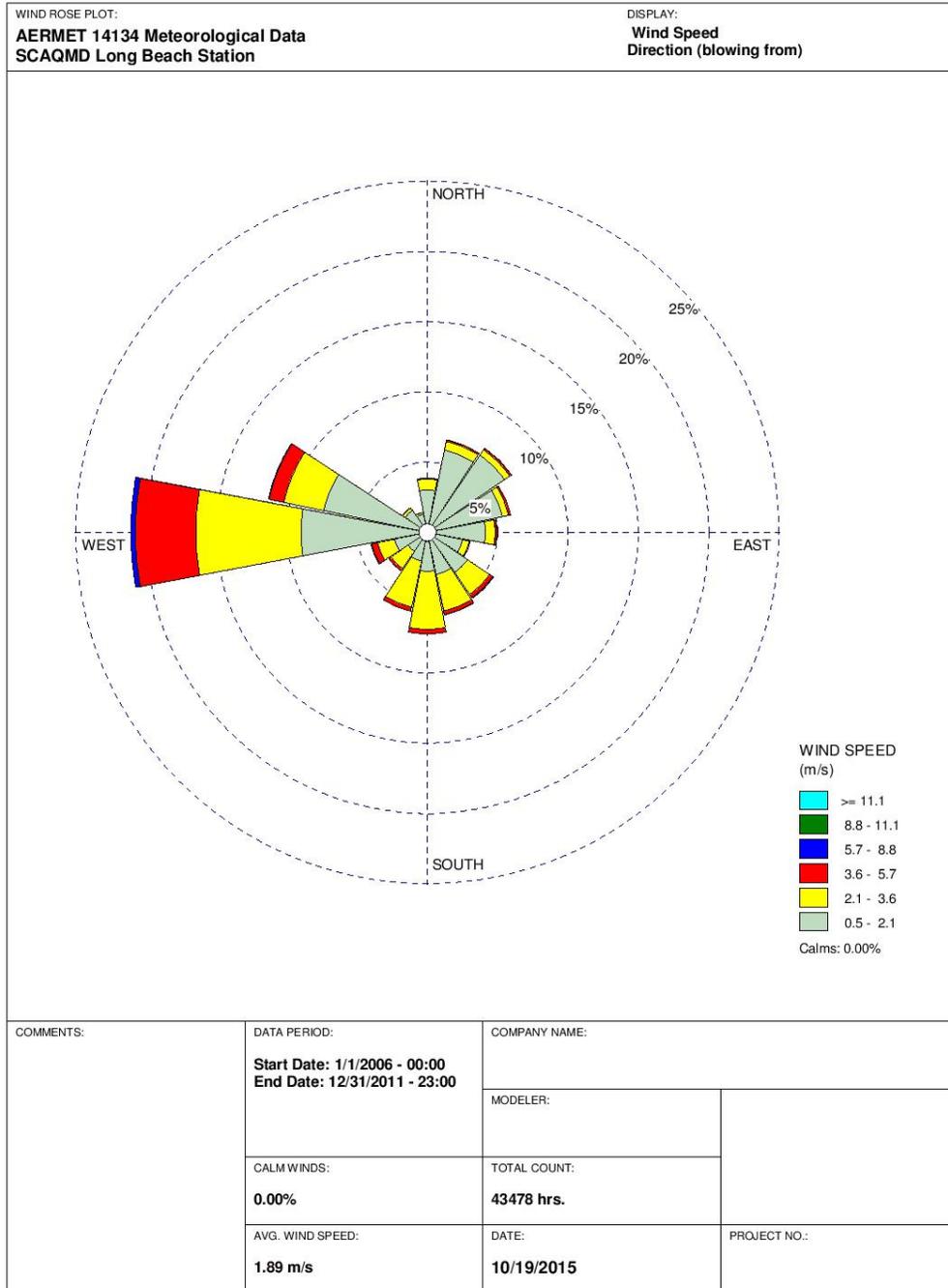
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WRPLOT View - Lakes Environmental Software

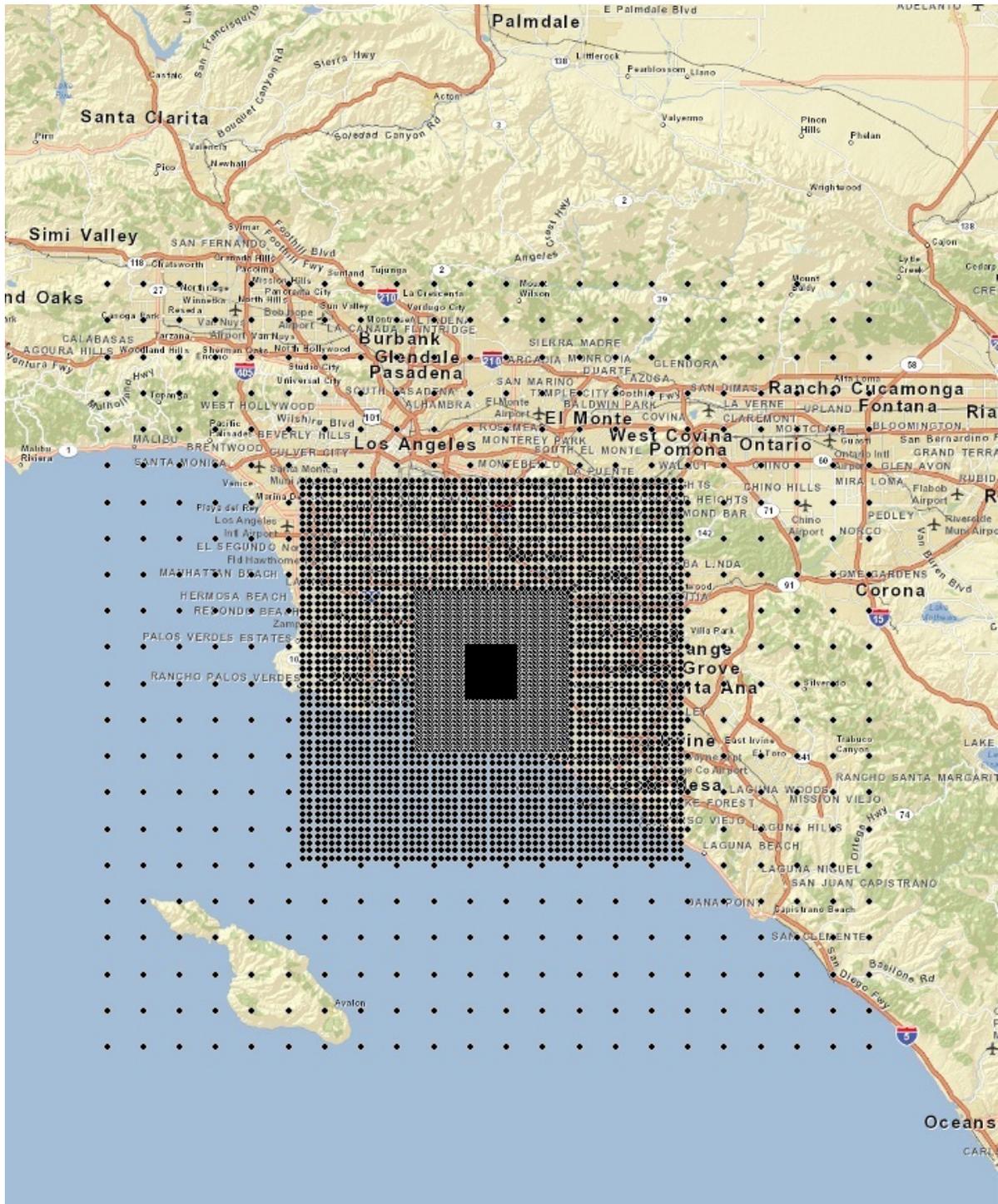
Alamitos Energy Center  
 Figure 5.1C-1e  
 Annual Wind Rose  
 April 2016

Date Range: January 1 – December 31 (2006-2009 and 2011)



WRPLOT View - Lakes Environmental Software

Alamitos Energy Center  
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April 2016



Alamitos Energy Center  
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AERMOD 7FA.05 Commissioning Model Setup  
April 2016



Alamitos Energy Center  
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April 2016



Alamitos Energy Center  
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April 2016



Alamitos Energy Center  
Figure 5.1C-6  
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April 2016

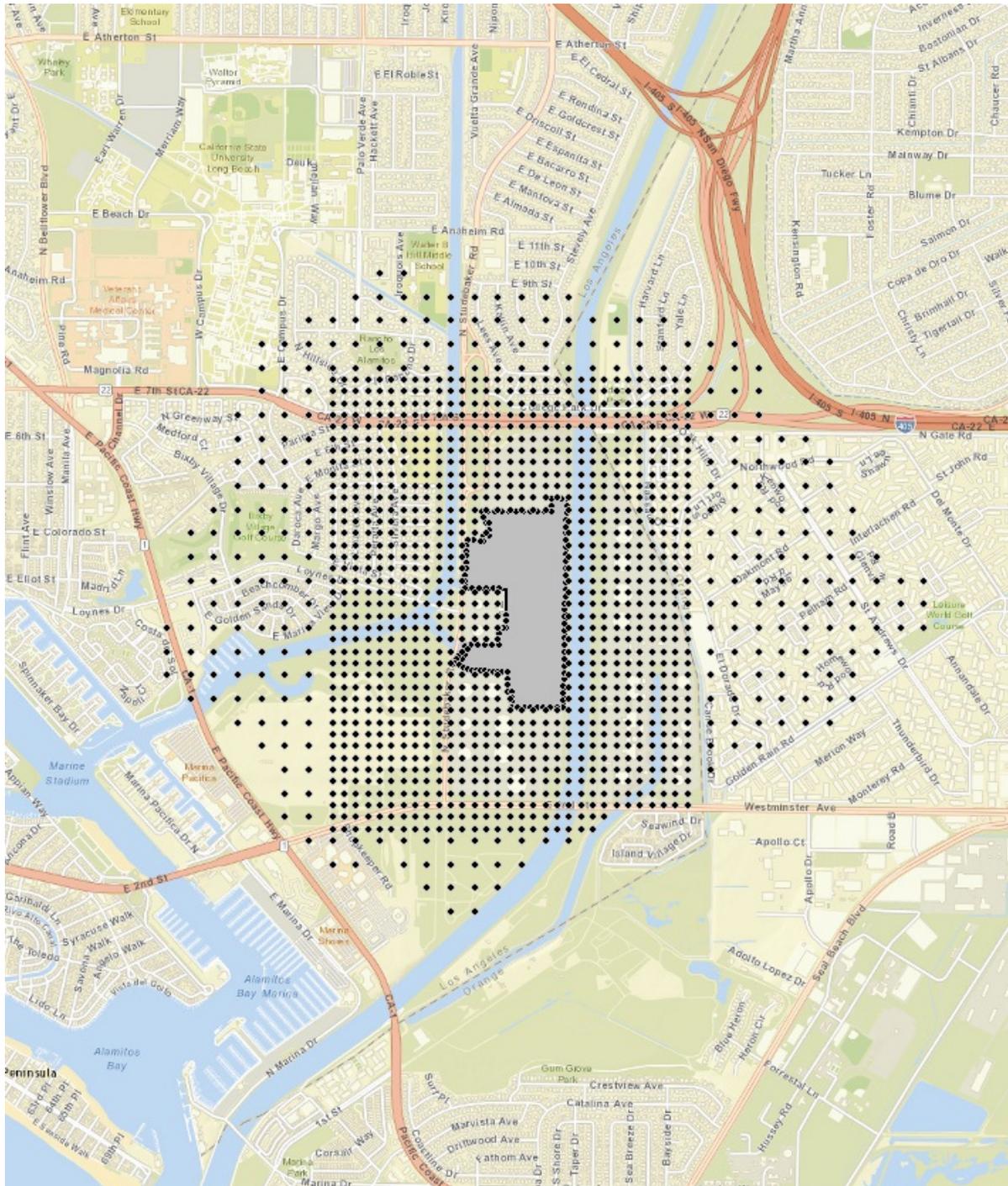


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April 2016



Alamitos Energy Center

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April 2016



**Appendix 5.1D**  
**Criteria Pollutant and Greenhouse Gas BACT**  
**Analysis**

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# BACT Determination for the Alamitos Energy Center

Prepared for

**AES Alamitos Energy, LLC**

Submitted to

**South Coast Air Quality Management District  
EPA Region IX**

March 2016~~October 2015~~

**CH2MHILL®**

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# Acronyms and Abbreviations

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°F	degree(s) Fahrenheit
AEC	Alamitos Energy Center
AES	Alamitos Energy, LLC
AGS	Alamitos Generating Station
BAAQMD	Bay Area Air Quality Management District
BACT	best available control technology
Btu/kWh	British thermal units per kilowatt-hour
CARB	California Air Resources Board
CCS	carbon capture and storage
CEC	California Energy Commission
CFR	Code of Federal Regulations
CH <sub>4</sub>	methane
CO	carbon monoxide
CO <sub>2</sub>	carbon dioxide
CPUC	California Public Utilities Commission
CPV	Competitive Power Ventures
CTG	combustion turbine generator
DLN	dry low NO <sub>x</sub>
DOE	U.S. Department of Energy
EOR	enhanced oil recovery
EPA	U.S. Environmental Protection Agency
GE	General Electric
GHG Tailoring Rule	Prevention of Significant Deterioration and Title V Greenhouse Gas Tailoring Rule
GHG	greenhouse gases
GJ	gigajoule(s)
H <sub>2</sub>	hydrogen
HFC	hydrofluorocarbon
hp	horsepower
HRS	heat recovery steam generator
IPCC	Intergovernmental Panel on Climate Change
kg	kilogram(s)
LAER	Lowest Achievable Emission Rate
lb	pound(s)
lb/event	pound(s) per event
lb/hr	pound(s) per hour
lb/MWh	pound(s) per megawatt-hour
Mandatory Reporting Rule	EPA Final Mandatory Reporting of Greenhouse Gases Rule
MMBtu	million British thermal units
MMBtu/hr	million British thermal units per hour
MTCO <sub>2</sub> /MWh	metric ton(s) of carbon dioxide per megawatt-hour
MW	megawatt(s)
MWh	megawatt-hour(s)
N <sub>2</sub>	nitrogen
N <sub>2</sub> O	nitrous oxide
N/A	not applicable
NATCARB	National Carbon Sequestration Database and Geographic Information System
NETL	National Energy Technology Laboratory
NGCC	natural gas combined-cycle

NO	nitric oxide
NO <sub>2</sub>	nitrogen dioxide
NO <sub>x</sub>	oxides of nitrogen
NSR	New Source Review
O <sub>2</sub>	oxygen
OTC	once-through cooling
PFC	perfluorocarbons
PM	particulate matter
PM <sub>10</sub>	and particulate matter less than 10 microns in diameter
PM <sub>2.5</sub>	particulate matter less than 2.5 microns in diameter
ppm	part(s) per million
ppmv	part(s) per million by volume
ppmvd	part(s) per million dry volume
PSA	pressure swing adsorption
PSD	Prevention of Significant Deterioration
psig	pound(s) of force per square inch gauge
PTE	Potential to Emit
RACT	Retrofit Available Control Technology
RPS	Renewable Portfolio Standard
SCAQMD	South Coast Air Quality Management District
scf	standard cubic feet
SCR	selective catalytic reduction
SF <sub>6</sub>	sulfur hexafluoride
SJVAPCD	San Joaquin Valley Air Pollution Control District
SNCR	selective non-catalytic reduction
SO <sub>2</sub>	sulfur dioxide
SoCalCarb	Southern California Carbon Sequestration Research Consortium
SoCalGas	Southern California Gas
SO <sub>x</sub>	sulfur oxides
STG	steam turbine generator
tpy	ton(s) per year
VOC	volatile organic compound
WestCarb	West Coast Regional Carbon Sequestration Partnership

# 1 Project Description

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## 1.1 Project Overview

AES Alamos Energy, LLC (AES) proposes to construct the Alamos Energy Center (AEC or project) at the existing AES Alamos Generating Station (AGS) site at 690 N. Studebaker Road, Long Beach, CA 90803. The AEC will consist of two power blocks, with one power block consisting of a two-on-one combined-cycle power block with a capacity of 640 megawatts (MW) and a second power block consisting of four simple-cycle gas turbines with a capacity of 400 MW.

The combined-cycle power block will consist of two General Electric (GE) Frame 7FA.05 combustion turbine generators (CTG), one steam turbine generator (STG), an auxiliary boiler, an ammonia tank, an oil water separator and an air-cooled condenser. Each CTG will be equipped with an unfired heat recovery steam generator (HRSG). The CTGs will use dry low oxides of nitrogen (NO<sub>x</sub>) (DLN) burners and selective catalytic reduction (SCR) to limit NO<sub>x</sub> emissions to 2 parts per million by volume (ppmv). Emissions of carbon monoxide (CO) will be limited to 2 ppmv and volatile organic compounds (VOC) to 2 ppmv through the use of best combustion practices and an oxidation catalyst. Best combustion practices and burning pipeline-quality natural gas will minimize emissions of the remaining pollutants.

The simple-cycle power block will consist of four GE LMS-100 CTGs, an ammonia storage tank, an oil water separator, and an air-cooled fin-fan cooler. The CTGs will use DLN burners and SCR to limit NO<sub>x</sub> emissions to 2.5 ppmv. Emissions of CO will be limited to 4 ppmv and VOC to 2 ppmv through the use of best combustion practices and an oxidation catalyst. Best combustion practices and burning pipeline-quality natural gas will minimize emissions of the remaining pollutants.

The auxiliary boiler will be a natural-gas-fired unit, including flue gas recirculation and SCR to reduce NO<sub>x</sub> and CO emissions to 5 ppmv and 50 ppmv, respectively. The auxiliary boiler will be used to reduce the startup duration of the combined-cycle power block, thereby reducing air emissions.

Authorization for the construction and operation of the AEC will be through the California Energy Commission (CEC) licensing process and the SCAQMD New Source Review/Prevention of Significant Deterioration (NSR/PSD) permitting process. Because the AEC includes the use of steam to generate electricity, the project is also categorized as one of the 28 major PSD source categories (40 Code of Federal Regulations [CFR] 52.21(b)(1)(i)). Therefore, the project is subject to PSD permitting requirements if the Potential to Emit (PTE) from the project exceeds 100 tons per year (tpy) for any regulated pollutant.

The project PTE is expected to exceed the major source threshold for at least one of the PSD-regulated pollutants. Therefore, the project will be considered a major stationary source in accordance with PSD regulations. The SCAQMD has also been delegated partial PSD permitting authority.<sup>1</sup> Therefore, the PSD BACT analysis is being submitted to the SCAQMD as part of the permitting process.

## 1.2 Project Objectives

The AEC's key design objective is to provide up to 1,040 MW of environmentally responsible, cost-effective, operationally flexible, and efficient generating capacity to the western Los Angeles Basin Local Reliability Area in general, and specifically to the coastal area of Los Angeles County. The project would serve local area reliability needs, southern California energy demand, and provide controllable generation to allow the integration of the ever-increasing contribution of intermittent renewable energy into the electrical grid. The project will displace older and less efficient generation in southern California, and has been designed to start and stop very quickly and be able to quickly ramp up and down through a wide range of generating capacity. As more renewable electrical resources are brought on line as a result of electric utilities meeting California's Renewable Portfolio Standard

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<sup>1</sup> <http://www.epa.gov/region09/air/permit/pdf/full-scagmd-psd-delegation.pdf>

(RPS), projects strategically located within load centers and designed for fast starts and ramp-up and down capability, such as the AEC, will be critical in supporting both local electrical reliability and grid stability.

The project objectives are also contingent on the use of the offset exemption contained within SCAQMD's Rule 1304(a)(2), which allows for the replacement of older, less-efficient electric utility steam boilers with specific new generation technologies on a MW-to-MW basis (that is, the replacement MW are equal to or less than the MW from the electric utility steam boilers). The offset exemption in Rule 1304(a)(2) requires the electric utility steam boiler to be replaced with one of several specific technologies, including the combined-cycle configuration proposed for the AEC.

The basic project objectives include, but are not limited to, the following:

- Develop a project capable of providing energy, generating capacity and ancillary electrical services (voltage support, spinning reserve, inertia) to satisfy Los Angeles Basin Local Reliability Area requirements and transmission grid support, particularly in the western sub-area of the Los Angeles Basin.
- Provide fast starting and stopping, flexible, controllable generation with the ability to ramp up and down through a wide range of electrical output to allow the integration of the renewable energy into the electrical grid in satisfaction of California's Renewable Portfolio Standard, displacing older and less-efficient generation.
- Utilize the existing brownfield power plant site and infrastructure, including the existing Alamos Generating Station (AGS) switchyard and related facilities, the Southern California Edison (SCE) switchyard and transmission facilities, the Southern California Gas Company (SoCalGas) natural gas pipeline system, the Long Beach Water Department (LBWD) water connections, process water supply lines, existing fire suppression and emergency service facilities, and the administration, maintenance and certain warehouse buildings.
- Use qualifying technology under the South Coast Air Quality Management District's (SCAQMD) Rule 1304(a)(2) that allows for the replacement of older, less-efficient electric utility steam boilers with specific new generation technologies on a megawatt to megawatt basis (that is, the replacement megawatts are equal or less than the megawatts from the electric utility steam boilers).

Locating the project on an existing power plant site avoids the need to construct new linear facilities, including gas and water supply lines, discharge lines, and transmission interconnections. This reduces potential offsite environmental impacts, and the cost of construction. The proposed AEC site meets all project siting objectives.

The AEC will provide power to the grid to help meet the need for electricity and to help replace dirtier, less efficient fossil fuel generation resources. The AEC will enhance the reliability of the state's electrical system by providing power generation near the centers of electrical demand and providing fast response generating capacity to enable increased renewable energy development. Additionally, as demonstrated by the analyses contained in the CEC licensing documentation, the project would not result in any significant environmental impacts.

SECTION 2

## 2 Criteria Pollutant BACT Analysis

Based on SCAQMD’s BACT definition and major source thresholds (SCAQMD Rules 1302 and 1303), a BACT analysis is required for the uncontrolled emissions of NO<sub>x</sub>, VOC, CO, sulfur oxides (SO<sub>x</sub>), and particulate matter less than 10 microns in diameter (PM<sub>10</sub>) and particulate matter less than 2.5 microns in diameter (PM<sub>2.5</sub>). Also, the U.S. Environmental Protection Agency (EPA) requires a BACT analysis for the emissions of greenhouse gases (GHGs) as part of the PSD permit application required under the EPA Tailoring Rule. The GHG BACT analysis is included in the following section.

AES plans to rely on the response characteristics of the GE CTGs and auxiliary boiler to provide a wide range of efficient, operationally flexible, fast-start, fast-ramping capacity to allow for the efficient integration of renewable energy sources into the California electrical grid. Table 2-1 presents the proposed permit levels for the combined- and simple-cycle CTGs.

TABLE 2-1  
Maximum Pollutant Emission Rates for Operation of the AEC

Pollutant	Emission Limits (at 15% O <sub>2</sub> )		Emission Limits (at 3% O <sub>2</sub> )
	One GE 7FA.05 <sup>a</sup>	One GE LMS-100PB <sup>b</sup>	One Auxiliary Boiler <sup>c</sup>
VOC	2 ppmv (averaged over 1-hour)	2 ppmv (averaged over 1-hour)	0.4728 lb/hr
CO	2 ppmv (averaged over 1-hour)	4 ppmv (averaged over 1-hour)	50 ppmv (averaged over 1-hour)
NO <sub>x</sub>	2 ppmv (averaged over 1-hour)	2.5 ppmv (averaged over 1-hour)	5 ppmv (averaged over 1-hour)
SO <sub>x</sub>	<0.75 grain of sulfur per 100 dry standard cubic feet of natural gas 0.048 lb/hr		
PM <sub>10/2.5</sub>	8.50 lb/hr	6.23 lb/hr	0.5130 lb/hr
Ammonia	5 ppmv	5 ppmv	5 ppmv
GHG <sup>d</sup>	896784 lb CO <sub>2</sub> /MWh (Net)	1,293138 lb CO <sub>2</sub> /MWh (Net)	N/A

<sup>a</sup> Maximum values are for each turbine at an ambient temperature of 2832°F and excludes startups and shutdowns.

<sup>b</sup> Maximum values are for each turbine at an ambient temperature of 65.38°F and excludes startups and shutdowns.

<sup>c</sup> Maximum hourly emission rates are based on the maximum hourly heat input assume 100 percent load.

<sup>d</sup> Includes startups, shutdowns, and non-baseload operation without performance degradation an 8 percent degradation.

Notes:

CO<sub>2</sub> = carbon dioxide

°F = degrees Fahrenheit

N/A = not applicable (i.e., BACT analysis not required)

O<sub>2</sub> = oxygen

lb/hr = pound(s) per hour

lb/MWh = pound(s) per megawatt-hour

The following discussion presents an assessment of the BACT for the AEC and includes the following components:

- Outline of the methodology used to conduct the criteria pollutant BACT analyses
- Discussion of the available technology options for controlling NO<sub>x</sub>, CO, VOC, PM<sub>10</sub>, PM<sub>2.5</sub>, and SO<sub>x</sub> emissions
- Presentation of the proposed BACT emission levels identified for the AEC

## 2.1 Methodology for Evaluating the Criteria Pollutant BACT Emission Levels

The NO<sub>x</sub>, CO, VOC, PM<sub>10</sub>, PM<sub>2.5</sub>, and SO<sub>x</sub> BACT analysis for the AEC is based on EPA's top-down analysis method. The following top-down analysis steps are listed in EPA's *New Source Review Workshop Manual* (EPA, 1990):

- Step 1: Identify all control technologies
- Step 2: Eliminate technically infeasible options
- Step 3: Rank remaining control technologies by control effectiveness
- Step 4: Evaluate the most-effective controls, and document the results
- Step 5: Select the BACT

As part of the control technology ranking step (Step 3), emission limits for other recently permitted natural-gas-fired combustion turbines were compiled based on a search of the various federal, state, and local BACT, Retrofit Available Control Technology (RACT), and Lowest Achievable Emission Rate (LAER) databases. The following databases were included in the search:

- **EPA RACT/BACT/LAER Clearinghouse (EPA, 2015)**
  - Search included the NO<sub>x</sub>, CO, VOC, particulate matter (PM), and sulfur dioxide (SO<sub>2</sub>) BACT/LAER determinations for combined-cycle and simple-cycle combustion turbines with permit dates between 2001 and September 2015.
- **California Air Pollution Control Officers Association/California Air Resources Board (CARB) BACT Clearinghouse (CARB, 2015)**
  - Search included the BACT determinations listed in CARB's BACT clearinghouse for combined-cycle and simple-cycle turbines from all California air districts.
- **Local Air Pollution Control Districts BACT Guidelines/Clearinghouses:**
  - **SCAQMD BACT Guidelines (SCAQMD, 2015)**
    - Search included the BACT determinations for combined-cycle and simple-cycle gas turbines listed in SCAQMD BACT Guidelines for major sources.
  - **Bay Area Air Quality Management District (BAAQMD) BACT/Toxics BACT Guidelines (BAAQMD, 2015)**
    - Search included the BACT determinations for combined-cycle and simple-cycle turbines equal to or greater than 40 MW in Section 2, Combustion Sources, in the BAAQMD BACT Guidelines.
  - **San Joaquin Valley Air Pollution Control District (SJVAPCD) BACT Clearinghouse (SJVAPCD, 2015)**
    - Search included the BACT determinations listed under the SJVAPCD BACT Guideline Section 3.4.2 (combined- and simple-cycle, uniform-load gas turbines greater than 50 MW)
- **BACT Analyses for Recently Permitted Combustion Turbine CEC Projects (CEC, 2015)**
  - Review included the BACT analysis for the Pio Pico, GWF Tracy, Hanford, and Henrietta projects, the Oakley Generating Station Project, the Mariposa Energy Project, the Russell City Energy Center, the Los Esteros Critical Energy Facility – Phase 1 and Phase 2, the Palmdale Hybrid Power Project, the El Segundo Power Project, the Carlsbad Power Project, and the Watson Cogeneration and Electric Reliability Project.

The natural-gas-fired combustion turbine permit emission limits for each of the BACT pollutants at other recently permitted facilities were then compared to the proposed emission limits for the AEC, as set forth in Table 2-1. If the emission limits at other facilities were less than the values in Table 2-1, additional research was conducted to find which turbine technology had been selected and whether the facilities had been constructed (Step 3). If it could be demonstrated that other units with lower emission rates either had not yet been built or used a different

turbine technology than that selected for the AEC, the proposed emission limits for the AEC were determined to be BACT (Step 5).

## 2.2 Criteria Pollutant BACT Analysis

### 2.2.1 NO<sub>x</sub>

NO<sub>x</sub> is a byproduct of the combustion of an air-and-fuel mixture in a high-temperature environment. NO<sub>x</sub> is formed when the heat of combustion causes the nitrogen (N<sub>2</sub>) molecules in the combustion air to dissociate into individual N<sub>2</sub> atoms, which then combine with oxygen (O<sub>2</sub>) atoms to form nitric oxide (NO) and nitrogen dioxide (NO<sub>2</sub>). The principal form of nitrogen oxide produced during turbine combustion is NO, but NO reacts quickly to form NO<sub>2</sub>, creating a mixture of NO and NO<sub>2</sub> commonly called NO<sub>x</sub>.

#### 2.2.1.1 Identification of NO<sub>x</sub> Emissions Control Technologies – Step 1

Several combustion and post-combustion technologies are available for controlling turbine NO<sub>x</sub> emissions. Combustion controls minimize the amount of NO<sub>x</sub> created during the combustion process, and post-combustion controls remove NO<sub>x</sub> from the exhaust stream after the combustion has occurred. Following are the three basic strategies for reducing NO<sub>x</sub> during the combustion process:

1. Reduction of the peak combustion temperature
2. Reduction in the amount of time the air and fuel mixture is exposed to the high combustion temperature
3. Reduction in the O<sub>2</sub> level in the primary combustion zone

Following is a discussion of the potential control technologies for combined-cycle and simple-cycle combustion turbines:

**NO<sub>x</sub> Combustion Control Technologies.** The two combustion controls for combustion turbines are (1) the use of water or steam injection, and (2) DLN combustors, which include lean premix and catalytic combustors.

**Water or Steam Injection.** The injection of water or steam into the combustor of a gas turbine quenches the flame and absorbs heat, reducing the combustion temperature. This temperature reduction reduces the formation of thermal NO<sub>x</sub>. Water or steam injection also allows more fuel to be burned without overheating critical turbine parts, increasing the combustion turbine maximum power output. Combined with a post-combustion control technology, water or injection can achieve NO<sub>x</sub> emission levels of 25 part(s) per million dry volume (ppmvd) at 15 percent O<sub>2</sub>, but with the added economic, energy, and environmental expense of using water.

**DLN Combustors.** Conventional combustors are diffusion-controlled. The fuel and air are injected separately, with combustion occurring at the stoichiometric interfaces. This method of combustion results in combustion “hot spots,” which produce higher levels of NO<sub>x</sub>. The lean premix and catalytic technologies are two types of DLN combustors that are available alternatives to the conventional combustors to reduce NO<sub>x</sub> combustion “hot spots.”

In the lean premix combustor, which is the most popular DLN combustor available, the combustors reduce the formation of thermal NO<sub>x</sub> through the following: (1) using excess air to reduce the flame temperature (i.e., lean combustion); (2) reducing combustor residence time to limit exposure in a high-temperature environment; (3) mixing fuel and air in an initial “pre-combustion” stage to produce a lean and uniform fuel/air mixture that is delivered to a secondary stage where combustion takes place; and/or (4) achieving two-stage rich/lean combustion using a primary fuel-rich combustion stage to limit the amount of O<sub>2</sub> available to combine with N<sub>2</sub> and then a secondary lean burn-stage to complete combustion in a cooler environment. Lean premix combustors have only been developed for gas-fired turbines. The more-advanced designs are capable of achieving a 70- to 90 percent NO<sub>x</sub> reduction with a vendor-guaranteed NO<sub>x</sub> concentration of 9 to 25 ppmvd.

Catalytic combustors use a catalyst to allow the combustion reaction to take place with a lower peak flame temperature to reduce thermal NO<sub>x</sub> formation. The catalytic combustor uses a flameless catalytic combustion module, followed by completion of combustion (at lower temperatures) downstream of the catalyst.

**Post-combustion NO<sub>x</sub> Control Technologies.** Three post-combustion controls are available for combustion turbines: (1) SCR, (2) SCONO<sub>x</sub><sup>™</sup> (that is, EMx), and (3) selective non-catalytic reduction (SNCR). Both SCR and EMx control technologies use a catalyst bed to control the NO<sub>x</sub> emissions and, combined with DLN or water injection, are capable of achieving NO<sub>x</sub> emissions levels of 2.0 ppmvd for combined-cycle gas turbines and 2.5 ppmvd for simple-cycle combustion turbines. EMx uses a hydrogen regeneration gas to convert the NO<sub>x</sub> to elemental N<sub>2</sub> and water. SNCR also uses ammonia to control NO<sub>x</sub> emissions but without a catalyst.

**Selective Catalytic Reduction.** SCR is a post-combustion control technology designed to control NO<sub>x</sub> emissions from gas turbines. The SCR system is placed inside the exhaust ductwork and consists of a catalyst bed with an ammonia injection grid located upstream of the catalyst. The ammonia reacts with the NO<sub>x</sub> and O<sub>2</sub> in the presence of a catalyst to form N<sub>2</sub> and water. The catalyst consists of a support system with a catalyst coating typically of titanium dioxide, vanadium pentoxide, or zeolite. A small amount of ammonia is not consumed in the reaction and is emitted in the exhaust stream; this is referred to as “ammonia slip.”

**EMx System.** The EMx system uses a single catalyst to remove NO<sub>x</sub> emissions in the turbine exhaust gas by oxidizing NO to NO<sub>2</sub> and then absorbing NO<sub>2</sub> onto the catalytic surface using a potassium carbonate absorber coating. The potassium carbonate coating reacts with NO<sub>2</sub> to form potassium nitrites and nitrates, which are deposited onto the catalyst surface. The optimal temperature window for operation of the EMx catalyst is from 300 to 700 degrees Fahrenheit (°F). EMx does not use ammonia, so there are no ammonia emissions from this catalyst system (CARB, 2004).

When all of the potassium carbonate absorber coating has been converted to N<sub>2</sub> compounds, NO<sub>x</sub> can no longer be absorbed and the catalyst must be regenerated. Regeneration is accomplished by passing a dilute hydrogen-reducing gas across the surface of the catalyst in the absence of O<sub>2</sub>. Hydrogen in the gas reacts with the nitrites and nitrates to form water and N<sub>2</sub>. Carbon dioxide (CO<sub>2</sub>) in the gas reacts with the potassium nitrite and nitrates to form potassium carbonate, which is the absorbing surface coating on the catalyst. The regeneration gas is produced by reacting natural gas with a carrier gas (such as steam) over a steam-reforming catalyst (CARB, 2004).

**Selective Non-catalytic Reduction.** SNCR involves injection of ammonia or urea with proprietary conditioners into the exhaust gas stream without a catalyst. SNCR technology requires gas temperatures in the range of 1,600 to 2,100°F<sup>2</sup>. This technology is not available for combustion turbines because gas turbine exhaust temperatures are below the minimum temperature required of 1,600°F.

### 2.2.1.2 Eliminate Technically Infeasible Options – Step 2

#### Pre-combustion NO<sub>x</sub> Control Technologies

**Water or Steam Injection.** The use of water or steam injection is considered a feasible technology for reducing NO<sub>x</sub> emissions to 25 ppmvd when firing natural gas under most ambient conditions. Combined with SCR, water or steam injection can achieve the proposed NO<sub>x</sub> emission levels but at a slightly lower thermal efficiency as compared to DLN combustors.

**DLN Combustors.** The use of DLN combustors is a feasible technology for reducing NO<sub>x</sub> emissions from the AEC. DLN combustors are capable of achieving 9 to 25 ppmvd NO<sub>x</sub> emissions over a relatively large operating range (70 to 100 percent load), and when combined with SCR can achieve the proposed NO<sub>x</sub> emission levels.

The XONON<sup>™</sup> technology has been demonstrated successfully in a 1.5-MW simple-cycle pilot facility, and it is commercially available for turbines rated up to 10 MW, but catalytic combustors such as XONON<sup>™</sup> have not been demonstrated on an industrial E Class gas turbine. Therefore, the technology is not considered feasible for the proposed AEC.

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<sup>2</sup> <http://www.icac.com/i4a/pages/index.cfm?pageid=3399>

## Post-combustion NO<sub>x</sub> Control Technologies

**Selective Catalytic Reduction.** The use of SCR, with an ammonia slip of less than 5 part(s) per million (ppm), is considered a feasible technology for reducing NO<sub>x</sub> emissions to the proposed levels.

**EMx System.** In the Palmdale Hybrid Power Project PSD permit, EPA noted that it appears EMx has only been demonstrated to achieve 2.5 ppm NO<sub>x</sub> (EPA, 2011a). In addition, the BAAQMD concluded in a recent permitting case that “it is clear that EMx is not as developed as SCR at this time and cannot achieve the same level of emissions performance that SCR is capable of” (BAAQMD, 2011). Therefore, EMx technology is not considered feasible for achieving the proposed levels.

**Selective Non-catalytic Reduction.** SNCR requires a temperature window that is higher than the exhaust temperatures from natural-gas-fired combustion turbine installations. Therefore, SNCR is not considered technically feasible for the proposed AEC.

### 2.2.1.3 NO<sub>x</sub> Control Technology Ranking – Step 3

Based on the preceding discussion, the use of water injection, DLN combustors, and SCR are the effective and technically feasible NO<sub>x</sub> control technologies available for the AEC. DLN combustors were selected because these allow for lower NO<sub>x</sub> emission rates (9 ppmvd) from the combustion turbine over either water or steam (wet) injection (25 ppmvd). Furthermore, DLN combustors result in a very slight improvement in thermal efficiency over the wet injection NO<sub>x</sub> control alternative and reduce the AEC’s water consumption. When used in combination with SCR, these technologies will control NO<sub>x</sub> emissions to the proposed levels.

Applicable BACT clearinghouse determinations and the BAAQMD, CARB, SCAQMD, and SJVAPCD BACT determinations were reviewed to identify which NO<sub>x</sub> emission rates have been achieved in practice for other natural-gas-fired combustion turbine projects. The results of this review for combined-cycle combustion turbines are presented in Table 2-2A and simple-cycle combustion turbines in Table 2-2B.

TABLE 2-2A

**Summary of NO<sub>x</sub> Emission Limits for Combined-cycle Combustion Turbines  
Technology Ranking for Turbines**

Facility	Facility ID Number	NO <sub>x</sub> Emission Limit at 15 percent O <sub>2</sub>
CPV St. Charles	MD-0040	2.0 ppm (3-hour)
Bosque County Power Plant	TX-0540	2.0 ppm (24-hour)
Lake Side Power Plant	UT-0067	2.0 ppm (3-hour)
Empire Power Plant	NY-0100	2.0 ppm (3-hour) without duct burners
Tracy Substation Expansion Project	NV-0035	2.0 ppm (3-hour)
Langley Gulch Power Plant	ID-0018	2.0 ppm (3-hour)
Palomar Escondido – SDG&E	2001-AFC-24	2.0 ppm (1-hour); 2.0 ppm (3-hour) with duct burners or transient hour of +25 MW
Warren County Facility	VA-0308	2.0 ppm with or without duct burners
Ivanpah Energy Center, L.P.	NV-0038	2.0 ppm (1-hour) without duct burners; 13.96 lb/hr with duct burners
Gila Bend Power Generating Station	AZ-0038	2.0 ppm (1-hour)
Duke Energy Arlington Valley	AZ-0043	2.0 ppm (1-hour)
Colusa II Generation Station	2006-AFC-9	2.0 ppm (1-hour)
Avenal Energy – Avenal Power Center, LLC	2008-AFC-1	2.0 ppm (1-hour)
Russell City Energy Center	2001-AFC-7	2.0 ppm (1-hour)
CPV Warren	VA-0291	2.0 ppm (1-hour)
IDC Bellingham	CA-1050	2.0 ppm/1.5 ppm (1-hour)

TABLE 2-2A  
**Summary of NO<sub>x</sub> Emission Limits for Combined-cycle Combustion Turbines**  
**Technology Ranking for Turbines**

Facility	Facility ID Number	NO <sub>x</sub> Emission Limit at 15 percent O <sub>2</sub>
Oakley Generating Station	2009-AFC-4	2.0 ppm (1-hour)
GWF Tracy Combined-cycle Project	2008-AFC-7	2.0 ppm (1-hour)
Watson Cogeneration Project	2009-AFC-1	2.0 ppm (1-hour)
Magnolia Power Project	CA-1097	2.0 ppm (3-hour)
Otay Mesa Energy Center, LLC	CA-1177	2.0 ppm (1-hour)
FPL Turkey Point Power Plant	FL-0263	2.0 ppm (24-hour)
FPL West County Energy Center	FL-0286	2.0 ppm (24-hour)
Linden Generating Station – PSEG Fossil, LLC	NJ-0058	2.0 ppm
Caithnes Bellport Energy Center	NY-0095	2.0 ppm
Athens Generating Plant	NY-0098	2.0 ppm (3-hour)
El Segundo Repower Project	115663	2.0 ppm (1-hour)
LADWP Scattergood	800075	2.0 ppm (1-hour)
Wanapa Energy Center	OR-0041	2.0 ppm (3-hour)
King Power Station	TX-0590	2.0 ppm (1-hour)
Warren County Power Plant – Dominion	VA-0315	2.0 ppm (1-hour)
Western Midway Sunset Power Project	99-AFC-09	2.0 ppm (1-hour)
Sacramento Municipal Utility District	CA-0997	2.0 ppm

Note: This table does not include all projects listed in the BACT databases. The purpose of this table is to present a summary of the most-stringent emission limits and to highlight any projects with an emission limit less than 2.0 ppm NO<sub>x</sub> identified during the database search.

Source: EPA RACT/BACT/LAER Clearinghouse and the California Energy Commission (EPA, 2015 and CEC, 2015)

### Combined-cycle Review

The review of these recent determinations, presented in Table 2-2A, shows that one facility, IDC Bellingham Project, has been issued a lower NO<sub>x</sub> emission limit than the proposed BACT emission limit for the AEC of 2.0 ppm NO<sub>x</sub>. The IDC Bellingham Project was never built; therefore, that emission limit was never achieved in practice. As a result, the proposed emission rate of 2.0 ppm (1-hour) for the AEC is the lowest NO<sub>x</sub> emission rate achieved in practice for similar sources and, therefore, is proposed as the BACT NO<sub>x</sub> emission limit.

### Simple-cycle Review

Table 2-2B presents the recent BACT determinations for simple-cycle projects and shows that the proposed BACT emission limit for the AEC of 2.5 ppm NO<sub>x</sub> is consistent with recent BACT determinations for simple-cycle turbines.

### Auxiliary Boiler

The AEC auxiliary boiler proposes to ~~use low-NO<sub>x</sub> burners~~ flue gas recirculation and SCR to control NO<sub>x</sub> emissions to 5 ppm. A review of EPA's RACT/BACT/LAER Clearinghouse does not produce any projects with NO<sub>x</sub> determinations as low as proposed for the AEC's auxiliary boiler (the lowest determination being 7 ppm for the Stockton Cogen project – RBLC – CA-1206). A review of the SCAQMD's recent permitting actions for the El Segundo Power Redevelopment Project (ID 115663) shows that the proposed AEC auxiliary boiler's NO<sub>x</sub> emission rate of 5 ppmvd is consistent with the SCAQMD's recent auxiliary boiler BACT determination (July 2015) for the El Segundo project's auxiliary boiler.

TABLE 2-2B  
**Summary of NO<sub>x</sub> Emission Limits for Simple-cycle Combustion Turbines**  
**Technology Ranking for Turbines**

Facility	Facility ID Number	NO <sub>x</sub> Emission Limit at 15 percent O <sub>2</sub>
Lambie Energy Center	CA-1098	2.5 ppm (3-hour)
El Cajon Energy, LLC	CA-1174	2.5 ppm (1-hour)
Escondido Energy Center	CA-1175	2.5 ppm (1-hour)
Orange Grover Project	CA-1176	2.5 ppm (1-hour)
Rincon Power Plant	GA-0098	2.5 ppm
Bayonne Energy Center	NJ-0075	2.5 ppm
Kearny Generating Station – PSEG Fossil, LLC	NJ-0076	2.5 ppm (3-hour)
Howard Down Station	NJ-0077	2.5 ppm (3-hour)
Jasper County Generating Facility – SCE&G	SC-0064	2.5 ppm
Tenaska Bear Garden Station	VA-0250	2.5 ppm (3-hour)
Carlsbad Energy Center	07-AFC-06C	2.5 ppm (1-hour)
Pio Pico Energy Center	11-AFC-1C	2.5 ppm (1-hour)
Canyon Power Plant	07-AFC-9C	2.5 ppm (1-hour)
LADWP Scattergood Generating Station	800075	2.5 ppm (1-hour)
LADWP Haynes Generating Station	800074	2.5 ppm (1-hour)
El Segundo Power Redevelopment Project	115663	2.5 ppm (1-hour)

Note: This table does not include all projects listed in the BACT databases. The purpose of this table is to present a summary of the most-stringent emission limits and to highlight any projects with an emission limit less than 2.5 ppm NO<sub>x</sub> identified during the database search.

Source: EPA RACT/BACT/LAER Clearinghouse and the California Energy Commission (EPA, 2015 and CEC, 2015)

#### 2.2.1.4 Evaluate Most-effective Controls and Document Results – Step 4

Based on the information presented in this BACT analysis, the proposed NO<sub>x</sub> emission rates (combined-cycle of 2.0 ppm, simple-cycle of 2.5 ppm, and auxiliary boiler of 5 ppm) are the lowest NO<sub>x</sub> emission rates achieved in practice at similar sources. Therefore, an assessment of the economic and environmental impacts is not necessary.

#### 2.2.1.5 NO<sub>x</sub> BACT Selection – Step 5

The proposed BACT for NO<sub>x</sub> emissions from the AEC is the use of DLN combustors with SCR to control NO<sub>x</sub> emissions from the CTGs and flue gas recirculation and SCR to control NO<sub>x</sub> emissions from the auxiliary boiler.

### 2.2.2 CO

CO is discharged into the atmosphere when some of the fuel remains unburned or is only partially burned (incomplete combustion) during the combustion process. CO emissions are also affected by the gas turbine operating load conditions. CO emissions can be higher for gas turbines operating at low loads than for similar gas turbines operating at higher loads (EPA, 2006).

#### 2.2.2.1 Identification of CO Emissions Control Technologies – Step 1

Effective combustor design and post-combustion control using an oxidation catalyst are two technologies (discussed below) for controlling CO emissions from a combustion turbine. As noted in the NO<sub>x</sub> BACT analysis, the EMx and XONON technologies were determined to not be feasible for the AEC.

**Best Combustion Control.** CO is formed during the combustion process as a result of incomplete combustion of the carbon present in the fuel. The formation of CO is limited by designing the combustion system to completely oxidize the fuel carbon to CO<sub>2</sub>. This is achieved by ensuring that the combustor is designed to allow complete mixing of the combustion air and fuel at combustion temperatures (in excess of 1,800°F) with an excess of combustion air. Higher combustion temperatures tend to reduce the formation of CO but increase the formation of NO<sub>x</sub>. The application of water injection or staged combustion (DLN combustors) tends to lower combustion temperatures (in order to reduce NO<sub>x</sub> formation), potentially increasing CO formation. However, using good combustor design and following best operating practices will minimize the formation of CO while reducing the combustion temperature and NO<sub>x</sub> emissions.

**Oxidation Catalyst.** An oxidation catalyst is typically a precious metal catalyst bed located in the HRSG. The catalyst enhances oxidation of CO to CO<sub>2</sub>, without the addition of any reactant. Oxidation catalysts have been successfully installed on numerous simple- and combined-cycle combustion turbines.

### 2.2.2.2 Eliminate Technically Infeasible Options – Step 2

Using good combustor design, following best operating practices, and using an oxidation catalyst are technically feasible options for controlling CO emissions from the proposed AEC.

### 2.2.2.3 CO Control Technology Ranking – Step 3

Based on the preceding discussion, using best combustor control and an oxidation catalyst are technically feasible combustion turbine control technologies available to control CO emissions. Accordingly, AES proposes to control CO emissions using both methods to meet the proposed levels.

Applicable BACT clearinghouse determinations and the SCAQMD, EPA, BAAQMD, CARB, and SJVAPCD BACT determinations were reviewed to determine whether CO emission rates less than the proposed AEC levels have been achieved in practice for other natural-gas-fired combustion turbine projects. The results of this review for combined-cycle combustion turbines are presented in Table 2-3A and simple-cycle combustion turbines in Table 2-3B. As these tables demonstrate, most projects have CO emission rates that are the same as or higher than the CO emission rate proposed for the AEC.

TABLE 2-3A

**Summary of CO Emission Limits for Combined-cycle Combustion Turbines  
Emission Control Ranking for Turbines**

Facility	Facility ID Number	CO Emission Limit at 15 percent O <sub>2</sub>
Lawrence Energy	OH-0248	2.0 ppm without duct burners
Berrien Energy, LLC	MI-0366	2.0 ppm without duct burners (3-hour)
COB Energy Facility	OR-0039	2.0 ppm (4-hour)
Avenal Energy – Avenal Power Center, LLC	2008-AFC-1	2.0 ppm (3-hour)
Wallula Power Plant	WA-0291	2.0 ppm (3-hour)
Duke Energy Arlington Valley (AVEFII)	AZ-0043	2.0 ppm (3-hour)
Wanapa Energy Center	OR-0041	2.0 ppm (3-hour)
Vernon City Light and Power	CA-1096	2.0 ppm (3-hour)
Mariposa Energy Project	2009-AFC-3	2.0 ppm (3-hour)
Palmdale Hybrid Power Plant Project	08-AFC-9	2.0 ppm without duct burners (1-hour)
Wansley Combined-cycle Energy Facility	GA-0102	2.0 ppm with duct burners
McIntosh Combined-cycle Facility	GA-0105	2.0 ppm with duct burners
Sumas Energy 2 Generation Facility	WA-0315	2.0 ppm (1-hour)

TABLE 2-3A  
**Summary of CO Emission Limits for Combined-cycle Combustion Turbines**  
**Emission Control Ranking for Turbines**

Facility	Facility ID Number	CO Emission Limit at 15 percent O <sub>2</sub>
Oakley Generating Station	2009-AFC-4	2.0 ppm (1-hour)
Goldendale Energy	WA-302	2.0 ppm (1-hour)
IDC Bellingham	CA-1050	2.0 ppm (1-hour)
Russell City Energy Center	2001-AFC-7	2.0 ppm with duct burners (1-hour)
Watson Cogeneration Project	2009-AFC-1	2.0 ppm with duct burners (1-hour)
Magnolia Power Project	CA-1097	2.0 ppm with duct burners (1-hour)
Kelson Ridge	MD-0033	2.0 ppm (3-hour)
Liberty Generating Station	NJ-0043	2.0 ppm
Linden Generating Station – PSEG Fossil, LLC	NJ-0058	2.0 ppm
Cogen Technologies Linden Venture, L.P.	NJ-0059	2.0 ppm
Caithnes Bellport Energy Center	NY-0095	2.0 ppm
LADWP Scattergood	800075	2.0 ppm (1-hour)
El Segundo Repower Project	115663	2.0 ppm (1-hour)
CPV Warren	VA-0291	1.3 ppm without duct burners; 1.2 ppm with duct burners
Warren County Power Station - Dominion	VA-0308	1.3 ppm without duct burners
Kleen Energy Systems	CT-0151	0.9 ppm (1-hour)

Note: This table does not include all projects listed in the BACT databases. The purpose of this table is to present a summary of the most-stringent emission limits and to highlight any projects with an emission limit less than 2.0 ppm CO identified during the database search.  
Source: EPA RACT/BACT/LAER Clearinghouse and the California Energy Commission (EPA, 2015 and CEC, 2015).

TABLE 2-3B  
**Summary of CO Emission Limits for Simple-cycle Combustion Turbines**  
**Emission Control Ranking for Turbines**

Facility	Facility ID Number	CO Emission Limit at 15 percent O <sub>2</sub>
Great River Energy – Elk River Station	MN-0075	4.0 ppm (4-hour)
Carlsbad Energy Center	07-AFC-06C	4.0 ppm (1-hour)
Pio Pico Energy Center	11-AFC-1C	4.0 ppm (1-hour)
Canyon Power Plant	07-AFC-9C	4.0 ppm (1-hour)
LADWP Scattergood Generating Station	800075	4.0 ppm (1-hour)
LADWP Haynes Generating Station	800074	4.0 ppm (1-hour)
El Segundo Power Redevelopment Project	115663	4.0 ppm (1-hour)

Note: This table does not include all projects listed in the BACT databases. The purpose of this table is to present a summary of the most-stringent emission limits and to highlight any projects with an emission limit less than 4.0 ppm CO identified during the database search.  
Source: EPA RACT/BACT/LAER Clearinghouse and the California Energy Commission (EPA, 2015 and CEC, 2015).

## Combined-cycle Review

Three recent BACT determinations have lower CO emission rates than the AEC combined-cycle units. These three projects are discussed below.

**Competitive Power Ventures (CPV) Warren and Warren County Power Station.** The CPV Warren and Warren County Power Station are the same project as Dominion Resources Service, Inc. purchased the CPV Warren Project. The final PSD permit includes CO emission limits of 1.5 ppm and 2.4 ppm, on a 1-hour averaging basis for operating conditions without and with duct burners, respectively. Based on publically available information, the Warren County Power Station became operational in December 2014. Therefore, this level of control has not been demonstrated in practice on a long-term basis.

**Kleen Energy Systems.** The Kleen Energy Systems facility conducted the initial source tests in June 2011. Based on a November 2011 letter from the Connecticut Department of Energy & Environmental Protection, the facility was able to successfully demonstrate compliance with the CO emission limits of 0.9 ppm (1-hour). However, the Kleen Energy Systems air permit exempts CO emissions during load rate changes (i.e., non-steady state operation) from the CO 1-hour averaging period, which has the effect of relaxing the standard if frequent load rate changes occurred over the course of the averaging period.<sup>3</sup>

**Conclusion.** With the exception of the Kleen Energy System facility, the proposed AEC CO emission rate of 2.0 ppmvd (1-hour) is the lowest CO emission rate achieved in practice during all phases of operation excluding startup and shutdowns.

## Simple-cycle Review

The recent simple-cycle BACT determinations are consistent with the proposed AEC BACT level of 4.0 ppm.

## Auxiliary Boiler

The AEC auxiliary boiler proposes to use low-NO<sub>x</sub> burners/flue gas recirculation and good combustion design to control CO emissions to 50 ppm. A review of the SCAQMD's recent permitting actions for the El Segundo Power Redevelopment Project (Facility ID 115663) shows that the AEC auxiliary boiler's CO emission rate of 50 ppmvd is consistent with the SCAQMD's recent auxiliary boiler BACT determination (July 2015) for the El Segundo Power Redevelopment Project's auxiliary boiler.

### 2.2.2.4 Evaluate Most Effective Controls and Document Results – Step 4

The proposed CO emission rates for the AEC are consistent with recent CO BACT determinations achieved or verified with long-term compliance records for other similar facilities. Therefore, an assessment of the economic and environmental impacts is not necessary.

### 2.2.2.5 CO BACT Selection – Step 5

The proposed BACT for CO emissions from the AEC is good combustion design and the installation of an oxidation catalyst system for the combustion turbines and low-NO<sub>x</sub> burners/flue gas recirculation and good combustion design for the auxiliary boiler.

## 2.2.3 VOC

The pollutants commonly classified as VOC are discharged into the atmosphere when some of the fuel remains unburned or is only partially burned (incomplete combustion) during the combustion process

### 2.2.3.1 Identification of VOC Emissions Control Technologies – Step 1

Effective combustor design and post-combustion control using an oxidation catalyst are two technologies for controlling VOC emissions from a combustion turbine. The industrial combustion turbines proposed for the AEC are able to achieve relatively low, uncontrolled VOC emissions of approximately 4 ppmvd because the combustors

<sup>3</sup> This source shall not exceed the emission limits stated herein at any time as determined in accordance with the applicable averaging periods defined in Part III of this permit or as specified in an approved stack test protocol, **except during periods of start-up, shut-down, shifts between loads**, fuel switching, equipment cleaning, emergency, and/or malfunction.

have a firing temperature of approximately 2,500°F with an exhaust temperature of approximately 1,000°F. A DLN-equipped combustion turbine that incorporates an oxidation catalyst system can achieve VOC emissions in the 2 ppmvd range. As noted in the NO<sub>x</sub> BACT analysis, the EMx and XONON technologies were determined to not be feasible for the AEC.

**Best Combustion Control.** As previously discussed, VOC is formed during the combustion process as a result of incomplete combustion of the carbon present in the fuel. The formation of VOC is limited by designing the combustion system to completely oxidize the fuel carbon to CO<sub>2</sub>. This is achieved by ensuring that the combustor is designed to allow complete mixing of the combustion air and fuel at combustion temperatures with an excess of combustion air. Higher combustion temperatures tend to reduce the formation of VOC but increase the formation of NO<sub>x</sub>. The application of water injection or staged combustion (DLN combustors) tends to lower combustion temperatures (to reduce NO<sub>x</sub> formation), potentially increasing VOC formation. However, good combustor design and best operating practices will minimize the formation of VOC while reducing the combustion temperature and NO<sub>x</sub> emissions.

**Oxidation Catalyst.** An oxidation catalyst is typically a precious metal catalyst bed located in the exhaust duct. The catalyst enhances oxidation of VOC to CO<sub>2</sub> without the addition of any reactant. Oxidation catalysts have been successfully installed on numerous simple- and combined-cycle combustion turbines.

### 2.2.3.2 Eliminate Technically Infeasible Options – Step 2

Good combustor design and the use of an oxidation catalyst are both technically feasible options for controlling VOC emissions from the proposed AEC.

### 2.2.3.3 VOC Control Technology Ranking – Step 3

Based on the preceding discussion, using good combustor control and an oxidation catalyst are technically feasible combustion turbine control technologies available to control VOC emissions. Accordingly, a VOC emission limit of 2.0 ppmvd (1-hour) for both the combined- and simple-cycle turbines is proposed.

Applicable BACT clearinghouse determinations and the SCAQMD, EPA, BAAQMD, CARB, and SJVAPCD BACT determinations were reviewed to determine whether VOC emission rates less than the proposed AEC levels have been achieved in practice for other natural-gas-fired combustion turbine projects. The results of this review for combined-cycle combustion turbines are presented in Table 2-4A and simple-cycle combustion turbines in Table 2-4B.

#### Combined-cycle Review

Based on a review of Table 2-4A, a number of recent combined-cycle projects have been permitted and are operational with VOC limits lower than the AEC's proposed 2.0 ppm limit. All of these projects employ the use of good combustion control and the use of an oxidation catalyst to control VOC emissions, identical to the AEC. Given the AEC's use of the same control technologies, it is reasonable to assume the AEC will emit VOC at comparable emission rates as these projects. However, a review of the air permits for some of these facilities shows that compliance with these lower emissions are determined using test methods other than the SCAQMD's Reference Method 25.3. As such, the proposed combined-cycle level of 2.0 ppm is proposed as BACT. Furthermore, the SCAQMD's recent (July 2015) VOC BACT determination for the El Segundo Repower Project's GE Frame 7FA.05 combined-cycle units was 2 ppm, consistent with the proposed AEC VOC emission limits.

TABLE 2-4A

**Summary of VOC Emission Limits for Combined-cycle Combustion Turbines**  
**Emission Control Ranking for Turbines**

Facility	Facility ID Number	VOC Emission Limit at 15 percent O <sub>2</sub>
Florida Power and Light Martin Plant	FL-0244	1.3 ppm without duct burners
Duke Energy Arlington Valley (AVEFII)	AZ-0043	1 ppm without duct burners (3-hour)
Fairbault Energy Park	MN-0071	1.5 ppm without duct burners

**TABLE 2-4A**  
**Summary of VOC Emission Limits for Combined-cycle Combustion Turbines**  
**Emission Control Ranking for Turbines**

Facility	Facility ID Number	VOC Emission Limit at 15 percent O <sub>2</sub>
VA Power – Possum Point	VA-0255	1.2 ppm without duct burners
Los Esteros Critical Energy Facility – Phase 2c	2003-AFC-2	2.0 ppm with duct burners (3-hour)
GWF Tracy Combined-cycle Project	2008-AFC-7	1.5 ppm without duct burners (3-hour); 2.0 ppm with duct burners (3-hour)
Avenal Energy – Avenal Power Center, LLC	2008-AFC-1	1.4 ppm without duct burners; 2.0 ppm with duct burners (3-hour)
Watson Cogeneration Project	2009-AFC-1	2.0 ppm without duct burners (1-hour); 2.0 ppm with duct burners (1-hour)
Palmdale Hybrid Power Plant Project	SE 09-01	1.4 without duct burners (1-hour); 2.0 ppm with duct burners (1-hour)
Victorville Hybrid Gas-Solar	2007-AFC-1	1.4 ppm without duct burners; 2.0 ppm with duct burners
Colusa II Generation Station	2006-AFC-9	1.38 ppm without duct burners; 2.0 ppm with duct burners
FPL Turkey Point Power Plant	FL-0263	1.6 ppm without duct burners; 1.9 with duct burners
West Deptford Energy	NJ-0074	1.9 ppm (1-hour)
Plant McDonough Combined-cycle	GA-0127	1.0 ppm (1-hour) without; 1.8 ppm with duct burners (3-hour)
King Power Station	TX-0590	1.8 ppm (3-hour)
CPV Cunningham Creek	VA-0261	1.8 ppm
FPL West County Energy Center Unit 3	FL-0303	1.2 ppm with duct burners; 1.5 with duct burners
FPL West County Energy Center	FL-0286	1.5 ppm
Gila Bend Power Generating Station	AZ-0038	1.4 ppm with duct burners
Western Midway Sunset Power Project	99-AFC-09	1.4 ppm (3-hour)
Genova Arkansas I, LLC	AR-0070	1.4 ppm
CPV Atlantic Power Generating Facility	FL-0219	1.4 ppm
El Paso Broward Energy Center	FL-0225	1.4 ppm
El Paso Manatee Energy Center	FL-0226	1.4 ppm
El Paso Belle Glade Energy Center	FL-0227	1.4 ppm
Ninemile Point Electric Generating Plant	LA-0254	1.4 ppm (1-hour)
Mountainview Power	CA-0949	1.4 ppm
Sacramento Municipal Utility District	CA-0997	1.4 ppm
FPL Manatee Plant – Unit 3	FL-0245	1.3 ppm
Teco Bayside Power Station	FL-0246	1.3 ppm
Cogen Technologies Linden Venture, L.P.	NJ-0059	1.2 ppm
Conectiv Bethlehem, Inc.	PA-0189	1.2 ppm
Liberty Generating Station	NJ-0043	1.0 ppm (no duct burners)
Empire Power Plant	NY-0100	1.0 ppm (no duct burners)
Fairbault Energy Park	MN-0053	1.0 ppm (3-hour) (no duct burners)

TABLE 2-4A  
**Summary of VOC Emission Limits for Combined-cycle Combustion Turbines**  
**Emission Control Ranking for Turbines**

Facility	Facility ID Number	VOC Emission Limit at 15 percent O <sub>2</sub>
Oakley Generating Station	2009-AFC-4	1.0 ppm (1-hour) (no duct burners)
Sutter – Calpine	1997-AFC-02	1.0 ppm with duct burners (calendar day average)
Russell City Energy Center	2001-AFC-7	1.0 ppm with duct burners (1-hour)
LADWP Scattergood Generating Station	800075	2.0 ppm (1-hour)
El Segundo Repower Project	115663	2.0 ppm (1-hour)
CPV Warren	VA-0291	0.7 without duct burners; 1.6 with duct burners; (3-hour)
Warren County Facility	VA-0308	0.7 without duct burners; 1.0 with duct burners
Chouteau Power Plant	OK-0129	0.3 ppm (3-hour) with duct burners

Note: This table does not include all projects listed in the BACT databases. The purpose of this table is to present a summary of the most-stringent emission limits and to highlight any projects with an emission limit less than 2.0 ppm VOC identified during the database search.

Source: EPA RACT/BACT/LAER Clearinghouse and the CEC (EPA, 2012 and CEC, 2012).

### Simple-cycle Review

Based on a review of Table 2-4B, a number of recent simple-cycle projects have been permitted and are operational with VOC limits lower than the AEC's proposed 2.0 ppm limit. All of these projects employ the use of good combustion control and the use of an oxidation catalyst to control VOC emissions, identical to the AEC. Given the same level of control, it's reasonable to assume the AEC will emit VOC at comparable emission rates as these projects. However, a review of the air permits for some of these facilities shows that compliance with these lower emissions are determined using test methods other than the SCAQMD's Reference Method 25.3. As such, the proposed simple-cycle level of 2.0 ppm is proposed as BACT. Furthermore, the SCAQMD's recent (July 2015) VOC BACT determination for the El Segundo Repower Project's GE LMS-100 simple-cycle units was 2 ppm, consistent with the proposed AEC VOC emission limits.

TABLE 2-4B  
**Summary of VOC Emission Limits for Simple-cycle Combustion Turbines**  
**Emission Control Ranking for Turbines**

Facility	Facility ID Number	VOC Emission Limit at 15 percent O <sub>2</sub>
Indigo Energy Facility	CA-0951	2.0 ppm
LA Dept. of Water & Power	CA-0952	2.0 ppm
Alliance Colton – Century	CA-0953	2.0 ppm
El Colton, LLC	CA-1095	2.0 ppm (3-hour)
LADWP Haynes Generating Station	800074	2.0 ppm (1-hour)
LADWP Scattergood Generating Station	800075	2.0 ppm (1-hour)
El Segundo Repower Project	115663	2.0 ppm (1-hour)
Escondido Energy Center, LLC	CA-1175	2.0 ppm (1-hour)
Orange Grover Project	CA-1176	2.0 ppm (1-hour)
Rincon Power Plant	GA-0098	2.0 ppm
Renaissance Power, LLC	MI-0267	2.0 ppm

TABLE 2-4B  
**Summary of VOC Emission Limits for Simple-cycle Combustion Turbines**  
**Emission Control Ranking for Turbines**

Facility	Facility ID Number	VOC Emission Limit at 15 percent O <sub>2</sub>
El Paso Belle Glade Energy Center	FL-0227	1.4 ppm
Deerfield Beach Energy Center	FL-0228	1.4 ppm
Pompano Beach Energy Center	FL-0229	1.4 ppm
FPL Manatee Plant – Unit 3	FL-0245	1.3 ppm
Progress Bartow Power Plant	FL-0285	1.2 ppm

Note: This table does not include all projects listed in the BACT databases. The purpose of this table is to present a summary of the most-stringent emission limits and to highlight any projects with an emission limit less than 2.0 ppm VOC identified during the database search.

Source: EPA RACT/BACT/LAER Clearinghouse and the CEC (EPA, 2012 and CEC, 2012).

### Auxiliary Boiler

The AEC auxiliary boiler proposes to ~~use low-NO<sub>x</sub> burners,~~ clean burning natural gas, and good combustion design to control VOC emissions. A review of the SCAQMD's recent permitting actions for the El Segundo Power Redevelopment Project (Facility ID 115663) shows that the AEC auxiliary boiler's emission controls are consistent with the SCAQMD's recent BACT determination (July 2015) for the El Segundo Power Redevelopment Project's auxiliary boiler.

#### 2.2.3.4 Evaluate Most Effective Controls and Document Results – Step 4

The proposed combined- and simple-cycle VOC emission rate of 2.0 ppmvd (1-hour) is not the lowest VOC emission rate shown, but is consistent with most BACT determinations and recent BACT determinations issued by the SCAQMD.

#### 2.2.3.5 VOC BACT Selection – Step 5

The proposed BACT for VOC emissions from the AEC is good combustion design and the installation of an oxidation catalyst system to control VOC emissions from the combustion turbines to 2.0 ppmvd (1-hour) and ~~low-NO<sub>x</sub> burners,~~ clean burning natural gas, and good combustion design for the auxiliary boiler.

### 2.2.4 PM<sub>10</sub> and PM<sub>2.5</sub>

PM from natural gas combustion has been estimated to be less than 1 micron in equivalent aerodynamic diameter, has filterable and condensable fractions, and is usually hydrocarbons of larger molecular weight that are not fully combusted (EPA, 2006). Because the PM is less than 2.5 microns in diameter, the BACT control technology discussion assumes the control technologies for PM<sub>10</sub> and PM<sub>2.5</sub> are the same.

#### 2.2.4.1 Identification of PM<sub>10</sub> and PM<sub>2.5</sub> Emissions Control Technologies – Step 1

**Pre-combustion Particulate Control Technologies.** The major sources of PM<sub>10</sub> and PM<sub>2.5</sub> emissions from a natural-gas-fired gas turbine equipped with SCR for post-combustion control of NO<sub>x</sub> are: (1) the conversion of fuel sulfur to sulfates and ammonium sulfates; (2) unburned hydrocarbons that can lead to the formation of PM in the exhaust stack; and (3) PM in the ambient air entering the gas turbine through the inlet air filtration system, and the aqueous ammonia dilution air. Therefore, the use of clean-burning, low-sulfur fuels such as natural gas will result in minimal formation of PM<sub>10</sub> and PM<sub>2.5</sub> during combustion. Best combustion practices will ensure proper air/fuel mixing ratios to achieve complete combustion, minimizing emissions of unburned hydrocarbons that can lead to formation of PM at the stack. In addition to good combustion, use of high-efficiency filtration on the inlet air and SCR dilution air system will minimize the entrainment of PM into the exhaust stream.

**Post-combustion Particulate Control Technologies.** Two post-combustion control technologies designed to reduce PM emissions from industrial sources are electrostatic precipitators and baghouses. However, neither of

these control technologies is appropriate for use on natural-gas-fired turbines because of the very low levels and small aerodynamic diameter of PM from natural gas combustion.

#### **2.2.4.2 Eliminate Technically Infeasible Options – Step 2**

Electrostatic precipitators and baghouses are typically used on solid/liquid-fuel fired or other types of sources with high PM emission concentrations, and are not used in natural-gas-fired applications, which have inherently low PM emission concentrations. Therefore, electrostatic precipitators and baghouses are not considered technically feasible control technologies. However, best combustion practices, clean-burning fuels, and inlet air filtration are considered technically feasible for control of PM<sub>10</sub> and PM<sub>2.5</sub> emissions from the AEC.

#### **2.2.4.3 PM<sub>10</sub> and PM<sub>2.5</sub> Control Technology Ranking – Step 3**

The use of best combustion practices, clean-burning fuels, and inlet air filtration are the technically feasible natural-gas-fired turbine control technologies proposed by AES to control PM<sub>10</sub> and PM<sub>2.5</sub> emissions to 8.5 pound(s) per hour (lb/hr) for the combined-cycle turbines and 6.23 lb/hr for the simple-cycle turbines. Furthermore, because no add-on control devices are technically feasible to control PM emissions from natural-gas-fired turbines, there would be little an applicant could do beyond using best combustion practices and using clean-burning fuels to control particulate emissions.

#### **2.2.4.4 Evaluate Most Effective Controls and Document Results – Step 4**

Based on the information presented in this BACT analysis, using proposed good combustion practice and pipeline-quality natural gas to control PM<sub>10</sub>/PM<sub>2.5</sub> emissions to 8.5 lb/hr for the combined-cycle turbines, 6.23 lb/hr for the simple-cycle turbines, and auxiliary boiler are consistent with BACT at other similar sources. Therefore, an assessment of the economic and environmental impacts is not necessary.

#### **2.2.4.5 PM<sub>10</sub> and PM<sub>2.5</sub> BACT Selection – Step 5**

The BACT for PM<sub>10</sub>/PM<sub>2.5</sub> emissions from the AEC is using good combustion practices and pipeline-quality natural gas to control PM<sub>10</sub>/PM<sub>2.5</sub> emissions.

### **2.2.5 SO<sub>2</sub>**

Emissions of SO<sub>2</sub> are entirely a function of the sulfur content in the fuel rather than any combustion variables. During the combustion process, essentially all the sulfur in the fuel is oxidized to SO<sub>2</sub>.

#### **2.2.5.1 Identification of SO<sub>2</sub> Emissions Control Technologies – Step 1**

Two primary mechanisms are used to reduce SO<sub>2</sub> emissions from combustion sources: (1) reduce the amount of sulfur in the fuel, and (2) remove the sulfur from the combustion exhaust gases.

Limiting the amount of sulfur in the fuel is a common practice for natural-gas-fired turbines and boilers. For instance, natural-gas-fired turbines in California are typically required to combust only California Public Utilities Commission (CPUC) pipeline-quality natural gas with a sulfur content of less than 1 grain of sulfur per 100 standard cubic feet (scf). The AEC would be supplied with natural gas from the Southern California Gas (SoCalGas) pipeline, which is limited by tariff Rule 30 to a maximum total fuel sulfur content of less than 0.75 grain of sulfur per 100 scf. Therefore, the use of pipeline-quality natural gas with low sulfur content is a BACT control technique for SO<sub>2</sub>.

There are two principal types of post-combustion control technologies for SO<sub>2</sub>—wet scrubbing and dry scrubbing. Wet scrubbers use an alkaline solution to remove the SO<sub>2</sub> from the exhaust gases. Dry scrubbers use an SO<sub>2</sub> sorbent injected as powder or slurry to remove the SO<sub>2</sub> from the exhaust stream. However, the SO<sub>2</sub> concentrations in the natural gas exhaust gases are too low for the scrubbing technologies to work effectively or to be technically feasible.

#### **2.2.5.2 Eliminate Technically Infeasible Options – Step 2**

Use of pipeline-quality natural gas with very low sulfur content is technically feasible for the AEC. However, because sulfur emissions from natural-gas-fired turbines and auxiliary boilers are extremely low when using pipeline-quality natural gas, the two post-combustion SO<sub>2</sub> controls for natural-gas fired turbines and boilers (wet and dry scrubbers) are not technically feasible.

### 2.2.5.3 SO<sub>2</sub> Control Technology Ranking – Step 3

Use of pipeline-quality natural gas with very low sulfur content is the only technically feasible SO<sub>2</sub> control technology for natural-gas-fired turbines and auxiliary boilers, and it is the most effective SO<sub>2</sub> control technology used by all other natural-gas-fired turbines in California. Therefore, using pipeline-quality natural gas with a regulatory limit of 0.75 grain of sulfur per 100 scf of natural gas for the AEC is BACT for SO<sub>2</sub>.

### 2.2.5.4 Evaluate Most Effective Controls and Document Results – Step 4

Based on the information presented in this BACT analysis, the use of pipeline-quality natural gas with a maximum of 0.75 grain of sulfur per 100 scf of natural gas as a BACT control technique for SO<sub>2</sub> will achieve the lowest SO<sub>2</sub> emission rates achieved in practice at other similar sources. Therefore, an assessment of the economic and environmental impacts is not necessary.

### 2.2.5.5 SO<sub>2</sub> BACT Selection – Step 5

The BACT for SO<sub>2</sub> from the AEC is use of pipeline-quality natural gas with a sulfur content of less than 0.75 grain of sulfur per 100 scf of natural gas.

## 2.2.6 BACT for Startups and Shutdowns

Startup and shutdown events are a normal part of the power plant operation, but they involve NO<sub>x</sub>, CO, and VOC emissions rates that are highly variable and greater than emissions during steady-state operation<sup>4</sup>. This is because emission control systems are not fully functional during these events. In the case of the DLN combustors, the turbines must achieve a minimum operating rate before these systems are functional. Likewise, the SCR and oxidation catalyst systems must be heated to a specific minimum temperature before the catalyst systems become effective. Furthermore, startup and shutdown emissions are dependent on a number of project-specific factors; therefore, permitted startup and shutdown emission limits are highly variable. For these reasons, BACT for startup and shutdown will consider only the duration of these events.

### 2.2.6.1 Control Devices and Techniques to Limit Startup and Shutdown Emissions

The available approach to reducing startup and shutdown emissions from combustion turbines is to use best work practices. By following the plant equipment manufacturers' recommendations, power plant operators can limit the duration of each startup and shutdown event to the minimum duration achievable. Plant operators also use their own operational experience with their particular turbines and ancillary equipment to optimize startup and shutdown emissions. The proposed numerical emission limits for the startups and shutdowns are outlined below.

### 2.2.6.2 Determination of BACT Emissions Limit for Startups and Shutdowns

**Startups.** The combustion turbine vendor (GE) has determined a turbine startup period of 15 to 20 minutes (hot/warm and cold starts) from first fire to full load operation for the combined-cycle turbines and 10 minutes from first fire to full load operation for the simple-cycle turbines. This startup period does not include the warm-up time required by the SCR and oxidation catalyst systems, which, for the combined-cycle turbines, is affected by the length of time the system has been inactive, as the length of time is related to the temperature and pressure of the steam cycle. For the combined-cycle turbines, two startup cases (hot/warm and cold) were provided based on engineering estimates to reflect the different length of time between combustion turbine activity. Table 2-5 presents the proposed startup emissions and durations proposed as BACT.

<sup>4</sup> Because PM<sub>10/2.5</sub> and SO<sub>2</sub> emissions are dependent on the amount of fuel combusted, PM<sub>10/2.5</sub> and SO<sub>2</sub> emissions during startup and shutdown would be less than full load operations since less fuel is consumed as compared to full load operations.

TABLE 2-5  
**Facility Startup Emission Rates Per Turbine**

Startup	NO <sub>x</sub> (lb/event)	CO (lb/event)	VOC (lb/event)	NO <sub>x</sub> (lb/hr)	CO (lb/hr)	VOC (lb/hr)	Duration (minutes/event)
Combined-cycle Turbines							
Cold	61	325	36	61	325	36	60
Hot/Warm	17	137	25	25.2	142	<del>27.95.8</del>	30
Simple-cycle Turbines							
Start	16.6	15.4	2.80	20.7	19.4	3.95	30

lb/event = pound(s) per event

**Shutdowns.** The turbine vendor also supplied the emission estimates for a typical shutdown event occurring over 30 minutes for the combined-cycle turbines and 13 minutes for the simple-cycle turbines. The shutdown process begins with the combustion turbine reducing load until the DLN system is no longer functional but the SCR and oxidation remain functional. Table 2-6 presents the shutdown emissions and duration proposed as BACT.

TABLE 2-6  
**Facility Shutdown Emission Rates Per Turbine**

	NO <sub>x</sub> (lb/event)	CO (lb/event)	VOC (lb/event)	NO <sub>x</sub> (lb/hr)	CO (lb/hr)	VOC (lb/hr)	Duration (minutes/event)
Combined-cycle Shutdown	10.0	133	32.0	18.2	138	<del>34.92.8</del>	30
Simple-cycle Shutdown	3.12	28.1	3.06	9.56	34.4	4.86	13

### 2.2.6.3 Summary of the Proposed BACT for Startups and Shutdowns

AES proposes to limit individual startup and shutdown durations and emissions to an enforceable BACT permit limit, as shown in Tables 2-5 and 2-6.

## 3.1 Introduction

This BACT evaluation was prepared to address GHG emissions from the AEC, and the evaluation follows EPA regulations and guidance for BACT analyses as well as EPA's PSD and Title V Permitting Guidance for Greenhouse Gases (EPA, 2011b). GHG pollutants are emitted during the combustion process when fossil fuels are burned. One of the possible ways to reduce GHG emissions from fossil fuel combustion is to use inherently lower GHG-emitting fuels and to minimize the use of fuel, which in this case is achieved by using thermally efficient CTGs, well-designed HRSGs, and STGs to generate additional power from the heat of the CTG exhaust. In the AEC process, the fossil fuel burned will be pipeline-quality natural gas, which is the lowest GHG-emitting fossil fuel available. The AEC gas turbines selected to meet the project's objectives have a high operating turndown rate while maintaining a high thermal efficiency.

### 3.1.1 Regulatory Overview

Based on a series of actions, including the 2007 Supreme Court decision, the 2009 EPA Endangerment Finding and Cause and Contribute Finding, and the 2010 Light-Duty Vehicle Rule, GHGs became subject to permitting under the CAA. In May 2010, EPA issued the GHG permitting rule officially known as the "Prevention of Significant Deterioration and Title V Greenhouse Gas Tailoring Rule" (GHG Tailoring Rule), in which EPA defined six GHG pollutants (collectively combined and measured as carbon dioxide equivalent [CO<sub>2</sub>e]) as NSR-regulated pollutants and, therefore, subject to PSD permitting when new projects emitted those pollutants above certain threshold levels. Under the GHG Tailoring Rule, beginning July 1, 2011, new sources with a GHG PTE equal to or greater than 100,000 tpy of CO<sub>2</sub>e would be considered a major source and would be required to undergo PSD permitting, including preparation of a BACT analysis for GHG emissions. Modifications to existing major sources (CO<sub>2</sub>e PTE of 100,000 tpy or greater) that result in an increase of CO<sub>2</sub>e greater than 75,000 tpy would be similarly required to obtain a PSD permit, which includes a GHG BACT analysis. However, in July 2014, the U.S. Supreme Court ruled that EPA could not regulate GHG emissions alone. As a result, new sources with a GHG PTE equal to or greater than 100,000 tpy of CO<sub>2</sub>e are no longer required to obtain a PSD permit specifically for GHG emissions. Rather, a BACT analysis to evaluate GHG emissions control would only be required if the new source would require a PSD permit as a result of criteria pollutant PTE. The project results in emission increases above the new source PSD thresholds for at least one criteria pollutant. Therefore, the project is subject to the GHG Tailoring Rule, and is required to conduct a GHG BACT analysis.

### 3.1.2 BACT Evaluation Overview

BACT requirements are intended to ensure that a proposed project will incorporate control systems that reflect the latest control technologies that have been demonstrated in practice for the type of facility under review. BACT is defined under the CAA (42 U.S.C. Section 7479[3]) as follows:

*The term "best available control technology" means an emission limitation based on the maximum degree of reduction of each pollutant subject to regulation under this chapter emitted from or which results from any major emitting facility, which the permitting authority, on a case-by-case basis, taking into account energy, environmental, and economic impacts and other costs, determines is achievable for such facility through application of production processes and available methods, systems, and techniques, including fuel cleaning, clean fuels, or treatment or innovative fuel combustion techniques for control of each such pollutant. BACT is defined as the emission control means an emission limitation (including opacity limits) based on the maximum degree of reduction which is achievable for each pollutant, taking into account energy, environmental, and economic impacts, and other costs. ....*

EPA guidance specifies that a BACT analysis should be performed using a top-down approach in which all applicable control technologies are evaluated based on their effectiveness and are then ranked by decreasing

level of control. If the most-effective control technology is not being selected for the project, the control technologies on the list are evaluated as to whether they are infeasible because of energy, environmental, and/or economic impacts. The most effective control technology in the ranked list that cannot be so eliminated is then defined as BACT for that pollutant and process. A further analysis must be conducted to establish the emission limit that is BACT, based on determining the lowest emission limit that is expected to be consistently achievable over the life of the plant, taking into account site-specific and project-specific requirements.

For a facility subject to the GHG Tailoring Rule, the six covered GHG pollutants are:

- CO<sub>2</sub>
- Nitrous oxide (N<sub>2</sub>O)
- Methane (CH<sub>4</sub>)
- Hydrofluorocarbons (HFC)
- Perfluorocarbons (PFC)
- Sulfur hexafluoride (SF<sub>6</sub>)

Although the top-down BACT analysis is applied to GHGs, there are “unique” issues in the analysis for GHGs that do not arise in BACT for criteria pollutants (EPA, 2011b). For example, EPA recognizes that the range of potentially available control options for BACT Step 1 is currently limited and emphasizes the importance of energy efficiency in BACT reviews. Specifically, EPA states that (EPA, 2011b):

*The application of methods, systems, or techniques to increase energy efficiency is a key GHG-reducing opportunity that falls under the category of “lower-polluting processes/practices.” Use of inherently lower-emitting technologies, including energy efficiency measures, represents an opportunity for GHG reductions in these BACT reviews. In some cases, a more energy efficient process or project design may be used effectively alone; whereas in other cases, an energy efficient measure may be used effectively in tandem with end-of-stack controls to achieve additional control of criteria pollutants.*

Based on this reasoning, EPA provides permitting authorities with the discretion to use energy-efficient measures as “the foundation for a BACT analysis for GHGs . . .” (EPA, 2011b).

## 3.2 GHG BACT Analysis

### 3.2.1 Assumptions

During the completion of the GHG BACT analysis, the following assumptions were made:

- The AEC BACT analysis for criteria pollutants will result in the installation of an SCR system for NO<sub>x</sub> emissions reduction for the turbines and auxiliary boiler and an oxidation catalyst for control of CO and VOCs for each turbine.
- During actual combustion turbine operation, the oxidation catalyst may result in minimal increases in CO<sub>2</sub> from the oxidation of any CO and CH<sub>4</sub> in the flue gas. However, the EPA Final Mandatory Reporting of Greenhouse Gases Rule (Mandatory Reporting Rule) (40 CFR 98) factors for estimating CO<sub>2</sub>e emissions from natural gas combustion assume complete combustion of the fuel. While the oxidation catalyst has the potential of incrementally increasing CO<sub>2</sub> emissions, these emissions are already accounted for in the Mandatory Reporting Rule factors and included in the CO<sub>2</sub>e totals.
- Similarly, the SCR catalyst may result in an increase in N<sub>2</sub>O emissions. Although quantifying the increase is difficult, it is generally estimated to be very small or negligible. From the AEC GHG emissions inventory, the estimated N<sub>2</sub>O emissions only total ~~2.9367.3~~ metric tons per year. Therefore, even if there were an order-of-magnitude increase in N<sub>2</sub>O as a result of the SCR, the impact to CO<sub>2</sub>e emissions would be insignificant as compared to total estimated AEC CO<sub>2</sub>e emissions.

Use of the SCR and oxidation catalyst slightly decreases the project’s thermal efficiency due to backpressure on the turbines (these impacts are already included in the emission inventory) and, as noted above, may create a

marginal but unquantifiable increase to N<sub>2</sub>O emissions. Although elimination of the NO<sub>x</sub> and CO/VOC controls could conceivably be considered as an option within the GHG BACT, the environmental benefits of the NO<sub>x</sub>, CO, and VOC controls are assumed to outweigh the marginal increase to GHG emissions. Therefore, even if carried forward through the GHG BACT analysis, they would be eliminated in Step 4 because of other environmental impacts. Therefore, these controls were not considered within the BACT analysis.

### 3.2.2 BACT Determination

The top-down GHG BACT determination for the combustion turbines and auxiliary boiler is presented below. This BACT analysis is based on one combined-cycle power block consisting of two combustion turbines with unfired HRSGs, a steam turbine, and an auxiliary boiler, and one simple-cycle power block consisting of four simple-cycle combustion turbines.

The primary GHG of concern for the AEC is CO<sub>2</sub>. This analysis primarily presents the GHG BACT analysis for CO<sub>2</sub> emissions because CH<sub>4</sub> and N<sub>2</sub>O emissions are insignificant, at less than ~~one~~two percent of facility GHG CO<sub>2e</sub> emissions. The AEC will emit insignificant quantities of SF<sub>6</sub>, HFC, or PFC pollutants, used in electrical switch gear and comfort cooling systems. Therefore, the primary sources of GHG emissions would be the natural-gas-fired combustion turbines and the natural-gas-fired auxiliary boiler.

This determination follows EPA's top-down analysis method, as specified in EPA's GHG Permitting Guidance (EPA, 2011b). The following top-down analysis steps are listed in EPA's *New Source Review Workshop Manual* (EPA, 1990):

- Step 1: Identify all control technologies
- Step 2: Eliminate technically infeasible options
- Step 3: Rank remaining control technologies by control effectiveness
- Step 4: Evaluate most effective controls and document results
- Step 5: Select BACT

Each of these steps, described in the following sections, was conducted for GHG emissions from the CTGs. The following top-down BACT analysis has been prepared in accordance with EPA's *New Source Review Workshop Manual* (EPA, 1990) and takes into account energy, environmental, economic, and other costs associated with each alternative technology.

The previous and current emission limits reported for combined-cycle and simple-cycle combustion turbines were based on a search of the various federal, state, and local BACT, RACT, and LAER databases. The search included the following databases:

- EPA BACT/LAER Clearinghouse (EPA, 2015)
  - Search included the CO<sub>2</sub> BACT/LAER determinations for combined-cycle and simple-cycle combustion turbines (greater than 25 MW) with permit dates for the years 2001 through 2015.
- BACT Analyses for Recently Permitted Combined-cycle and Simple-cycle CEC Projects (CEC, 2015)

#### 3.2.2.1 Identification of Available GHG Emissions Control Technologies – Step 1

There are two basic alternatives for limiting GHG emissions from the AEC equipment:

- Carbon capture and storage (CCS)
- Thermal efficiency

The proposed AEC design and operation will consist of one combined-cycle power block, one simple-cycle power block, and an auxiliary boiler. The combined-cycle power block will consist of two natural-gas-fired GE Frame 7FA.05 CTGs with unfired HRSGs, one STG, and an auxiliary boiler to facilitate fast start capabilities. The simple-cycle power block will consist of four GE LMS-100 CTGs. AES has determined that this configuration is the only alternative that meets all of the project objectives as further detailed in Section 1.2. Several of the primary objectives of the AEC are to backstop variable renewable resources with a multiple stage generator project that incorporates fast start capability, a high degree of turndown, fast ramping capability, and a high thermal

efficiency. Therefore, other potentially lower emitting renewable generation technologies were not evaluated in this BACT analysis because this would change the fundamental business purpose of the AEC.

This is consistent with EPA's March 2011 *PSD and Title V Permitting Guidance for Greenhouse Gases*, which states:

*EPA has recognized that a Step 1 list of options need not necessarily include inherently lower polluting processes that would fundamentally redefine the nature of the source proposed by the permit applicant...", and "...the permitting authority should keep in mind that BACT, in most cases, should not regulate the applicant's purpose or objective for the proposed facility... (p. 26).*

The only identified GHG emission "control" options are post-combustion CCS and thermal efficiency of the proposed generation facility.

**Carbon Capture and Storage.** CCS technology is composed of three main components: (1) CO<sub>2</sub> capture and/or compression, (2) transport, and (3) storage.

**CO<sub>2</sub> Capture and Compression.** CCS systems involve use of adsorption or absorption processes to separate and capture CO<sub>2</sub> from the flue gas, with subsequent desorption to produce a concentrated CO<sub>2</sub> stream. The concentrated CO<sub>2</sub> is then compressed to "supercritical" temperature and pressure, a state in which CO<sub>2</sub> exists neither as a liquid nor a gas, but instead has physical properties of both liquids and gases. The supercritical CO<sub>2</sub> would then be transported to an appropriate location for underground injection into a suitable geological storage reservoir, such as a deep saline aquifer, depleted coal seam, ocean storage site, or used in crude oil production for enhanced oil recovery.

The capture of CO<sub>2</sub> from gas streams can be accomplished using either physical or chemical solvents or solid sorbents. Applicability of different processes to particular applications will depend on temperature, pressure, CO<sub>2</sub> concentration, and contaminants in the gas or exhaust stream. Although CO<sub>2</sub> separation processes have been used for years in the oil and gas industries, the characteristics of the gas streams are markedly different than power plant exhaust. CO<sub>2</sub> separation from power plant exhaust has been demonstrated in large pilot-scale tests, but it has not been commercially implemented in full-scale power plant applications.

After separation, the CO<sub>2</sub> must be compressed to supercritical temperature and pressure for suitable pipeline transport and geologic storage properties. Although compressor systems for such applications are proven, commercially available technologies, specialized equipment is required, and operating energy requirements are very high.

**CO<sub>2</sub> Transport.** The supercritical CO<sub>2</sub> would then be transported to an appropriate location for injection into a suitable storage reservoir. The transport options may include pipeline or truck transport, or in the case of ocean storage, transport by ocean-going vessels.

Because of the extremely high pressures, as well as the unique thermodynamic and dense-phase fluid properties of supercritical CO<sub>2</sub>, specialized designs are required for CO<sub>2</sub> pipelines. Control of potential propagation fractures and corrosion also require careful attention to contaminants such as oxygen, nitrogen, methane, water, and hydrogen sulfide.

While transport of CO<sub>2</sub> via pipeline is proven technology, doing so in urban areas will present additional concerns. Development of new rights-of-way in congested areas would require significant resources for planning and execution, and public concern about potential for leakage may present additional barriers.

**CO<sub>2</sub> Storage.** CO<sub>2</sub> storage methods include geologic sequestration, oceanic storage, and mineral carbonation. Oceanic storage has not been demonstrated in practice, as discussed below. Geologic sequestration is the process of injecting captured CO<sub>2</sub> into deep subsurface rock formations for long-term storage, which includes the use of a deep saline aquifer or depleted coal seams, as well as the use of compressed CO<sub>2</sub> to enhance oil recovery in crude oil production operations.

Under geologic sequestration, a suitable geological formation is identified close to the proposed project, and the captured CO<sub>2</sub> from the process is compressed and transported to the sequestration location. CO<sub>2</sub> is injected into that formation at a high pressure and to depths generally greater than 2,625 feet (800 meters). Below this depth, the pressurized CO<sub>2</sub> remains "supercritical" and behaves like a liquid. Supercritical CO<sub>2</sub> is denser and takes up less space than gaseous CO<sub>2</sub>. Once injected, the CO<sub>2</sub> occupies pore spaces in the surrounding rock, like water in a

sponge. Saline water that already resides in the pore space would be displaced by the denser CO<sub>2</sub>. Over time, the CO<sub>2</sub> can dissolve in residual water, and chemical reactions between the dissolved CO<sub>2</sub> and rock can create solid carbonate minerals, more permanently trapping the CO<sub>2</sub>.

The U.S. Department of Energy (DOE) National Energy Technology Laboratory (NETL), via the West Coast Regional Carbon Sequestration Partnership (WestCarb) has researched potential geologic storage locations including those in southern California. This information has been presented in NETL's 2010 *Carbon Sequestration Atlas of the United States and Canada*<sup>5</sup>, NETL's National Carbon Sequestration Database and Geographic Information System (NATCARB) database<sup>6</sup>, and Southern California Carbon Sequestration Research Consortium's (SoCalCarb) Carbon Atlas<sup>7</sup>. As shown in Figures 1 and 2, a number of deep saline aquifers and oil and gas reservoirs have been found to be potentially suitable for CO<sub>2</sub> storage. No potential for storage in depleted coal seams or basalt formations was identified.

The *Carbon Sequestration Atlas* lists the deep saline formations in Ventura and Los Angeles Basins as the "most promising" locations in southern California, and it states that "California may also be a candidate for CO<sub>2</sub> storage in offshore basins, although the lack of available data has limited the assessment of their CO<sub>2</sub> storage potential to areas where oil and gas exploration has occurred." The atlas also notes the potential for use of oil and gas reservoirs in the Los Angeles and Ventura Basins, although it states that "Reservoirs in highly fractured shales within the Santa Maria and Ventura Basins are not good candidates for CO<sub>2</sub> storage."

Funded via the American Recovery and Reinvestment Act, the Wilmington Graben project is an ongoing, comprehensive research program for characterization of the potential for CO<sub>2</sub> storage in the Pliocene and Miocene sediments offshore from Los Angeles and Long Beach. The study includes analysis of existing and new well cores, seismic studies, engineering analysis of potential pipeline systems, and risk analyses. However, no pilot studies of CO<sub>2</sub> injection into onshore or offshore geologic formations in the vicinity of the project site have been conducted to date.

**Thermal Efficiency.** Because CO<sub>2</sub> emissions are directly related to the quantity of fuel burned, the less fuel burned per amount of energy produced (greater energy efficiency), the lower the GHG emissions per unit of energy produced. As a means of quantifying feasible energy efficiency levels, the State of California established an emissions performance standard for California power plants. California Senate Bill 1368 limits long-term investments in baseload generation by the state's utilities to power plants that meet an emissions performance standard jointly established by the CEC and the CPUC. CEC regulations establish a standard for baseload generation (that is, with capacity factors in excess of 60 percent) of 1,100 pounds (or 0.55 ton) CO<sub>2</sub> per megawatt-hour (MWh). This emission standard corresponds to a heat rate of approximately 9,400 British thermal units per kilowatt-hour (Btu/kWh) (CEC, 2010).

In addition to the state regulations, EPA promulgated New Source Performance Standard Subpart TTTT, which includes two potentially applicable GHG emission limits for newly constructed combustion turbines. These limits are summarized below.

Newly constructed or reconstructed stationary combustion turbine that supplies more than its design efficiency times its potential electric output as net-electric sales on a 3-year rolling average basis and combusts more than 90 percent natural gas on a heat input basis on a 12-operating-month rolling average basis - 450 kilograms (kg) of CO<sub>2</sub> per MWh of gross energy output (1,000 pounds [lb] of CO<sub>2</sub> per MWh); or 470 kg of CO<sub>2</sub> per MWh of net energy output (1,030 lb CO<sub>2</sub>/MWh)

Newly constructed or reconstructed stationary combustion turbine that supplies its design efficiency times its potential electric output or less as net-electric sales on a 3-year rolling average basis and combusts more than 90 percent natural gas on a heat input basis on a 12-operating-month rolling average basis - 50 kg CO<sub>2</sub> per gigajoule (GJ) of heat input (120 lb CO<sub>2</sub> per million British thermal units [MMBtu])

<sup>5</sup> [http://www.netl.doe.gov/technologies/carbon\\_seq/refshelf/atlasIII/index.html](http://www.netl.doe.gov/technologies/carbon_seq/refshelf/atlasIII/index.html)

<sup>6</sup> [http://www.netl.doe.gov/technologies/carbon\\_seq/natcarb/storage.html](http://www.netl.doe.gov/technologies/carbon_seq/natcarb/storage.html)

<sup>7</sup> <http://socalcarb.org/atlas.html>

The applicable emission standard depends on whether a combustion turbine sells more electricity than its potential electrical output, which is calculated by multiplying the design efficiency and the potential electrical output, and combusts more than 90 percent natural gas. Assuming the combined-cycle power block will generate more electricity than the potential electrical output, the AEC will need to comply with the 1,000 lb of CO<sub>2</sub> per MWh emission limit. The AEC is exclusively fueled by natural gas with a combined-cycle power block design efficiency of approximately 56 percent. The AEC's combined-cycle GHG efficiency is estimated at ~~896784~~ lb of CO<sub>2</sub> per MWh (net), including startups, shutdowns, and non-baseload operation without performance degradation assuming an 8 percent performance degradation (see Attachment 1), which clearly complies with Subpart TTTT's emission limit of 1,000 lb of CO<sub>2</sub> per MWh.

The AEC simple-cycle power block design efficiency is 41 percent and the potential AEC simple-cycle power block's electrical output threshold is 1,436,640 MWh-Net (based on the design efficiency of 41 percent and the net electrical output of 400 MW for 8,760 hours per year). The AEC simple-cycle power block's potential annual net electric sales are 943,200 MWh-Net, assuming 400 MWs-Net of generation and 2,358 hours per year of operation (2,000 operating hours plus 250 startup and 108 shutdown hours). Since the annual net electric sales are less than the electric output threshold, the AEC simple-cycle power block must comply with Subpart TTTT emission limit of 50 kg CO<sub>2</sub> per GJ of heat input (120 lb CO<sub>2</sub>/MMBtu). As a natural-gas fired facility, the AEC is expected to emit CO<sub>2</sub> at a rate of 117 lb CO<sub>2</sub>/MMBtu, thereby complying with the applicable emission limit in Subpart TTTT.

The AEC is a highly efficient multiple-staged generator project that incorporates a high degree of turndown, fast start, and ramping capability that will support grid reliability as renewable generating sources comprise a larger share of California's energy production. This allows an increased use of wind power and other renewable energy sources, with backup power available from the AEC. A natural-gas-fired plant such as the AEC uses a relatively small amount of electricity to operate the facility compared to the energy in the fossil fuel combusted. Therefore, minimal benefit occurs in terms of energy efficiency and GHG emission reductions of the facility associated with lowering electricity usage at the facility compared to increasing the thermal efficiency of the process.

The addition of the high thermal efficiency of the AEC's generation to the state's electricity system will facilitate the integration of renewable resources in California's generation supply and will displace other less-efficient, higher GHG-emitting generation.

California's RPS requirement was increased from 20 percent by 2010 to 33 percent by 2020, with the adoption of Senate Bill 2 on April 12, 2011. To meet the new RPS requirements, the amount of dispatchable, high-efficiency, natural gas generation used as regulation resources, fast-ramping resources, or load-following or supplemental energy dispatches will have to be significantly increased. Additionally, Senate Bill 350 will increase the RPS requirements to 50 percent by 2030. The AEC will aid in the effort to meet California's aggressive RPS standard, because a significant attribute of the AEC is that the combined- and simple-cycle facility can operate similarly to a peaking plant but at higher thermal efficiency.

Based on design, the AEC will allow a rapid startup of the combustion turbines, with the combined-cycle combustion turbines capable of achieving full load operation within 15 minutes of initiating a startup (with the exception of the ~~8024~~ cold starts for the combined-cycle turbines). The simple-cycle power block can achieve full load operation within 10 minutes of initiating a startup. The maximum electrical load ramp rate is 10 percent per minute when operating at the minimum operating rate.

In summary, using the GE Frame 7FA.05 and LMS-100 turbines allows the project goals to be met, while maintaining a higher efficiency than comparable combustion turbine applications. The ability to produce fast-ramping power to augment renewable power sources to the grid make the AEC a highly energy-efficient system.

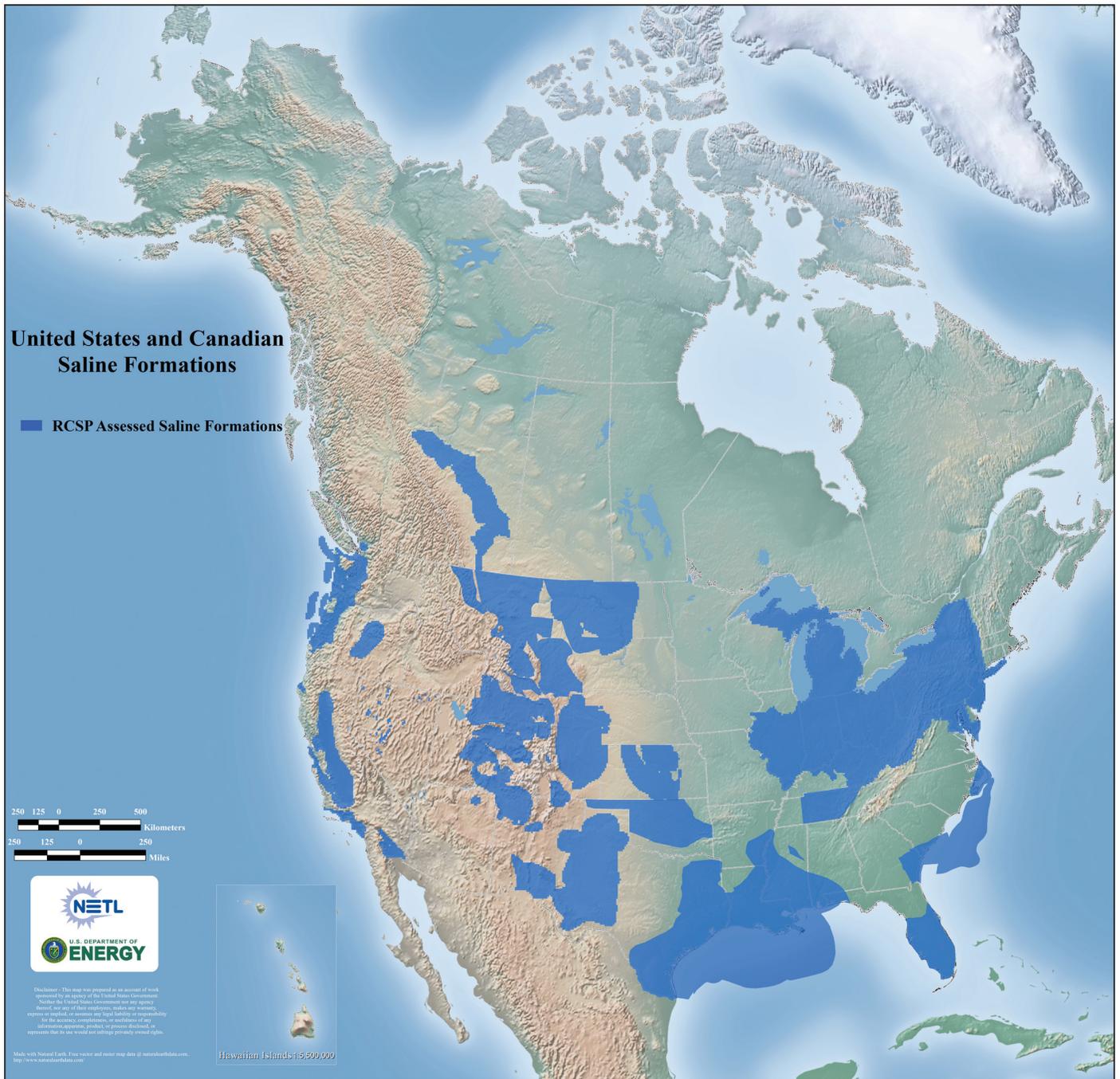
### 3.2.2.2 Eliminate Technically Infeasible Options – Step 2

The second step for the BACT analysis is to eliminate technically infeasible options from the control technologies identified in Step 1. For each option that was identified, a technology evaluation was conducted to assess its technical feasibility. The technology is feasible only when it is available and applicable. A technology that is not commercially available for the scale of the project was considered infeasible. An available technology is considered applicable only if it can be reasonably installed and operated on the proposed project.

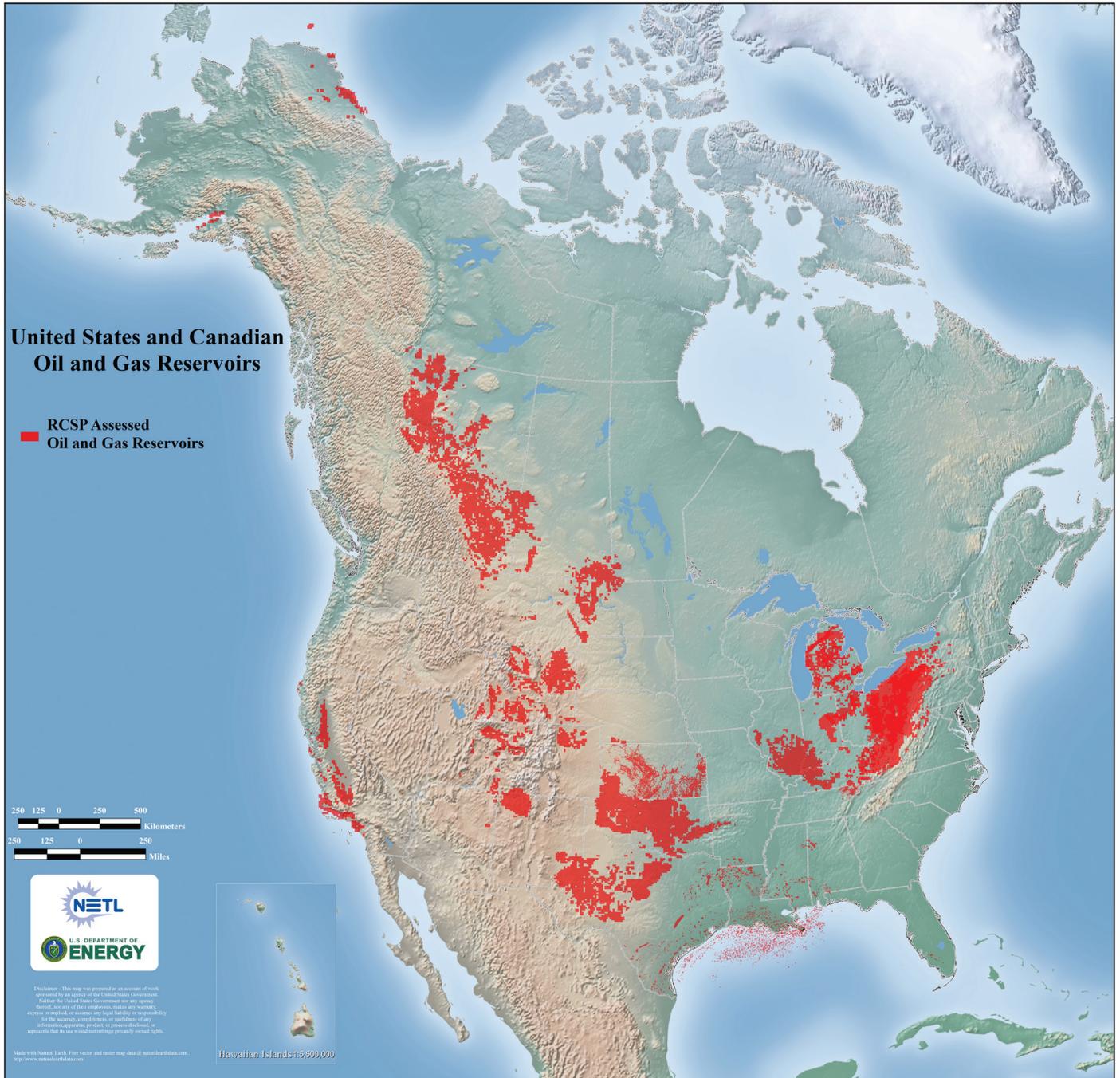
**Carbon Capture and Storage.** Although many believe that CCS will allow the future use of fossil fuels while minimizing GHG emissions, there are a number of technical barriers concerning the use of this technology for the AEC, as follows:

- No full-scale systems for solvent-based carbon capture are currently in operation to capture CO<sub>2</sub> from dilute exhaust steams such as those from natural-gas-fired electrical generation systems at the scale proposed for the AEC.
- Use of captured CO<sub>2</sub> for enhanced oil recovery (EOR) is widely believed to represent the practical first opportunity for CCS deployment; however, identification of suitable oil reservoirs with the necessary willing and able owners and operators is not feasible for the AEC to undertake. Oil and gas production in the vicinity of the AEC is available for EOR; however, only pilot-scale projects are known in the region and only estimates are available on the capacity of these miscible oil fields.
- Little experience exists with other types of storage systems, such as deep saline aquifers (geological sequestration) or ocean systems (ocean sequestration). These storage systems are not commercially available technology.
- Because of the developmental nature of CCS technology, vendors and contractors do not provide turn-key offerings; separate contracting would be required for capture system design and construction; compression and pipeline system routing, siting and licensing, engineering and construction; and geologic storage system design, deployment, operations, and monitoring. Because no individual facility could be expected to take on all of these requirements to implement a control technology, this demonstrates that the technology as a whole is not yet commercially available.
- Significant legal uncertainties continue to exist regarding relationship between land surface ownership rights and subsurface (pore space) ownership, and potential conflicts with other uses of land such as exploitation of mineral rights, management of risks and liabilities, and so on.
- The potential for frequent startup and shutdown, as well as intended rapid load fluctuations, of generation units at the AEC facility makes CCS impractical for two reasons – inability of capture systems to startup in the same short time frame as combustion turbines, and infeasibility for potential users of the CO<sub>2</sub> such as EOR systems to use uncertain and intermittent flows. As described above, the units at the AEC facility are designed to accommodate rapidly fluctuating power and steam demands from renewable electrical generation sources.

These issues are discussed in more detail below.



**FIGURE 1**  
**United States and Canadian Saline Formations**  
 AES Huntington Beach Energy Project  
 Huntington Beach, California



**FIGURE 2**  
**United States and Canadian Oil and Gas Reservoirs**  
 AES Huntington Beach Energy Project  
 Huntington Beach, California

As suggested in EPA's *New Source Review Workshop Manual*, control technologies should be demonstrated in practice on full-scale operations to be considered available within a BACT analysis: "Technologies which have not yet been applied to (or permitted for) full scale operations need not be considered available; an applicant should be able to purchase or construct a process or control device that has already been demonstrated in practice" (EPA, 1990). As discussed in more detail below, carbon capture technology has not been demonstrated in practice in power plant applications. Other process industries do have carbon capture systems that are demonstrated in practice; however, the technology used for these processes cannot be applied to power plants at the scale of the AEC.

Three fundamental types of carbon capture systems are employed throughout various process and energy industries: sorbent adsorption, physical absorption, and chemical absorption. Use of carbon capture systems on power plant exhaust is inherently different from other commercial-scale systems currently in operation, mainly because of the concentration of CO<sub>2</sub> and other constituents in the gas streams.

For example, CO<sub>2</sub> is separated from petroleum in refinery hydrogen plants in a number of locations, but this is typically accomplished on the product gas from a steam CH<sub>4</sub> reforming process that contains primarily hydrogen (H<sub>2</sub>), unreacted CH<sub>4</sub>, and CO<sub>2</sub>. Based on the stoichiometry of the reforming process, the CO<sub>2</sub> concentration is approximately 80 percent by weight, and the gas pressure is approximately 350 pounds of force per square inch gauge (psig). Because of the high concentration and high pressure, a pressure swing adsorption (PSA) process is used for the separation. In the PSA process, all non-hydrogen components, including CO<sub>2</sub> and CH<sub>4</sub>, are adsorbed onto the solid media under high pressure; after the sorbent becomes saturated, the pressure is reduced to near atmospheric conditions to desorb these components. The CO<sub>2</sub>/CH<sub>4</sub> mixture in the PSA tail gas is then typically recycled to the reformer process boilers to recover the heating value; however, where the CO<sub>2</sub> is to be sold, an additional amine absorption process would be required to separate the CO<sub>2</sub> from CH<sub>4</sub>. In its May 2011 *DOE/NETL Advanced Carbon Dioxide Capture R&D Program: Technology Update*, NETL notes the different applications for chemical solvent absorption, physical solvent absorption, and sorbent adsorption processes. As noted in Section 4.B, "When the fluid component has a high concentration in the feed stream (for example, 10 percent or more), a PSA mechanism is more appropriate" (NETL, 2011).

In another example, at the Dakota Gasification Company's Great Plains Synfuels Plant in North Dakota, CO<sub>2</sub> is separated from intermediate fuel streams produced from gasification of coal. The gas from which the CO<sub>2</sub> is separated is a mixture of primarily H<sub>2</sub>, CH<sub>4</sub>, and 30 to 35 percent CO<sub>2</sub>; a physical absorption process (Rectisol) is used. In contrast, as noted on page 29 of the *Report of the Interagency Task Force on Carbon Capture and Storage* (DOE and EPA, 2010), CO<sub>2</sub> concentrations for natural-gas-fired systems are in the range of 3 to 5 percent. This adds significant technical challenges to separation of CO<sub>2</sub> from natural-gas-fired power plant exhaust as compared to other systems.

In Section 4.A of the above-referenced technology update, NETL notes this difference between pre-combustion CO<sub>2</sub> capture, such as that from the North Dakota plant, versus the post-combustion capture, such as that required from a natural-gas-fired power plant: "Physical solvents are well suited for pre-combustion capture of CO<sub>2</sub> from syngas at elevated pressures; whereas, chemical solvents are more attractive for CO<sub>2</sub> capture from dilute low-pressure post-combustion flue gas" (NETL, 2011).

In the 2010 report noted above, the task force discusses four currently operating post-combustion CO<sub>2</sub> capture systems associated with power production. All four are on coal-based power plants where CO<sub>2</sub> concentrations are higher (typically 12 to 15 percent), with none noted for natural gas-based power plants (typically 3 to 5 percent).

The DOE/NETL is a key player in the nation's efforts to realize commercial deployment of CCS technology. A downloadable database of worldwide CCS projects is available on the NETL website<sup>8</sup>. Filtering this database for projects that involve both capture and storage, which are based on post-combustion capture technology (the only technology applicable to natural gas turbine systems) and are shown as "active" with "injection ongoing" or "plant in operation," yields four projects. Three projects, one of which is a pilot-scale process noted in the interagency task force report as described above, are listed at a capacity of 274 tons per day (100,000 tpy), and

<sup>8</sup> [http://www.netl.doe.gov/technologies/carbon\\_seq/global/database/index.html](http://www.netl.doe.gov/technologies/carbon_seq/global/database/index.html)

the fourth has a capacity of only 50 tons per day. Post-combustion CCS has not been accomplished on a scale of the AEC facility. Furthermore, scale-up involving a substantial increase in size from pilot scale to commercial scale is unusual in chemical processes and would represent significant technical risk.

A chemical solvent CCS approach would be required to capture the approximate 3 to 5 percent CO<sub>2</sub> emitted from the flue gas generated from the natural-gas-fired systems (combined-cycle) used at the AEC facility. To date, a chemical solvent technology has not been demonstrated at the operating scale proposed.

As detailed in the August 2010 report, one goal of the task force is to bring 5 to 10 commercial demonstration projects online by 2016. With demonstration projects still years away, clearly the technology is not currently commercially available at the scale necessary to operate the AEC facility. It is notable that several projects, including those with DOE funding or loan guarantees, were cancelled in 2011, making it further unlikely that technical information required to scale up these processes can be accomplished in the near future. For example, the AEP Mountaineer site (AEP; a former DOE demonstration commercial-scale project) was to expand capture capacity to 100,000 tpy; however, to date only the "Project Validation Facility" was completed and only accomplished capture of a total of 50,000 metric tons and storage of 37,000 metric tons of CO<sub>2</sub>. AEP recently announced that the larger project will be cancelled after completion of the front-end engineering design because of uncertain economic and policy conditions.

EPA's Fact Sheet and Ambient Air Quality Impact Report for the Palmdale project states that "commercial CO<sub>2</sub> recovery plants have been in existence since the late 1970s, with at least one plant capturing CO<sub>2</sub> from gas turbines". However, on review of the fact sheet referenced for the gas turbine project<sup>9</sup>, it is notable that the referenced project is not a commercial-scale operation; rather, it is a pilot study at a commercial power plant. The pilot system captured 365 tons per day of CO<sub>2</sub> from the power plant, in the range of the power pilot tests noted above. Full-scale capture of power plant CO<sub>2</sub> has not yet been accomplished anywhere in the world.

The interagency task force report notes the lack of demonstration in practice:

*Current technologies could be used to capture CO<sub>2</sub> from new and existing fossil energy power plants; however, they are not ready for widespread implementation primarily because they have not been demonstrated at the scale necessary to establish confidence for power plant application. Since the CO<sub>2</sub> capture capacities used in current industrial processes are generally much smaller than the capacity required for the purposes of GHG emissions mitigation at a typical power plant, there is considerable uncertainty associated with capacities at volumes necessary for commercial deployment. (DOE and EPA, 2010)*

The ability to inject into deep saline aquifers as an alternative to EOR reservoirs is a major focus of the NETL research program. Although it is believed that saline aquifers are a viable opportunity, there are many uncertainties. Risk of mobilization of natural elements such as manganese, cobalt, nickel, iron, uranium, and barium into potable aquifers is of concern. Technical considerations for site selection include geologic siting, monitoring and verification programs, post-injection site care, long-term stewardship, property rights, and other issues.

At least one planned saline aquifer pilot project is underway in the Lower San Joaquin Valley near Bakersfield, California (the Kimberlina Saline Formation), that may act as a possible candidate location for geologic sequestration and storage. According to WestCarb, a pilot project plant operated by Clean Energy Systems is targeting the Vedder Sandstone formation at a depth of approximately 8,000 feet, where there is a beaded stream unit of saline formation that may be favorable for CO<sub>2</sub> storage. It is unclear when the project is planned for full scale testing, and no plans are currently available to build a pipeline within the area to transport CO<sub>2</sub> to the test site. As noted above, the Wilmington Graben project is a large-scale study of the potential for geologic storage in offshore formations near Los Angeles; however, no indications of near-term plans for pilot testing were noted in NETL or SoCalCarb's websites.

<sup>9</sup> <http://www.powermag.com/coal/2064.html>

As noted above, presumably the CO<sub>2</sub> could be used for EOR applications within the Los Angeles and Ventura Basins, but the exact location, time frame, and needed flow rates for those existing or future EORs are unclear because this information is typically treated as being a trade secret. During a study to evaluate the “future oil recovery potential in the major oil basins and large oil fields in California,” the DOE concluded that a number of oil fields in the Los Angeles Basin are “amendable to miscible CO<sub>2</sub>-EOR.” Two of those oil fields, the Santa Fe Springs and Dominquez fields, are located approximately 30 miles from the AEC facility. However, the feasibility of obtaining the necessary permits to build infrastructure and a pipeline to transport CO<sub>2</sub> to these fields through a densely urbanized area is uncertain.

Figure 3 from the Interagency Task Force report shows that no existing CO<sub>2</sub> pipelines are shown in California. The report does note that nationally there are “many smaller pipelines connecting sources with specific customers”; however, based on lack of natural or captured CO<sub>2</sub> sources in southern California, it is assumed that no pipelines exist. The SoCalCarb carbon atlas shows a number of existing pipelines in the region; however, these are petroleum product pipelines. As noted above, because of high pressures, potential for propagation fracture, and other issues, CO<sub>2</sub> pipeline design is highly specialized, and product pipelines would not be suitable for re-use of CO<sub>2</sub> transport.

Regarding CO<sub>2</sub> storage security, the CCS task force report (DOE and EPA, 2010) notes such uncertainties:

*“The technical community believes that many aspects of the science related to geologic storage security are relatively well understood. For example, the Intergovernmental Panel on Climate Change (IPCC) concluded that “it is considered likely that 99 percent or more of the injected CO<sub>2</sub> will be retained for 1,000 years” (IPCC, 2005). However, additional information (including data from large-scale field projects, such as the Kimberlina project, with comprehensive monitoring) is needed to confirm predictions of the behavior of natural systems in response to introduced CO<sub>2</sub> and to quantify rates for long-term processes that contribute to trapping and, therefore, risk profiles (IPCC, 2005).”*

Field data from the Kimberlina CCS pilot project will provide additional information regarding storage security for that and other locations. Meanwhile, some uncertainties will remain regarding safety and permanence aspects of storage in these types of formations.

The effectiveness of ocean sequestration as a full-scale method for CO<sub>2</sub> capture and storage is unclear given the limited availability of injection pilot tests and the ecological impacts to shallow and deep ocean ecosystems. Ocean sequestration is conducted by injecting supercritical liquid CO<sub>2</sub> from either a stationary or towed pipeline at targeted depth interval, typically below 3,000 feet. CO<sub>2</sub> is injected below the thermocline, creating either a rising droplet or a dense phase plume and sinking bottom gravity current. Through NETL, extensive research is being conducted by the Monterey Bay Aquarium Research Institute on the behavior of CO<sub>2</sub> hydrates and dispersion of these hydrates within the various depth horizons of the marine environment; however, the experiments are small in scale and the results may not be applicable to larger-scale injection projects in the near future. Long-term effects on the marine environment, including pH excursions, are ongoing, making the use of ocean sequestration technically infeasible at the current time. The feasibility of implementing a commercially available sequestration approach is further brought into question, with the IPCC stating:

*Ocean storage, however, is in the research phase and will not retain CO<sub>2</sub> permanently as the CO<sub>2</sub> will re-equilibrate with the atmosphere over the course of several centuries...Before the option of ocean injection can be deployed, significant research is needed into its potential biological impacts to clarify the nature and scope of environmental consequences, especially in the longer term...Clarification of the nature and scope of long-term environmental consequences of ocean storage requires further research. (IPCC, 2005).*

Questions may also arise regarding the international legal implications of injecting industrial generated CO<sub>2</sub> into the ocean, which may eventually migrate to other international waters.

CCS technology development is dominated by vendors that are attempting to commercialize carbon capture technologies and by academia-led teams (largely funded by DOE) that are leading research into the geologic systems. The ability for electric utilities to contract for turn-key CCS systems simply does not exist at this time.

Most current carbon capture systems are based on amine or chilled ammonia technology, which are chemical absorption processes. Although capture system startup and shutdown time of vendor processes could not be confirmed within this BACT analysis, clearly both types of processes would require durations that exceed the time required for the AEC turbine startup or load response. As described above, the AEC may start or stop turbines, and it may adjust the load on the operating turbines rapidly to meet grid reliability demands. In contrast, both amine and chilled ammonia systems require startup of countercurrent liquid-gas absorption towers and either chilling of the ammonia solution or heating of regeneration columns for the amine systems. It is technically infeasible for the carbon capture systems to startup and shut down or to make large adjustments in gas volume in the time frames required to serve this type of operation effectively; this means that portions of the AEC operation would run without CO<sub>2</sub> capture even with implementation of a CCS system. Alternatively, the CCS system could be operated at a minimum load during periods of expected operation. However, this approach would consume energy, offsetting some of the benefit.

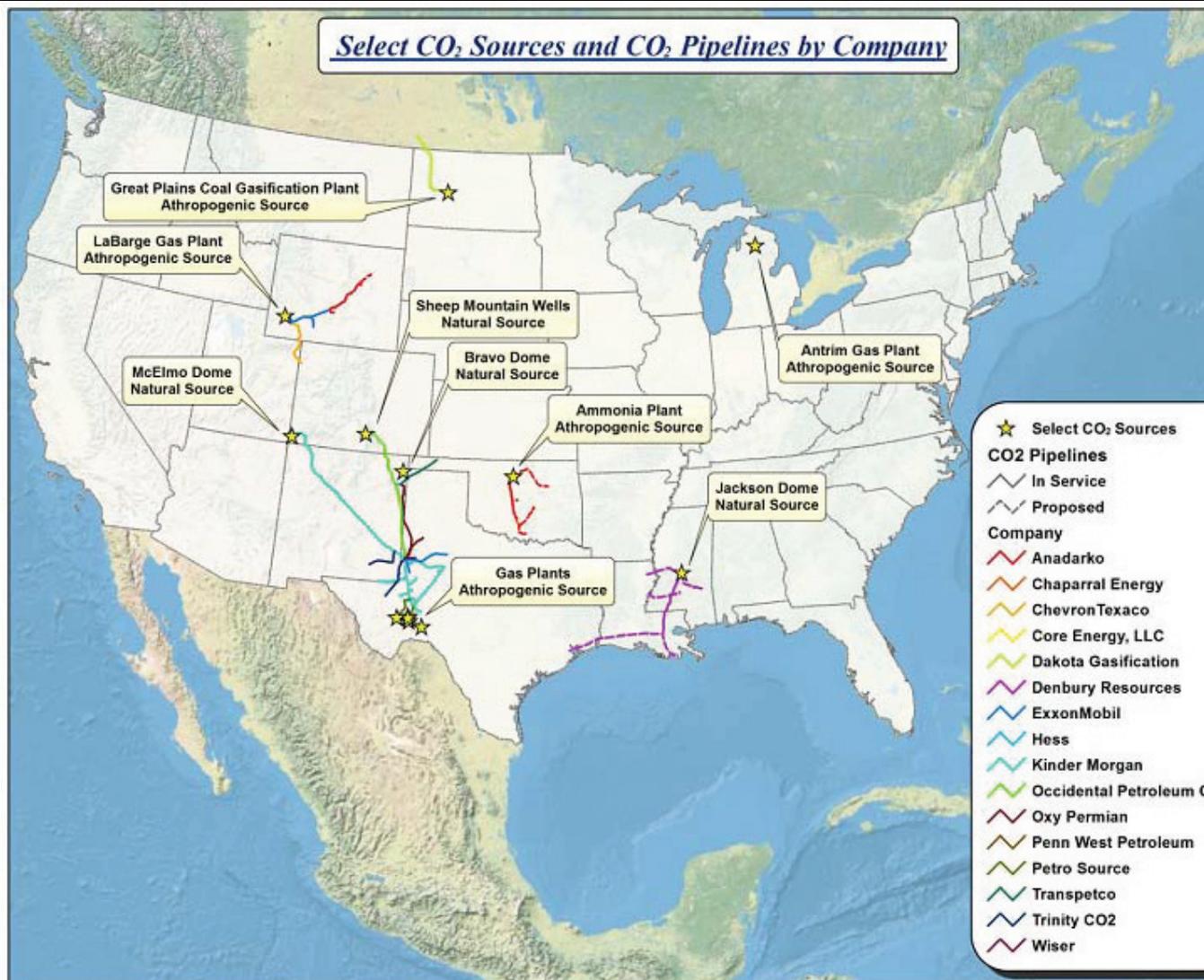
Finally, the potential to sell CO<sub>2</sub> to industrial or oil and gas operations is infeasible for an operation such as this, where daily operation of the AEC depends on grid dispatch needs, particularly to offset reductions from renewable energy sources. Even if a potential EOR opportunity could be identified, such an operation would typically need a steady supply of CO<sub>2</sub>. Intermittent CO<sub>2</sub> supply from potentially short duration with uncertain daily operation would be virtually impossible to sell on the market, making the EOR option unviable. Therefore, CCS technology would be better suited for applications with low variability in operating conditions.

In the EPA PSD and Title V GHG Permitting Guidance, the issues noted above are summarized: “A number of ongoing research, development, and demonstration projects may make CCS technologies more widely applicable *in the future*” (EPA, 2011b; italics added). From page 36 of this guidance, it is noted:

*While CCS is a promising technology, EPA does not believe that at this time CCS will be a technically feasible BACT option in certain cases. As noted above, to establish that an option is technically infeasible, the permitting record should show that an available control option has neither been demonstrated in practice nor is available and applicable to the source type under review. EPA recognizes the significant logistical hurdles that the installation and operation of a CCS system presents and that sets it apart from other add-on controls that are typically used to reduce emissions of other regulated pollutants and already have an existing reasonably accessible infrastructure in place to address waste disposal and other offsite needs. Logistical hurdles for CCS may include obtaining contracts for offsite land acquisition (including the availability of land), the need for funding (including, for example, government subsidies), timing of available transportation infrastructure, and developing a site for secure long-term storage. Not every source has the resources to overcome the offsite logistical barriers necessary to apply CCS technology to its operations, and smaller sources will likely be more constrained in this regard. (EPA, 2011b)*

The CCS alternative is not considered technically feasible for the AEC, and it should therefore be eliminated from further consideration in Step 2. However, at the suggestion of EPA team members on other recent projects, economic feasibility issues will be discussed in Step 4.

**Thermal Efficiency.** Thermal efficiency is a standard measurement metric for combined-cycle facilities; therefore, it is technically feasible as a control technology for BACT consideration.



Source: Figure B-1 from the "Report of the Interagency Task Force on Carbon Capture and Storage", August 2010.

**FIGURE 3**  
**Existing and Planned CO<sub>2</sub> Pipelines**  
**in the United States with Sources**  
 AES Huntington Beach Energy Project  
 Huntington Beach, California

### 3.2.2.3 Combustion Turbine GHG Control Technology Ranking – Step 3

Because CCS is not technically feasible, the only remaining technically feasible GHG control technology for the AEC is thermal efficiency. While CCS will be discussed further in Step 4, and if it were technically feasible would rank higher than thermal efficiency for GHG control, thermal efficiency is the only technically feasible control technology that is commercially available and applicable for the AEC.

### 3.2.2.4 Evaluate Most Effective Controls – Step 4

Step 4 of the BACT analysis is to evaluate the remaining technically feasible controls and consider whether energy, environmental, and/or economic impacts associated with the remaining control technologies would justify selection of a less-effective control technology. The top-down approach specifies that the evaluation begin with the most-effective technology.

**Carbon Capture and Sequestration.** As demonstrated in Step 2, CCS is not a technically feasible alternative for the AEC. Nonetheless, at the suggestion of the EPA team members on other recent projects, economic feasibility of CCS technology is reviewed in this step. Control options considered in this step therefore include application of CCS technology and plant energy thermal efficiency. As demonstrated below, CCS is clearly not economically feasible for the AEC.

On page 42 of the EPA PSD and Title V Permitting Guidance, it is suggested that detailed cost estimates and vendor quotes should not be required where it can be determined from a qualitative standpoint that a control strategy would not be cost effective:

*With respect to the valuation of the economic impacts of [AES] control strategies, it may be appropriate in some cases to assess the cost effectiveness of a control option in a less detailed quantitative (or even qualitative) manner. For instance, when evaluating the cost effectiveness of CCS as a GHG control option, if the cost of building a new pipeline to transport the CO<sub>2</sub> is extraordinarily high and by itself would be considered cost prohibitive, it would not be necessary for the applicant to obtain a vendor quote and evaluate the cost effectiveness of a CO<sub>2</sub> capture system. (EPA, 2011b)*

The guidance document also acknowledges the current high costs of CCS technology:

*EPA recognizes that at present CCS is an expensive technology, largely because of the costs associated with CO<sub>2</sub> capture and compression, and these costs will generally make the price of electricity from power plants with CCS uncompetitive compared to electricity from plants with other GHG controls. Even if not eliminated in Step 2 of the technical feasibility of the BACT analysis, on the basis of the current costs of CCS, we expect that CCS will often be eliminated from consideration in Step 4 of the economical feasibility of the BACT analysis, even in some cases where underground storage of the captured CO<sub>2</sub> near the power plant is feasible. (EPA, 2011b)*

The costs of constructing and operating CCS technology are indeed extraordinarily high, based on current technology. Even with the optimistic assumption that appropriate EOR opportunities could be identified in order to lower costs, compared to “pure” sequestration in deep saline aquifers, or through deep ocean storage, additional costs to the AEC would include the following:

- Licensing of scrubber technology and construction of carbon capture systems
- Significant reduction to plant output due to the high energy consumption of capture and compression systems
- Identification of oil and gas companies holding depleted oil reservoirs with appropriate characteristics for effective use of CO<sub>2</sub> for tertiary oil recovery, and negotiation with those parties for long-term contracts for CO<sub>2</sub> purchases
- Construction of compression systems and pipelines to deliver CO<sub>2</sub> to EOR or storage locations
- Hiring of labor to operate, maintain, and monitor the capture, compression, and transport systems
- Resolving issues regarding project risk that would jeopardize the ability to finance construction

The interagency task force report provides an estimate of capital and operating costs for carbon capture from natural gas systems: “For a [550-MWe net output] NGCC plant, the capital cost would increase by \$340 million and an energy penalty of 15 percent would result from the inclusion of CO<sub>2</sub> capture” (DOE and EPA, 2010). Using the “Capacity Factor Method” for prorating capital costs for similar systems of different sizes as suggested by the Association for the Advancement of Cost Engineering and other organizations, the CO<sub>2</sub> capture system capital cost for the AEC is estimated as at least \$467 million. Based on an estimated AEC capital cost of \$940 million to \$1.11 billion for the plant and equipment, the capture system alone would add approximately 50 percent to the cost of the overall plant equipment capital cost.

As noted above, the effort required to identify and negotiate with oil and gas companies that may be able to utilize the CO<sub>2</sub> would be substantial. Prospective EOR oil fields are located within the area, but no active commercial facilities exist within the Los Angeles Basin, making predictions for CO<sub>2</sub> demand generated by CCS difficult. And, because of the patchwork of oil well ownership, many parties could potentially be involved in negotiations over CO<sub>2</sub> value.

Because of the extremely high pressures required to transport and inject CO<sub>2</sub> under supercritical conditions, the compressors required are highly specialized. For example, the compressors for the Dakota Gasification Company system are of a unique eight-stage design. It is unclear whether the Task Force natural gas combined-cycle (NGCC) cost estimate noted above includes the required compression systems; if not, then this represents another substantial capital cost.

Pipelines must be designed to withstand the very high pressures (over 2,000 psig) and the potential for corrosion if any water is introduced into the system. As noted above, if CCS were otherwise technically and economically feasible for the AEC, the most realistic scenario could be to construct a pipeline from the Long Beach area to either the Santa Fe Springs or Dominguez oil fields near Los Angeles for EOR, assuming that permits and right-of-way agreements are obtained and there is an active EOR operation in this location. As noted above, the approximate distance of the pipeline to either of these two fields is approximately 30 miles. Based on engineering analysis by the designers of the Denbury CO<sub>2</sub> pipeline in Wyoming, costs for an 8-inch CO<sub>2</sub> pipeline are estimated at \$600,000 per mile, for a total cost of \$18 million. Therefore, the pipeline alone would represent an additional 2 percent increase to the capital cost assuming that the EOR opportunities could be realized; however, costs could be substantially higher to transport CO<sub>2</sub> to deep saline aquifer or ocean storage locations.

It is unlikely that financing could be approved for a project that combines CCS with generation, given the technical and financial risks. Also, as evidenced with utilities’ inability to obtain CPUC approval for integrated gasification / combined-cycle projects because of their unacceptable cost and risk to ratepayers (such as Wisconsin’s disapproval of the Wisconsin Electric Energy project), it is reasonable to assume that the same issues would apply in this case before the CEC.

In summary, capital costs for capture system and pipeline construction alone would almost double the project capital cost, and lost power sales resulting from the CCS system energy penalty would represent another major impact to the project financials and a multi-fold increase to project capital costs. Other costs, such as identification, negotiation, permitting studies, and engineering of EOR opportunities; operating labor and maintenance costs for capture, compression, and pipeline systems; uncertain financing terms or inability to finance; and difficulty in obtaining CEC approval would also impact the project. Also, it is unclear whether compression systems are included in the task force estimate of capture system costs. Not only is CCS not technically feasible at this project scale, as the above discussion demonstrates, but CCS is clearly not economically feasible for natural-gas-fired turbines at this time.

**Thermal Efficiency.** A search of the EPA’s RACT/BACT/LAER Clearinghouse was performed for NGCC projects. GHG permit information was found for one source—Westlake Vinyls Company LP Cogeneration Plant (LA-0256)—which was issued a permit in December 2011. The record for this source includes only hourly and annual CO<sub>2</sub>e emission limitations and no information of costs estimated performed for the GHG BACT determination. Recent GHG determinations were completed for the Russell City Energy Center and the Palmdale Hybrid Power Project in California. Both projects proposed the use of combined-cycle configurations to produce commercial power, and the BACT analyses for both projects concluded that plant efficiency was the only feasible combustion control

technology. However, the Palmdale project includes a 251-acre solar thermal field that generates up to 50 MWs during sunny days, which reduces the project's overall heat rate.

Because CCS is not technically or economically feasible, thermal efficiency remains the most effective, technically feasible, and economically feasible GHG control technology for the AEC. The operationally flexible turbine class and steam cycle designs selected for the AEC are the most thermally efficient for the project design objectives, operating at the projected annual capacity factor of approximately 50 percent. Table 3-1 compares the AEC heat rate with that of other recent combined- and simple-cycle projects permitted in California.

TABLE 3-1  
Comparison of Heat Rates and GHG Performance Values of Recently Permitted Projects

Plant Performance Variable	Heat Rate (Btu/kWh)	GHG Performance (MTCO <sub>2</sub> /MWh)
Alamitos Energy Center	<del>7,0066,314</del> – Combined-cycle <del>10,0639,066</del> – Simple-cycle <sup>a</sup>	<del>0.398453</del> <sup>a</sup>
Watson Cogeneration Project <sup>b</sup>	5,027 to 6,327	0.219 to 0.318
Palmdale Hybrid Power Project	6,970 <sup>c</sup>	0.370 <sup>c</sup>
Russell City Energy Project	6,852 <sup>d</sup>	0.371 <sup>e</sup>
El Segundo Power Redevelopment Project	6,754 – Combined-cycle 8,458 – Simple-cycle <sup>f</sup>	0.409
Carlsbad Energy Center <sup>g</sup>	9,473	0.503

<sup>a</sup> The net heat rate at 65.3°F at site elevation, relative humidity of 86.8 percent, and no inlet air cooling. Heat rates averaged over the operating range of 50 to 100 percent load, with heat rates at higher load rates being more efficient. GHG performance based on plant-wide CO<sub>2</sub> emissions of ~~1,555,9124,247~~ metric tons CO<sub>2</sub>/year / (640 MWs \* ~~4,64042~~ hours/year + 400 MWs \* 2,358 hours/year).

<sup>b</sup> From Watson Cogeneration Project Commission Final Decision.

<sup>c</sup> From Tables 3 and 4 of the Palmdale Hybrid Power Project Greenhouse Gas BACT Analysis (AECOM, 2011).

<sup>d</sup> Net design heat rate with no duct burners, from "GHG BACT Analysis Case Study, Russell City Energy Center; November 2009, updated February 3, 2010."

<sup>e</sup> From Russell City total heat input of 4,477 MMBtu/hr (from PSD Permit), generation of 653 MW was calculated utilizing design heat rate of 6,852 Btu/kWh. From reference document in footnote d above, 1-hour CO<sub>2</sub> limit is 242 MTCO<sub>2</sub>/hr, which yields 0.371 MT CO<sub>2</sub>/MWh.

<sup>f</sup> From El Segundo Power Redevelopment Project Revised Final Determination of Compliance, pages 9 and 11, July 9, 2015 (TN 205313-2).

<sup>g</sup> From Carlsbad Energy Center Project Amendments Final Decision, Greenhouse Gas Table 3, page 6.1-14, August 3, 2015 (TN 205625).

Note:

MTCO<sub>2</sub>/MWh = metric tons of carbon dioxide per megawatt-hour

As shown in Table 3-1, when comparing the AEC heat rate and GHG performance values for other recently permitted California facilities, the AEC heat rate is consistent with these other recent projects. For instance, comparing the AEC overall plant efficiency to the Carlsbad project shows the benefits of the AEC's more efficient combined-cycle power block.

The AEC offers the flexibility of fast start and ramping capability of both combined- and simple-cycle configurations, as well as the high efficiency associated with the combined-cycle power block. Comparing the thermal efficiency of the AEC to other recently permitted California projects demonstrates that the AEC's thermal efficiency is consistent with other projects and the AEC thermal efficiency is proposed as BACT for GHGs.

### 3.2.2.5 GHG BACT Selection – Step 5

Based on the above analysis, the only remaining feasible and cost-effective option is the "Thermal Efficiency" option, which therefore is selected as BACT.

As shown above, the GE Frame 7FA.05 and LMS-100 combustion turbines operating as combined-cycle and simple-cycle power blocks compare favorably with other comparable turbines. The AEC turbines will combust natural gas to generate electricity from both the CTGs and STG. Therefore, the thermal efficiency for the project is best measured in terms of lb of CO<sub>2</sub> per MWh.

The performance of all CTGs degrades over time. Typically, turbine degradation at the time of recommended routine maintenance is up to 8 percent. Additionally, thermal efficiency can vary significantly with combustion turbine turndown and steam turbine/duct burning combinations. Finally, annual metrics for output-based limits on GHG emissions are affected by startup and shutdown periods because fuel is combusted before useful output of energy or steam. Therefore, the annual average thermal efficiency performance of any turbine will be greater than the optimal efficiency of a new turbine operating continuously at peak load over the lifetime of the turbine.

Based on the projected annual operating profile and equipment design specification provided by AES, the GHG BACT calculation for the AEC was determined in lb of CO<sub>2</sub> per MWh of energy output (on a netgross basis). ~~Included in this calculation is the inherent degradation in turbine performance over the lifetime of the AEC.~~ The AEC proposed BACT level for GHG emissions is an emission rate of ~~896878~~ lb CO<sub>2</sub>/MWh of net energy output (including startups, shutdowns, and non-baseload operation without performance degradation) for the combined-cycle power block, 1,293 lb CO<sub>2</sub>/MWh of net energy output (including startups, shutdowns, and non-baseload operation without performance degradation) for the simple-cycle power block, and a facility-wide annual CO<sub>2</sub>e emission limit of 1,557,654 metric tons per year (MT/yr)<sup>10</sup>.

<sup>10</sup> ~~1,555,912~~1,247 metric tons of CO<sub>2</sub>/year / ~~3,912,800~~3,880 MWh (640 MWs \* ~~4,640~~4,612 hours/year + 400 MW \* 2,358 hours/year) \* 2,204.62 lb/metric tons

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**Attachment 1**  
**Greenhouse Gas BACT Analysis**

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**Alamitos Energy Center**  
**Attachment 1, Table 1**  
**Simple-Cycle: GHG BACT Analysis**  
**March 2016**

**Performance Data**

<b>Data for 1 LMS-100PB</b>	<b>100 Percent Load</b>	<b>75 Percent Load</b>	<b>50 Percent Load</b>
Net Electrical Output (kW)	97,864	72,527	47,565
Net Heat Rate (Btu/kWh-LHV)	8,060	8,778	10,359
Gross Heat Rate (Btu/kWh-LHV)	7,950	8,618	10,073
Net Heat Rate (Btu/kWh-HHV)	8,946	9,744	11,498
Gross Electrical Output (kW)	99,215	73,878	48,916

**GHG Efficiency Calculations**

<b>Parameter</b>	<b>Value</b>	<b>Notes</b>
Average Net Heat Rate (Btu/kWh-HHV)	10,063	
Operating Hours/Year	2,000	
Number of Startups and Shutdowns/Year/CTG	500	
Duration of Startup (to Baseload) (Hours)	0.17	Assumed 10 minutes from first fire to full load operation
Duration of Baseload to Completion (Hours)	0.33	Assuming baseload is reached in 10 minutes, completion is reached at 30 minutes
Duration of Shutdown (Baseload to No Fuel Combustion) (Hours)	0.22	Assumed 13 minutes from full load operation to no fuel combustion
Startup Hours/Year	83	500 * 0.17
Baseload to Completion Hours/Year	167	500 * 0.33
Shutdown Hours/Year	108	500 * 0.22
Startup Net Heat Rate (Btu/kWh-HHV)	28,746	Assumed 2.5 times the 50% load heat rate
Baseload to Completion Net Heat Rate (Btu/kWh-HHV)	10,063	Assumed same as average net heat rate
Shutdown Net Heat Rate (Btu/kWh-HHV)	17,248	Assumed 1.5 times the 50% load heat rate
Overall Net Heat Rate (Btu/kWh-HHV)	11,053	
Net lb CO <sub>2</sub> /MWh	1,293	Based on 53.06 kg CO <sub>2</sub> /MMBtu-HHV
Net lb CO <sub>2</sub> /MWh (with 8% Degradation)	1,397	1,293 Net lb CO <sub>2</sub> /MWh * 1.08

Revisions made consistent with HBEP PDOC methodology and revised AEC operating profile

Alamitos Energy Center  
Attachment 1, Table 2  
Combined-Cycle: GHG BACT Analysis  
March 2016

1x1 Performance Data

1 on 1 Configuration	Minimum CTG Turndown (Approximately 44% CTG Load)	First Intermediate Point (Approximately 63% CTG Load)	Second Intermediate Point (Approximately 81% CTG Load)	Base Load (100% CTG Load)
Net Plant Electrical Output (kW)	169,219	218,066	268,635	328,051
Net Plant Heat Rate (Btu/kWh-LHV)	7,061	6,327	6,275	6,155
Gross Heat Rate (Btu/kWh-LHV)	6,664	6,034	6,003	5,911
Net Heat Rate (Btu/kWh-HHV)	7,834	7,020	6,962	6,829
Gross Power Output (kW)	179,299	228,654	280,802	341,561
Average Net Electrical Output (kW)	245,993			

2x1 Performance Data

2 on 1 Configuration	Minimum CTG Turndown (Approximately 44% CTG Load)	First Intermediate Point (Approximately 63% CTG Load)	Second Intermediate Point (Approximately 81% CTG Load)	Base Load (100% CTG Load)
Net Plant Electrical Output (kW)	349,244	446,187	547,390	665,162
Net Plant Heat Rate (Btu/kWh-LHV)	6,842	6,184	6,159	6,071
Gross Heat Rate (Btu/kWh-LHV)	6,485	5,912	5,925	5,869
Net Heat Rate (Btu/kWh-HHV)	7,592	6,862	6,834	6,736
Gross Power Output (kW)	368,492	466,722	568,975	688,095
Average Net Electrical Output (kW)	501,996			

GHG Efficiency Calculations

Parameter	Value	Notes
1 on 1 Operating Hours/Year	900	Assumed
2 on 1 Operating Hours/Year	3,200	Assumed
Average Net 1 on 1 Heat Rate (Btu/kWh-HHV)	7,162	
Average Net 2 on 1 Heat Rate (Btu/kWh-HHV)	7,006	
Operating Hours/Year	4,100	
Number of Hot/Warm Startups/Year	420	For two turbines
Number of Cold Startups/Year	80	For two turbines
Number of Shutdowns/Year	500	For two turbines
Duration of Hot/Warm Startup (to Baseload) (Hours)	0.25	First fire to baseload reached in 15 minutes
Duration of Baseload to Completion After Hot/Warm Startup (Hours)	0.25	Assuming baseload is reached in 15 minutes, completion is reached at 30 minutes
Duration of Cold Startup (to Baseload) (Hours)	0.33	First fire to baseload reached in 20 minutes
Duration of Baseload to Completion After Cold Startup (Hours)	0.67	Assuming baseload is reached in 20 minutes, completion is reached at 60 minutes
Duration of Shutdown (Baseload to No Fuel Combustion) (Hours)	0.50	Baseload to no fuel combustion reached in 30 minutes
Startup Hours/Year	132	$420 * 0.25 + 80 * 0.33$
Baseload to Completion Hours/Year	158	$420 * 0.25 + 80 * 0.67$
Shutdown Hours/Year	250	$500 * 0.50$
Startup Net Heat Rate (Btu/kWh-HHV)	19,586	Assumed 2.5 times the 44% load heat rate
Baseload to Completion Net Heat Rate (Btu/kWh- HHV)	7,162	Assumed same as 1 x 1 configuration for simplicity
Shutdown Net Heat Rate (Btu/kWh-HHV)	11,752	Assumed 1.5 times the 44% load heat rate
Overall Net Heat Rate (Btu/kWh-HHV)	7,654	
Net lb CO <sub>2</sub> /MWh	896	Based on 53.06 kg CO <sub>2</sub> /MMBtu-HHV
Net lb CO <sub>2</sub> /MWh (with 8% Degradation)	967	$896 \text{ Net lb CO}_2/\text{MWh} * 1.08$
Capacity Factor (%)	31.37	

Revisions made consistent with HBEP PDOC methodology and revised AEC operating profile

**Appendix 5.1E**  
**SCAQMD Permit Application Forms**

---

A revised air permit application was submitted to SCAQMD on March 28, 2016. The cover letter is included on the following page for reference.



CH2M [SAC]  
2485 Natomas Park Drive  
Suite 600  
Sacramento, CA 95833  
www.ch2m.com

Ms. Vicky Lee  
Air Quality Engineer  
South Coast Air Quality Management District  
21865 Copley Drive  
Diamond Bar, CA 91765

March 28, 2016

Subject: Alamos Energy Center (Facility ID 115394) Air Permit Application

Dear Ms. Lee,

AES Alamos, LLC (AES) is submitting this letter as a means of informing the South Coast Air Quality Management District (SCAQMD) of recent changes to the Alamos Energy Center's (AEC) operating profile. The following items are attached to this letter and help convey these changes:

- 1) A revised AEC Air Permit Application, which documents the AEC's emissions, air quality and public health impacts, and regulatory compliance, and includes revisions to the Executive Summary, Project Description, Air Quality, Public Health, and Alternatives sections of the Supplemental Application for Certification.
- 2) Two bound copies of the AEC Air Permit Application with tracked changes.
- 3) Seven CDs containing an electronic copy of the AEC Air Permit Application with tracked changes, as well as editable versions of each section provided.
- 4) Seven DVDs containing the modeling files associated with the AEC Air Permit Application.

If you require further information, please do not hesitate contacting me at 669-800-1012 or Jerry Salamy at 916-286-0207.

Regards,

A handwritten signature in black ink that reads 'Elyse Engel'.

Elyse Engel  
Air Quality Task Lead  
CH2M HILL Engineers, Inc.

Attachments

Cc: Stephen O'Kane/AES  
Jennifer Didlo/AES  
Jeffrey Harris/ESH  
Samantha Pottenger/ESH  
Jerry Salamy/CH2M

**Appendix 5.1F**  
**Dispersion Modeling Protocols**

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Although there are no proposed changes to this appendix from what was filed in October 2015, it has been included on the following pages for completeness.

## APPENDIX 5.1F

### Dispersion Modeling Protocols

This Appendix contains the air dispersion modeling protocols used to assess air quality impacts near the Alamitos Energy Center. The files contained within this Appendix are as follows:

Protocol	Dispersion Modeling Protocol for the Alamitos Energy Center
Protocol	Dispersion Modeling Protocol for Air Quality Related Values at Class I Areas Near the Alamitos Energy Center

MODELING PROTOCOL

# Dispersion Modeling Protocol for the Alamitos Energy Center

*Prepared for*

AES Southland Development, LLC

690 N. Studebaker Road  
Long Beach, CA 90803

September 2015

*Submitted to*

The California Energy Commission

*Prepared by*



2485 Natomas Park Drive, Suite 600  
Sacramento, CA 95833

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**Attachment**

- 1 Competing Source Inventory of NO<sub>x</sub>-emitting Sources

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# Acronyms and Abbreviations

°F	degrees Fahrenheit
ΔE	color difference
μg/m <sup>3</sup>	microgram(s) per cubic meter
AEC	Alamitos Energy Center
AES	AES Southland Development, LLC
AFC	Application for Certification
AQRV	air quality-related value
ARB	California Air Resources Board
CAAQS	California Ambient Air Quality Standards
CalEEMod	California Emissions Estimator Model
CEC	California Energy Commission
CFR	<i>Code of Federal Regulations</i>
CO	carbon monoxide
DPM	diesel particulate matter
EPA	U.S. Environmental Protection Agency
FLM	Federal Land Manager
GE	General Electric
GHG	greenhouse gas
GRP	General Reporting Protocol
H <sub>2</sub> S	hydrogen sulfide
H <sub>2</sub> SO <sub>4</sub>	sulfuric acid
HARP 2	Hotspots Analysis Reporting Program Version 2
HI	hazard index
HRA	health risk assessment
IMPROVE	Interagency Monitoring of Protected Visual Environments
INC	Incomplete
ISC	Industrial Source Complex
K	degrees Kelvin
km	kilometer
lb	pound(s)
LBWD	City of Long Beach Water Department
MPRM	Meteorological Processor for Regulatory Modeling Applications
N/A	Not Applicable
NAAQS	National Ambient Air Quality Standards
NAD83	North American Datum 1983
NO <sub>2</sub>	nitrogen dioxide

ACRONYMS AND ABBREVIATIONS

NO <sub>x</sub>	oxides of nitrogen
NSR	New Source Review
OEHHA	Office of Environmental Health Hazard Assessment
PM <sub>10</sub>	particulate matter less than 10 microns in diameter
PM <sub>2.5</sub>	particulate matter less than 2.5 microns in diameter
ppm	part(s) per million
ppmv	part(s) per million by volume
PSD	Prevention of Significant Deterioration
PTE	potential to emit
PVMRM	plume volume molar ratio method
Q/D	emissions/distance
RECLAIM	Regional Clean Air Incentives Market
RELS	Reference Exposure Levels
SCAQMD	South Coast Air Quality Management District
SCE	Southern California Edison
SCR	selective catalytic reduction
SIL	significant impact level
SF <sub>6</sub>	sulfur hexafluoride
SO <sub>2</sub>	sulfur dioxide
T-BACT	Best Available Control Technology for Toxics
TAC	toxic air contaminants
TCR	The Climate Registry
tpy	ton(s) per year
UTM	Universal Transverse Mercator
VOC	volatile organic compound(s)

# Introduction

AES Southland Development, LLC (AES) proposes to construct the Alamitos Energy Center (AEC or Project) at the existing AES Alamitos Generating Station site, located at 690 N. Studebaker Road, Long Beach, California 90803 (see Figure 1-1). AES submitted an Application for Certification (AFC) to the California Energy Commission (CEC) in December 2013, which was deemed data adequate by the CEC in March 2014. In November 2014, AES received notice from Southern California Edison (SCE) that it was shortlisted for a power purchase agreement (PPA). The power plant configuration selected by SCE for a PPA was different from the Project configuration in the AFC filed with the CEC. Therefore, AES is required to supplement the AEC AFC to be consistent with the SCE PPA.

The AEC will consist of one two-on-one combined-cycle power block and one simple-cycle power block with a combined net capacity of 1,040 megawatts. The combined-cycle power block will consist of two General Electric (GE) Frame 7FA.05 natural-gas-fired combustion turbines, one steam turbine, and an air-cooled condenser. Each combustion turbine will be equipped with a heat recovery steam generator without supplemental natural gas firing (duct firing). The turbines will use advanced combustion controls, dry low oxides of nitrogen (NO<sub>x</sub>) burners, and selective catalytic reduction (SCR) to limit NO<sub>x</sub> emissions to 2 parts per million by volume (ppmv). Emissions of carbon monoxide (CO) and volatile organic compounds (VOCs) will be limited to 2 ppmv and 2 ppmv, respectively, through the use of advanced combustion controls combined with the use of an oxidation catalyst. The AEC will also include a natural-gas-fired auxiliary boiler, used to decrease the startup duration and air emissions of the combined-cycle turbines. The auxiliary boiler will include ultra-low-NO<sub>x</sub> burners, SCR to control NO<sub>x</sub> emissions to 5 ppmv, or both.

The AEC simple-cycle power block will consist of four GE LMS100PB natural-gas-fired combustion turbines and four closed-loop cooling fin fan coolers. The turbines will use advanced combustion controls, dry low NO<sub>x</sub> burners, and SCR to limit NO<sub>x</sub> emissions to 2.5 ppmv. Emissions of CO and VOC will be limited to 4 ppmv and 2 ppmv, respectively, through the use of advanced combustion controls combined with the use of an oxidation catalyst. Good combustion practices and burning pipeline-quality natural gas will minimize emissions of the remaining criteria pollutants for both the combined-cycle and simple-cycle power blocks.

The AEC will use closed-loop cooling fin-fan coolers and an air-cooled condenser for cooling, completely eliminating the existing ocean water once-through-cooling system. The AEC will use potable water provided by the City of Long Beach Water Department (LBWD) for construction, operational process, and sanitary uses but at substantially lower volumes than the existing Alamitos Generating Station has historically used. This water will be supplied through existing onsite potable water lines.

The AEC will interconnect to the existing SCE 230-kilovolt switchyard adjacent to the north side of the property. Natural gas will be supplied to the AEC via the existing offsite 30-inch-diameter pipeline owned and operated by Southern California Gas Company that currently serves the Alamitos Generating Station. Existing water treatment facilities, emergency services, and administration and maintenance buildings will be reused for the AEC. The AEC will require relocation of the natural gas metering facilities and construction of a new natural gas compressor building within the existing Alamitos Generating Station site footprint. Stormwater will be discharged to two retention basins and then ultimately to the San Gabriel River via existing stormwater outfalls.

The AEC will include a new 1,000-foot process/sanitary wastewater pipeline to the first point of interconnection with the existing LBWD sewer system and will eliminate the current practice of treatment and discharge of process/sanitary wastewater to the San Gabriel River. The Project may also require upgrading approximately 4,000 feet of the existing offsite LBWD sewer line downstream of the

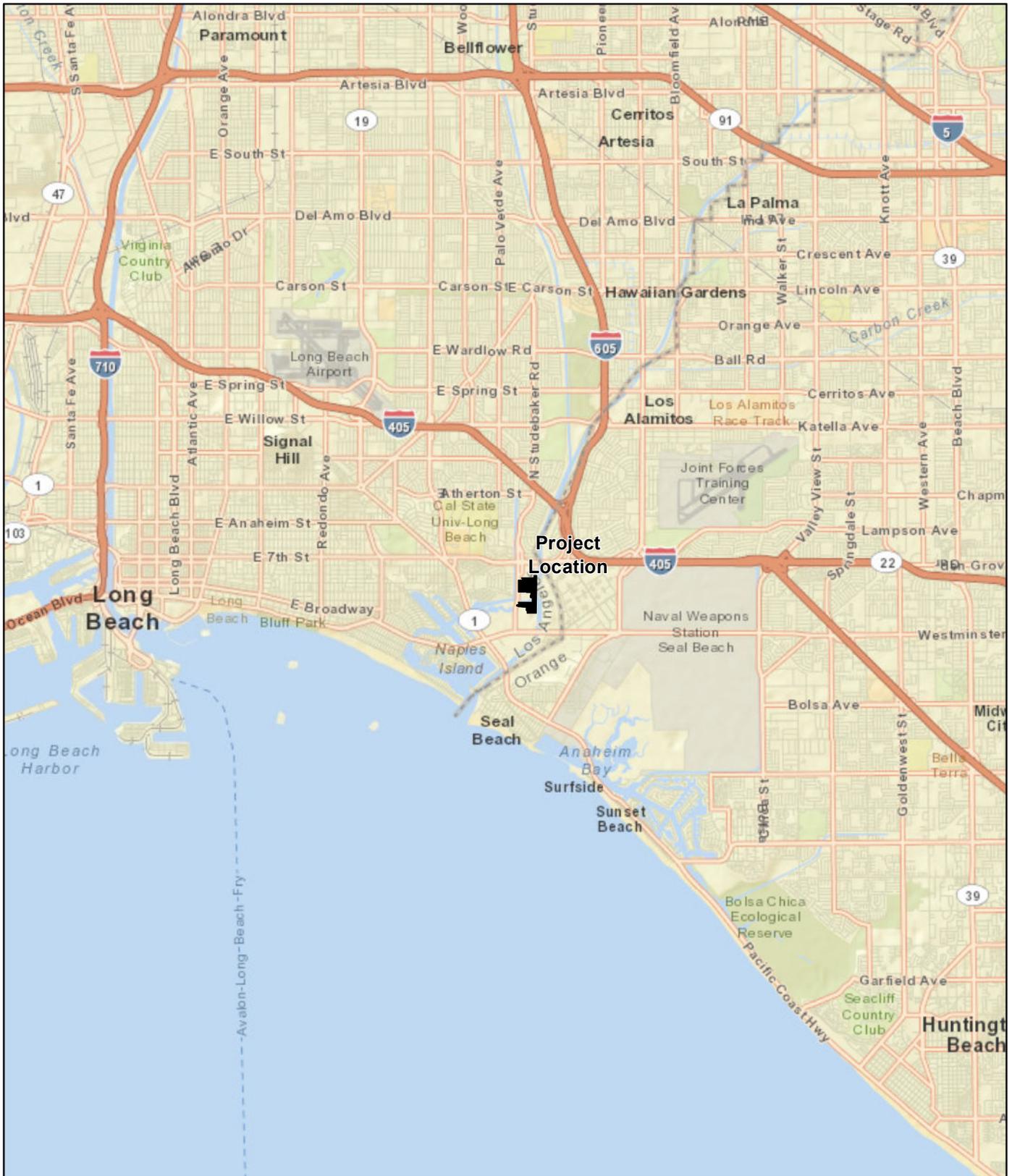
first point of interconnection; therefore, this possible offsite improvement to the LBWD system will also be analyzed in the supplemental AFC. The total length of the new pipeline (1,000 feet) and the upgraded pipeline (4,000 feet) is approximately 5,000 feet.

The AEC will be permitted through the CEC AFC licensing process and the South Coast Air Quality Management District (SCAQMD) New Source Review (NSR) permitting process. Because the AEC includes the use of steam to generate electricity, the Project is also categorized as one of the 28 Prevention of Significant Deterioration (PSD) major source categories (40 *Code of Federal Regulations* [CFR] 52.21(b)(1)(i)). Therefore, the Project is considered a new major source subject to PSD permitting requirements. The existing Alamitos Generating Station units will be retired as part of the Project.

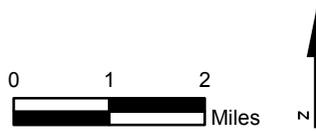
The Project's potential to emit (PTE) is expected to exceed the 100 tons per year (tpy) threshold for two PSD-regulated pollutants (see Section 3.3, Operation). Therefore, the Project will be considered a major stationary source in accordance with PSD regulations. The SCAQMD has also been delegated partial PSD permitting authority. Therefore, the PSD modeling results will be submitted to the SCAQMD as part of the permitting process.

Dispersion modeling will be conducted to demonstrate that the Project will neither cause a new violation of a state or federal ambient air quality standard nor make an existing violation significantly worse for nitrogen dioxide (NO<sub>2</sub>), CO, particulate matter less than 10 microns in aerodynamic diameter (PM<sub>10</sub>), particulate matter less than 2.5 microns in aerodynamic diameter (PM<sub>2.5</sub>), and sulfur dioxide (SO<sub>2</sub>). AES intends to submit an air quality impacts analysis to both the SCAQMD and CEC that evaluates the impacts from AEC commissioning, startup/shutdown, and normal facility operations. AES will also evaluate the demolition and construction-based air quality impacts per the CEC regulations. In addition, an assessment of the cumulative air quality impacts analysis and the potential human health risks associated with the Project will be performed. Although VOC emissions are included in the following discussion, there are no regulatory-approved models available for assessing VOC impacts on ambient ozone levels. As such, VOC emissions will not be modeled as part of the air quality impacts analysis. Similarly, although greenhouse gas (GHG) emissions are also included in the following discussion, they will not be modeled as part of the air quality impacts analysis.

The following discussion presents the protocol proposed for evaluating the potential air quality and public health impacts associated with demolition and construction, commissioning, and operation of the AEC.



**Legend**  
 Project Boundary



**FIGURE 1-1**  
**Regional Location Map**  
 Alamos Energy Center  
 Long Beach, California

# Existing Setting

This section describes the area designations and background concentrations associated with the Project.

## 2.1 Area Designations

The AEC will be located in Los Angeles County, California. Los Angeles County is in attainment for all federal National Ambient Air Quality Standards (NAAQS) with the exception of ozone, PM<sub>2.5</sub>, and lead. Los Angeles County is in attainment for all California Ambient Air Quality Standards (CAAQS) with the exception of ozone, PM<sub>10</sub>, PM<sub>2.5</sub>, and lead. The area designations for each of the pollutants are included in Table 2-1.

**Table 2-1. State and Federal Air Quality Designations for Los Angeles County (South Coast Air Basin), California**

Pollutant	State Designation	Federal Designation
Ozone	1-Hour: Nonattainment (Extreme) 8-Hour: Nonattainment	1-Hour: N/A 8-Hour: Nonattainment (Extreme)
CO	1-Hour: Attainment 8-Hour: Attainment	1-Hour: Attainment 8-Hour: Attainment
NO <sub>2</sub>	1-Hour: Attainment Annual: Attainment	1-Hour: Attainment Annual: Attainment
SO <sub>2</sub>	1-Hour: Attainment 24-Hour: Attainment	1-Hour: Attainment 24-Hour: N/A
PM <sub>10</sub>	24-Hour: Nonattainment Annual: Nonattainment	24-Hour: Attainment <sup>a</sup> Annual: N/A
PM <sub>2.5</sub>	24-Hour: N/A Annual: Nonattainment	24-Hour: Nonattainment Annual: Nonattainment
Lead	Attainment	Nonattainment
H <sub>2</sub> S and Sulfates	Unclassified, Attainment	N/A, N/A

<sup>a</sup> Effective July 26, 2013, the South Coast Air Basin was reclassified by the U.S. Environmental Protection Agency (EPA) from nonattainment to attainment with an approved maintenance plan for PM<sub>10</sub> (78 Federal Register 38223; EPA-R09-OAR-2013-0007-0021).

Notes:

H<sub>2</sub>S = hydrogen sulfide

N/A = Not applicable (i.e., no standard)

Sources: California Air Resources Board (ARB), 2013; EPA, 2015b

## 2.2 Background Concentrations

The four California Air Resources Board (ARB)-certified monitoring stations closest to the AEC site with three or more years of data available are located approximately 4.6 miles northwest of the site in (South) Long Beach, California (South Coastal Los Angeles County 2); 6.4 miles northwest of the site in (North) Long Beach, California (South Coastal Los Angeles County 1); 7.2 miles to the northwest of the site in (Hudson) Long Beach, California (South Coastal Los Angeles County 3, EPA ID 06-037-4006); and 10.1 miles to the east-northeast of the site in Anaheim, California (Central Orange County). One other ARB-certified monitoring station is located in Compton, California (South Central Los Angeles County). However, this monitoring station was relocated from Lynwood, California, in 2008 and is approximately

10.9 miles to the north-northwest of the site, which is farther from the site than the other monitoring stations identified. These ARB-certified monitoring stations will continue to be used for the AEC, as appropriate based on the following discussion.

Table 2-2 lists the pollutants monitored at each of the monitoring stations.

**Table 2-2. Summary of the Closest Monitoring Stations and the Pollutants Monitored at Each Station**

Monitoring Location (closest to farthest)	Ozone	CO	NO <sub>2</sub>	SO <sub>2</sub>	PM <sub>10</sub>	PM <sub>2.5</sub>	Lead
South Coastal Los Angeles County 2 (South Long Beach)	N/A	N/A	N/A	N/A	X	X	X
South Coastal Los Angeles County 1 (North Long Beach)	X	X	X	X	X	X	X
South Coastal Los Angeles County 3, EPA ID 06-037-4006 (Hudson Long Beach) <sup>a</sup>	X	X	X	X	N/A	N/A	N/A
Central Orange County (Anaheim)	X	X	X	N/A	X	X	N/A
South Central Los Angeles County (Compton) <sup>b</sup>	X	X	X	N/A	N/A	X	X

<sup>a</sup> Station, referred to as the Hudson site by the SCAQMD, was commissioned in 2010 and, at the request of the SCAQMD, is used to represent 1-hour NO<sub>2</sub> background concentrations because EPA Region 9 believes that it captures the large NO<sub>x</sub> sources in the Ports area that are upwind of the AEC.

<sup>b</sup> Station is near the AEC, but not one of the three closest stations. The station has been presented for informational purposes.

Notes:

N/A = Not applicable (i.e., pollutant was not monitored at this location).

X = Pollutant monitored at this location.

As outlined in 40 CFR 51, Appendix W, Section 9.2, the background data used to evaluate the potential air quality impacts need not be collected on a project site, as long as the data are representative of the air quality in the subject area. The following three criteria were used for determining whether the background data are representative of the Project site: (1) location, (2) data quality, and (3) data currentness. These criteria are defined and apply to the Project as follows:

- **Location:** The measured data must be representative of the areas where the maximum concentration occurs for the proposed stationary source, existing sources, and a combination of the proposed and existing sources.

The monitoring station nearest to the Project site is the South Long Beach monitoring station (South Coastal Los Angeles County 2). This monitoring station is located approximately 4.6 miles from the Project site. The proximity to the ocean is similar at both locations, and no significant terrain features are in the vicinity of either the Project site or monitoring station that would significantly affect the representativeness of the winds or monitored background concentrations. For the reasons noted previously, the South Long Beach monitoring station is considered the most representative location. However, because the South Long Beach monitoring station only measures PM<sub>10</sub>, PM<sub>2.5</sub>, and lead, the nearest representative location for the remaining pollutants was selected based on the surrounding features, as discussed below.

The North Long Beach monitoring station (South Coastal Los Angeles County 1) is close to the AEC site (approximately 6.4 miles to the northwest), is located in an urban area near two large industrial sources (the Port of Long Beach and the Long Beach airport), and collects monitored background concentrations comparable to the other monitoring station options located in Long Beach. In addition, the North Long Beach monitoring station measures each of the pollutants required in the air quality impact analysis. The Anaheim monitoring station (Central Orange County) is directly

downwind from the Project site, but is farther from the Project site (approximately 10.1 miles to the east-northeast), farther inland than the Project site, and collects monitored background concentrations lower than those collected at the North Long Beach monitoring station (i.e., the North Long Beach monitoring station represents a more conservative analysis).

Based on the information above, the ambient data collected at the North Long Beach monitoring station are considered representative of the Project site for the pollutants not monitored at the South Long Beach monitoring station, unless otherwise noted below. Additionally, a meteorological dataset has also been collected at the North Long Beach monitoring station and is considered representative of the Project site using the criteria above (see Section 4.0, Topography and Meteorology).

At the request of SCAQMD, NO<sub>2</sub> data collected at the Hudson Long Beach monitoring station (South Coastal Los Angeles County 3, EPA ID 06-037-4006) are considered representative of the Project site. This monitoring station is located approximately 7.2 miles to the northwest of the Project site and is considered representative because it captures the large NO<sub>x</sub>-emitting sources in the Ports area that are upwind of the Project.

- **Data quality:** Data must be collected and equipment must be operated in accordance with the requirements of 40 CFR 58, Appendixes A and B, and PSD monitoring guidance.

The SCAQMD, ARB, and EPA ambient air quality data summaries will be used as the primary sources of data. Therefore, the data at all five monitoring stations listed in Table 2-2 will meet the data quality requirements of 40 CFR 58, Appendixes A and B, and PSD monitoring guidance.

- **Data currentness:** The data are current if they have been collected within the preceding 3 years and are representative of existing conditions.

The ambient background concentrations from the most recent 3-year period will be combined with the modeled concentrations and used for comparison to the ambient air quality standards.

Therefore, the data at all five monitoring stations listed in Table 2-2 represent the three most recent years of available data.<sup>1</sup>

Based on the criteria presented previously, the three most recent years of background hourly NO<sub>2</sub> data from the Hudson Long Beach monitoring station, the three most recent years of background annual NO<sub>2</sub>, ozone, SO<sub>2</sub>, and CO data from the North Long Beach monitoring station, and the three most recent years of background PM<sub>10</sub>, PM<sub>2.5</sub>, and lead data from the South Long Beach monitoring station will be combined with the modeled concentrations and used for comparison to the ambient air quality standards. A summary of the background concentrations for 2009 through 2013 is presented in Table 2-3.

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<sup>1</sup> It should be noted that the recently established site in Long Beach (South Coastal Los Angeles County 3, EPA ID 06-037-4006) does not have three complete years of data available. In 2012, NO<sub>2</sub> was only monitored during peak conditions; therefore, the collected data do not meet the completeness criteria for an annual averaging time.

Table 2-3. Background Air Concentrations (2009-2013) <sup>a</sup>

Pollutant	Averaging Time	2009		2010		2011		2012		2013		Maximum	Average
		ppm	µg/m <sup>3</sup>	µg/m <sup>3</sup>	µg/m <sup>3</sup>								
Ozone <sup>b</sup>	1-hour	0.089	175	0.101	198	0.073	143	0.084	165	INC	INC	198	--
	8-hour	0.068	133	0.084	165	0.061	120	0.067	132	INC	INC	165	--
CO <sup>b</sup>	1-hour	3.0	3,437	3.0	3,437	3.2	3,666	2.6	2,979	INC	INC	3,666	--
	8-hour	2.6	2,520	2.1	2,406	2.6	2,979	2.2	2,520	INC	INC	2,979	--
NO <sub>2</sub>	1-hour (maximum) <sup>c</sup>	--	--	0.1180	222	0.0900	169	0.0905	170	0.0813	153	170	--
	1-hour (98th percentile) <sup>c</sup>	--	--	0.0710	134	0.0740	139	0.0774	146	0.0713	134	--	140
	Annual <sup>b,d</sup>	0.0212	39.9	0.0198	37.3	0.0177	33.3	INC	INC	INC	INC	39.9	--
SO <sub>2</sub> <sup>b</sup>	1-hour (maximum)	0.0200	52.4	0.0400	105	0.0148	38.8	INC	INC	INC	INC	105	--
	1-hour (99th percentile)	0.0120	31.4	0.0160	41.9	0.0107	28.0	INC	INC	INC	INC	--	33.8
	3-hour <sup>e</sup>	0.0200	52.4	0.0400	105	0.0148	38.8	INC	INC	INC	INC	105	--
	24-hour	0.005	13.1	0.006	15.7	0.004	10.5	INC	INC	INC	INC	15.7	--
PM <sub>10</sub> <sup>f</sup>	24-hour	--	83	--	76	--	50	--	54	--	54	54	--
	Annual	--	33.2	--	27.3	--	28.7	--	25.5	--	27.3	28.7	--
PM <sub>2.5</sub> <sup>f</sup>	24-hour (98th percentile)	--	30.5	--	26.5	--	26.6	--	25.1	--	24.6	--	25.4
	Annual	--	12.5	--	10.4	--	10.7	--	10.6	--	10.97	10.97	--
Lead <sup>d</sup>	Monthly (max.)	--	0.010	--	0.010	--	0.013	--	NA	--	0.012	0.013	--
	Quarterly (Max.)	--	0.010	--	0.010	--	0.009	--	NA	--	0.009	0.010	--

<sup>a</sup>The SCAQMD, ARB, and EPA ambient air quality data summaries were used as reference.

<sup>b</sup>Data from the North Long Beach monitoring station.

<sup>c</sup>Data from the Hudson Long Beach monitoring station.

<sup>d</sup>Annual Arithmetic Mean.

<sup>e</sup>Background concentrations for the 3-hour EPA Secondary Standard for SO<sub>2</sub> were not available for the three most recent years. Therefore, the maximum 1-hour background concentrations were conservatively used.

<sup>f</sup>Data from the South Long Beach monitoring station.

Notes:

INC = The data collection was incomplete for these years.

µg/m<sup>3</sup> = microgram(s) per cubic meter

NA = Background data were not available for these years.

ppm = parts per million

Sources: SCAQMD, 2015b; ARB, 2015; EPA, 2015a

# Methodology for Estimating Project-Related Emissions

This section presents the methodology for estimating Project-related emissions from demolition and construction, commissioning, and operation.

## 3.1 Demolition and Construction

Approximately 39 acres will be disturbed at the AEC site during demolition and construction activities. Onsite demolition activities will include removal of existing Alamitos Generating Station Units 1 through 7, the Unit 7 fuel tank, and the northeast warehouse. Demolition of the existing units will include an organized, top-down dismantling of the existing boiler units, generators, and stacks. The existing foundations will remain largely intact at the conclusion of the demolition activities, and most of the demolition debris will be transported to an offsite location for recycling. No overlap in demolition and construction activities is expected. Onsite construction activities will consist of installing two new combined-cycle gas turbines, four simple-cycle gas turbines, various auxiliary equipment, and administrative structures. To the maximum extent possible, the AEC will reuse existing onsite potable water, natural gas, and stormwater pipelines, as well as electrical transmission facilities; however, some modification and interconnection of the AEC into these systems will require construction activity. Additionally, the Project will include construction of a new 1,000-foot offsite wastewater pipeline and the potential need to upgrade up to 4,000 feet of an existing offsite sanitary pipeline.

Onsite and offsite Project emissions will be divided into three categories: (1) vehicle and construction equipment exhaust; (2) fugitive dust from vehicle and construction equipment, including grading and bulldozing during construction; and (3) fugitive dust from demolition activities such as the top-down removal of the boiler stack and loading waste haul trucks with the generated debris.

The following criteria pollutant emissions will be calculated:  $\text{NO}_x$ , sulfur oxides ( $\text{SO}_x$ ), VOCs, CO,  $\text{PM}_{10}$ , and  $\text{PM}_{2.5}$ . Fugitive dust and construction equipment exhaust emissions will be estimated using methodology and emission factors consistent with the California Emissions Estimator Model (CalEEMod; Version 2013.2.2), which incorporates OFFROAD2011 and portions of EPA's AP-42 (ENVIRON, 2013; SCAQMD et al., 2011). Vehicle exhaust emissions for travel on both paved and unpaved roads will be estimated using EMFAC2014 (Version 1.0.1) emission factors, as consistent with the CalEEMod methodology.<sup>2</sup>

GHG emissions from construction equipment exhaust will be estimated using emission factors from The Climate Registry (TCR) General Reporting Protocol (GRP, Version 2.0) (TCR, 2014) and fuel consumption rates from OFFROAD2011. GHG emissions from vehicle exhaust for truck trips and worker commutes will be estimated using emission factors from TCR GRP (Version 2.0) (TCR, 2014) and fuel economy values from EMFAC2014 (Version 1.0.1). No significant emissions of hydrofluorocarbons, perfluorocarbons, or sulfur hexafluoride ( $\text{SF}_6$ ) are expected during construction and demolition.

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<sup>2</sup> CalEEMod is a statewide computer model created by ENVIRON and the SCAQMD to quantify criteria pollutant and GHG emissions associated with the construction activities from a variety of land use projects (ENVIRON, 2013). Developed in cooperation with air districts throughout the state, CalEEMod is intended to standardize air quality analyses while allowing air districts to provide specific defaults reflecting regional conditions, regulations, and policies (SCAQMD et al., 2011). CalEEMod is generally viewed as an improvement and replacement of URBEMIS2007 by providing updated factors, methodologies, and defaults that are robustly documented.

## 3.2 Commissioning

During the commissioning phase of the AEC, the GE 7FA.05s and the GE LMS100PBs initially will be operated at various load rates without the benefit of the emission control systems to facilitate proper operation of the equipment. However, maximum hourly emission rates for SO<sub>2</sub>, PM<sub>10</sub>, and PM<sub>2.5</sub> are expected to be equal to or lower than normal operating rates owing to reduced loads during commissioning. Therefore, emission calculations for commissioning activities will be limited to NO<sub>x</sub>, CO, and VOC. The NO<sub>x</sub>, CO, and VOC emissions will be estimated based on turbine performance data provided by the vendor, estimated durations and control efficiencies of each commissioning event, and turbine operating rates.

## 3.3 Operation

Emissions of NO<sub>2</sub>, SO<sub>2</sub>, CO, VOC, PM<sub>10</sub>, and PM<sub>2.5</sub> to the atmosphere from the AEC will occur from combustion of natural gas in the combustion turbines. Emission rates will be calculated based on vendor data and additional conservative assumptions of turbine performance. Turbine emissions and stack parameters, such as flow rate and exit temperature, will exhibit some variation with ambient temperature and operating load. Therefore, to evaluate the worst-case air quality impacts during normal operation, dispersion modeling for each combustion turbine will be conducted at a minimum, intermediate, and 100 percent load at 28, 65.3, and 107 degrees Fahrenheit (°F), representing minimum, average, and maximum temperatures at the Project site. In addition to the normal operating load/temperature scenarios, emission estimates and an air quality impacts analysis will also be conducted for startup and shutdown events.

The preliminary annual AEC PTE of criteria pollutants are presented in Table 3-1. The combined-cycle PTE is based on 5,000 hours of base load operation per turbine per year and the simple-cycle PTE is based on 1,250 hours of base load operation per turbine per year. Startup and shutdown emission rates are not available at this time, but will be incorporated into the dispersion modeling analysis.

Table 3-1. Preliminary Annual Facility Emission Estimates

Facility	Facility Emission Totals – Tons Per Year (Estimate)					
	NO <sub>x</sub>	SO <sub>2</sub>	PM <sub>10</sub>	PM <sub>2.5</sub>	VOC	CO
AEC (PTE) <sup>a</sup>	131	11.3 <sup>b</sup>	68.7	68.7	46.7	243

<sup>a</sup> Assumes the combined-cycle turbines are operated 5,000 hours per year and the simple-cycle turbines are operated 1,250 hours per year, excluding startup and shutdown emissions.

<sup>b</sup> Assumes an annual average fuel sulfur content of 0.25 grains per 100 standard cubic feet.

Combustion of natural gas in the turbines will also result in emissions of the following GHGs: carbon dioxide, methane, and nitrous oxide. Therefore, GHG emissions for normal facility operations will be calculated based on the maximum fuel usage predicted for the AEC and emission factors contained in TCR GRP (Version 2.0) (TCR, 2014). GHGs may also be emitted as SF<sub>6</sub> from annual leakage of SF<sub>6</sub>-containing circuit breakers; these emissions are expected to be negligible compared to combustion emissions.

Criteria pollutant and GHG emissions from AEC operational worker commutes and material deliveries will also be calculated. Criteria pollutant emissions will be estimated using emission factors from EMFAC2014 (Version 1.0.1). GHG emissions will be estimated using emission factors from TCR GRP (Version 2.0) (TCR, 2014) and fuel economy values from EMFAC2014 (Version 1.0.1). Criteria pollutant and GHG emissions from AEC operational worker commutes and material deliveries will be calculated for CEC informational purposes, but will not be included in the air quality impacts analysis.

# Topography and Meteorology

This section provides a summary-level description of the topography and meteorology associated with the Project.

## 4.1 Topography

The AEC site is located near sea level, approximately 2 miles from the California coast, and is bounded to the north by a switchyard; to the east by the San Gabriel River and, beyond that, a power generating facility; to the south by a petroleum storage facility and undeveloped property; and to the west by the Los Cerritos Channel, Alamitos Generating Station inlets, and city of Long Beach residences.

The AEC site is located on a gently sloping coastal terrace above the Alamitos Bay marina, and the topography of the site ranges from approximately 7 to 20 feet above mean sea level. The nearest complex terrain (terrain exceeding stack height) in relation to the AEC is located in the city of Signal Hill, approximately 3.5 miles northwest of the AEC site. Although Signal Hill is the highest area within 6 miles of the AEC site, it is not a significant terrain feature, with gradual rising terrain less than 0.5 mile in width. The nearest Class I area is the San Gabriel Wilderness, which is approximately 33 miles (approximately 53 kilometers [km]) northeast of the AEC site.

## 4.2 Meteorology

### 4.2.1 Meteorology for Dispersion Modeling

According to EPA's *Guideline on Air Quality Models* (EPA, 2005), representativeness of meteorological data used in dispersion modeling depends on (1) the proximity of the meteorological monitoring site to the area under consideration; (2) the complexity of the terrain; (3) the exposure of the meteorological monitoring site; and (4) the period of time during which data are collected.

Two SCAQMD meteorological data collection sites were identified in proximity to the Project: Long Beach, which is collocated with the North Long Beach ambient monitoring station, and Anaheim. Of the two locations, the Long Beach site was selected as the most representative based on the following factors:

- The monitoring site is the closer of the two to the Project (approximately 6.4 miles to the northwest of the AEC site, versus 10.1 miles to the east-northeast for the Anaheim monitoring station).
- There are no complex terrain features between the two locations.
- The land uses surrounding the monitoring site and the AEC site are similar (both are surrounded by a blend of low-, medium-, and high-intensity land uses with open water less than 10 miles to the south-southwest).

Therefore, the Long Beach station is considered representative of the AEC site, and the meteorological data collected at the Long Beach station will be used to model the ambient air quality impacts. The meteorological data used for this analysis have been compiled by SCAQMD specifically for use in dispersion modeling analyses and include the periods of January 1, 2007, through December 31, 2012.<sup>3</sup> A wind rose for the Long Beach monitoring station is presented in Figure 4-1.

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<sup>3</sup> At the direction of the SCAQMD, 2010 meteorological data were not recommended for use because the data do not meet the 90 percent completeness requirements. Similarly, 2012 meteorological data were not recommended for use because the collected wind speeds are suspect.

## 4.2.2 Upper Air Data

Twice-daily National Climatic Data Center soundings from the National Weather Service San Diego Miramar station (Station #03190) will be coupled with the Long Beach surface data provided by SCAQMD to create the AERMET meteorological dataset.

## 4.2.3 AERMET Preprocessing

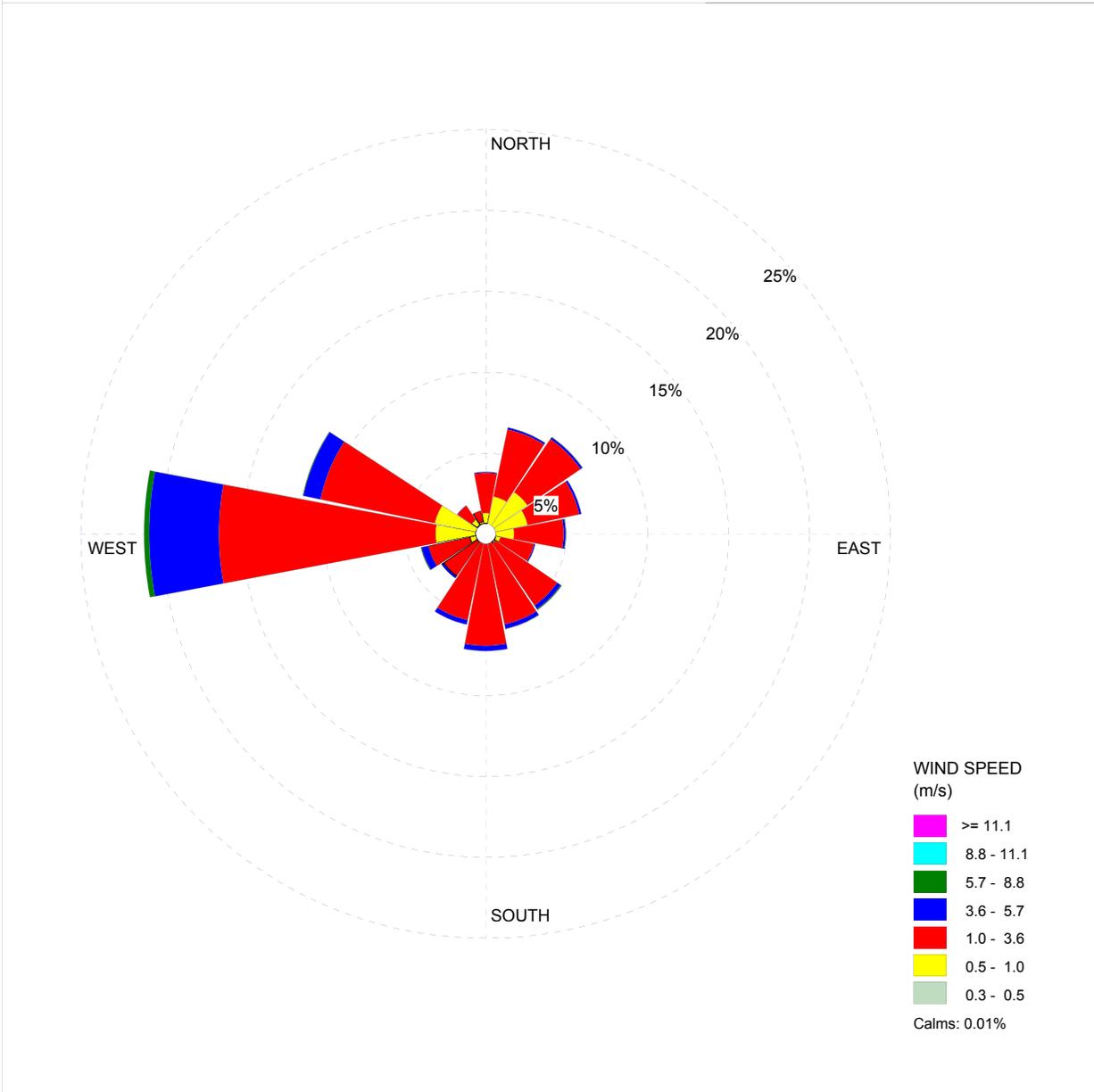
Processing of the meteorological data will be performed using the latest version of AERMET (currently Version 15181). These data will be obtained directly from SCAQMD, if available. If these data are not available, raw surface data files will be requested from SCAQMD and the data will be processed using the latest version of AERMET according to the procedures outlined in EPA's *Guideline on Air Quality Models* (EPA, 2005).

WIND ROSE PLOT:

**AERMET Meteorological Data  
SCAQMD Long Beach Station**

DISPLAY:

**Wind Speed  
Direction (blowing from)**



COMMENTS:

DATA PERIOD:

**Start Date: 1/1/2006 - 00:00  
End Date: 12/31/2011 - 23:00**

COMPANY NAME:

MODELER:

CALM WINDS:

**0.01%**

TOTAL COUNT:

**43378 hrs.**

AVG. WIND SPEED:

**1.88 m/s**

DATE:

**12/6/2013**

PROJECT NO.:

WRPLOT View - Lakes Environmental Software

**FIGURE 4-1**  
**SCAQMD Long Beach**  
**Meteorological Station Wind Rose**  
*Alamitos Energy Center*  
*Long Beach, California*

# Dispersion Modeling Approach

This section describes the proposed approach to dispersion modeling. Model selection, input defaults/options, land use/designation, the receptor network, source characterization, and building wake downwash and good engineering practice are summarized.

## 5.1 Model Selection

The EPA-approved AERMOD (Version 15181 or most recent version) dispersion model will be used to evaluate the air quality emissions from the AEC. AERMOD is the latest generation of EPA's short-term model recommended for predicting impacts from industrial-point sources, as well as area and volume sources.

## 5.2 Model Input Defaults/Options

AERMOD will be used with regulatory default options, as recommended in EPA's *Guideline on Air Quality Models* (EPA, 2005). The following supporting preprocessing programs for AERMOD will also be used:

- BPIP-Prime (Version 04274)
- AERMAP (Version 11103)

The technical options to be selected for AERMOD include the following:

- Regulatory default control options
- Receptor elevations and controlling hill heights obtained from AERMAP output

The emission units will be modeled as point sources within AERMOD. Emission rates and other source parameters will be determined from the manufacturer's data or EPA-established emission factors.

Initially, a complete conversion of NO<sub>x</sub> emissions to NO<sub>2</sub> will be assumed. If this assumption leads to predicted exceedances of the NAAQS, CAAQS, or significance criteria for NO<sub>2</sub> identified in Section 6.0, Air Quality Impacts Analysis, the default ambient ratios of 0.75 NO<sub>2</sub>/NO<sub>x</sub> (i.e., 75 percent of NO<sub>x</sub> emissions are converted to NO<sub>2</sub>) and 0.80 will be applied to annual and 1-hour predicted impacts, respectively, to determine NO<sub>2</sub> concentrations (EPA, 2005; EPA, 2011). If 1-hour predicted NO<sub>2</sub> impacts still exceed the NAAQS after application of the ambient ratio, the predicted impacts will instead be estimated by pairing the maximum modeled concentration with the 98th percentile seasonal, hour-of-day NO<sub>2</sub> background concentrations. The 98th percentile seasonal, hour-of-day NO<sub>2</sub> background concentrations for 2011 through 2013 or 2014, depending on EPA Air Quality System data availability for the Hudson Long Beach ambient monitor, will be processed following applicable EPA guidance (EPA, 2011).

If predicted 1-hour NO<sub>2</sub> impacts require further refinement, the plume volume molar ratio method (PVMRM) will be used. PVMRM options will assume an initial in-stack NO<sub>2</sub>/NO<sub>x</sub> ratio of 0.5 and an out-of-stack NO<sub>2</sub>/NO<sub>x</sub> ratio of 0.9 (EPA, 2011; California Air Pollution Control Officers Association, 2011). Corresponding hourly ozone data from the North Long Beach monitoring station will be provided via e-mail by the SCAQMD.

## 5.3 Land Use/Designation

AERMOD will be run in urban dispersion mode because land use within 3 km of the AEC site is primarily classified as urban (Auer Method). A population of 9,862,049 will be used in AERMOD, as recommended by SCAQMD for projects in Los Angeles County (SCAQMD, 2015a).

## 5.4 Receptor Network

The base receptor grid for the AERMOD modeling will consist of receptors that are placed at the ambient air boundary and Cartesian-grid receptors that are placed beyond the Project's property boundary, at spacing that increases with distance from the origin. The Project's property boundary will be used as the ambient air boundary. Property boundary receptors will be placed at 30-meter intervals. Beyond the Project's property boundary, receptor spacing will be as follows:

- 50-meter spacing from property boundary to 500 meters from the origin
- 100-meter spacing from beyond 500 meters to 3 km from the origin
- 500-meter spacing from beyond 3 km to 10 km from the origin
- 1,000-meter spacing from beyond 10 km to 25 km from the origin
- 5,000-meter spacing from beyond 25 km to 50 km from the origin

All receptors and source locations will be expressed in the Universal Transverse Mercator (UTM) North American Datum 1983 (NAD83), Zone 11 coordinate system.

The base receptor grid will be extended if predicted concentration gradients increase at the edge of the grid. The base (coarse) receptor grid will be supplemented with receptors at closer (tighter) receptor spacing, where appropriate, so that the maximum points of impact have been identified.

AERMAP (Version 11103) will be used to calculate the receptor elevations and the controlling hill heights. Terrain in the vicinity of the Project will be accounted for by assigning base elevations to each receptor. National Elevation Dataset files from the U.S. Geological Survey will be obtained in one-third arc-second resolution for the 50-km grid. The AERMAP domain will be large enough to encompass the 10 percent slope factor required for calculating the controlling hill height.

## 5.5 Source Characterization

### 5.5.1 Demolition and Construction

The AEC construction site will be represented as a set of point sources and area sources in the modeling analysis. The exhaust emissions will be modeled as a set of point sources spaced approximately 25 meters (82 feet) apart over the construction areas with a horizontal stack release. The horizontal release type is an AERMOD beta option (i.e., nonregulatory default option), which negates mechanical plume rise. This conservative approach is proposed because it is unknown whether the construction equipment will have vertically oriented exhaust stacks. Stack release parameters will consist of a stack release temperature of 533 degrees Kelvin (K; 500°F), a stack diameter of 0.127 meter (5 inches), and a release height of 4.6 meters (15 feet) based on data for typical construction equipment. The wind-blown and fugitive dust emissions will be modeled as area sources assuming a ground-level release height with an initial vertical dimension of 1 meter.

As discussed in Section 6.0, Air Quality Impacts Analysis, predicted concentrations of NO<sub>x</sub>, CO, PM<sub>10</sub>, PM<sub>2.5</sub>, and SO<sub>2</sub> from onsite construction-related activities will be combined with the ambient background concentrations and compared to the ambient air quality standards. Note that if the predicted concentrations initially exceed the ambient air quality standards, the model will be refined to limit the hours in which concentrations are predicted to align with the expected hours of construction activities.

### 5.5.2 Commissioning

Each of the combustion turbine exhaust stacks will be modeled as point sources within AERMOD. Exhaust parameters will be based on information provided by the vendor for each combustion turbine type and commissioning phase. Only maximum hourly impacts for NO<sub>x</sub> and CO will be modeled for each commissioning phase. Emission rates of PM<sub>10</sub>, PM<sub>2.5</sub>, and SO<sub>x</sub> are expected to be equal to or lower than normal operating rates as a result of reduced loads during commissioning.

Although commissioning is expected to be completed in less than 1 year, annual impacts for the combined commissioning and operation for a rolling 12-month period will also be evaluated because annual emissions during the commissioning year could be higher than those during a noncommissioning year. As a result, annual  $\text{NO}_x$ ,  $\text{PM}_{10}$ , and  $\text{PM}_{2.5}$  impacts from commissioning with operation will also be modeled.

### 5.5.3 Operation

The proposed combustion turbines will be modeled as point sources within AERMOD. Exhaust parameters will be based on information provided by the vendor. The modeling analysis will include a load screening to determine which operating conditions, including startup and shutdown of the combustion turbines, will yield the highest ground-level concentrations. Owing to the timing of the construction of the combined- and simple-cycle turbines, a number of operational scenarios will be modeled to reflect expected operating conditions. Where necessary, modeling will include both construction/demolition emission sources and commissioning emissions for the simple-cycle turbines while the combined-cycle turbines are in commercial operation.

## 5.6 Building Wake Downwash and Good Engineering Practice

AERMOD can account for building downwash and cavity zone effects. Existing Alamitos Generating Station and the AEC stack locations, heights, building locations, and dimensions will be input to BPIP-PRIME (Version 04274). The first step of BPIP-PRIME determines and reports on whether a stack follows good engineering practice or is being subjected to wake effects from a structure or structures. The second step calculates direction-dependent equivalent building dimensions if a stack is being influenced by structure wake effects. The BPIP-PRIME output will be used in the AERMOD modeling.

# Air Quality Impacts Analysis

The AEC will require an ambient air quality impacts analysis for emissions of CO, NO<sub>x</sub>, SO<sub>2</sub>, and PM<sub>10/2.5</sub>. This section summarizes the approach used to address the requirements applicable to each reviewing agency and highlights the criteria required for each analysis.

## 6.1 SCAQMD New Source Review

### 6.1.1 Rule 1303 and Rule 1304

SCAQMD Rule 1303 requires an ambient air quality impacts analysis for each new emission source to demonstrate that a proposed project will not cause a violation or make significantly worse an existing violation of the CAAQS or NAAQS. However, under SCAQMD Rule 1304(a)(2), the AEC is exempt from this rule because it is a replacement of existing electric utility steam boilers with combined-cycle and advanced simple-cycle gas turbines with no increase in basin-wide energy capacity. Therefore, a comparison of potential impacts to the significant change in air quality thresholds of SCAQMD Rule 1303, Table A-2, is not required as part of this air quality impacts analysis.

Per SCAQMD Rule 1303(b)(5)(C), a modeling analysis is required to evaluate impacts on plume visibility if the net emission increase from the new or modified source exceeds 15 tpy of PM<sub>10</sub> or 40 tpy of NO<sub>x</sub>, and the location of the source, relative to the closest boundary of a specified Federal Class I area, is within 28 km. Net emissions of NO<sub>x</sub> will exceed the emissions threshold, but the distance to the nearest Class I area is approximately 53 km, as presented in Figure 6-1. Therefore, a visibility analysis is not required for Class I areas under SCAQMD Rule 1303.

Although not required by its rules, SCAQMD requested an analysis of the Project's impacts on visibility for nearby State Parks and National Wilderness Areas designated as Class II areas. As such, a visibility analysis for Class II areas will be performed using the EPA-recommended VISCREEN model. The general procedures to determine visibility impacts will follow the approach outlined in the *Workbook for Plume Visual Impact Screening and Analysis (Revised)* (EPA, 1992), with clarification of the following particular inputs:

- Background visual ranges for the Class II areas will be determined using maps supplied by the Interagency Monitoring of Protected Visual Environments (IMPROVE). The average of the annual upper and lower bounds will be used.
- If a Tier 1 approach exceeds the Class I criterion for color difference ( $\Delta E$ ) and contrast, a Tier II assessment will be conducted. The Tier II assessment will use the SCAQMD Long Beach meteorological station data described previously. These data will be preprocessed with the EPA Meteorological Processor for Regulatory Modeling Applications (MPRM, Version 99349) for the Industrial Source Complex (ISC) modeling system.<sup>4</sup>

Based on a survey of State Parks and National Wilderness Areas designated as Class II areas within 50 km of the AEC, AES proposes to include the following Class II areas in the visibility assessment, as presented in Figure 6-2:

- Crystal Cove State Park
- Water Canyon National Park

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<sup>4</sup> ISC-ready data, preprocessed with MPRM, contain the wind speed, wind direction, and stability class for each hour of the year. These data are required to create the Joint Frequency Distribution tables used to calculate the Tier II wind speed and stability class for each area analyzed.

- Chino Hills State Park
- Kenneth Hahn State Park

### 6.1.2 Rule 1401

SCAQMD Rule 1401 specifies limits for maximum individual cancer risk, cancer burden, and noncancer acute and chronic hazard index (HI) from new permit units, relocations, or modifications to existing permit units that emit toxic air contaminants (TAC) listed in SCAQMD Rule 1401, Table I. The AEC will be subject to the SCAQMD Rule 1401 NSR requirements. Therefore, a health risk assessment (HRA) will be completed as part of the air quality impacts analysis for the AEC. The procedure for evaluating the potential impacts is discussed in Section 7.0, Human Health Risk Assessment.

### 6.1.3 Rule 2005

SCAQMD Rule 2005 sets forth preconstruction review requirements for new facilities subject to the requirements of the Regional Clean Air Incentives Market (RECLAIM) program, for modifications to RECLAIM facilities, and for facilities that increase their allocation to a level greater than their starting allocation plus nontradable credits. The existing AES Alamitos Generating Station facility is currently subject to RECLAIM requirements, and, as shown in Table 6-1, the Project will also exceed the major NO<sub>x</sub> modification threshold of 1 pound (lb) per day. Therefore, SCAQMD Rule 2005 requires an ambient air quality impacts analysis to demonstrate the AEC will not cause a significant increase in the air quality concentration of NO<sub>x</sub>, as specified in SCAQMD Rule 2005, Appendix A.

**Table 6-1. Rule 2005 Emissions Levels That Trigger Dispersion Modeling Requirements**

Pollutant	Estimated PTE (tpy)	Major Source Threshold	Major Modification Threshold	Exceeds Threshold? (Yes/No)
NO <sub>x</sub>	131	10	1 lb/day	Yes
SO <sub>2</sub>	11.3 <sup>a</sup>	100	40 tpy	No

<sup>a</sup> Assumes an annual average fuel sulfur content of 0.25 grains per 100 standard cubic feet.

Note:

lb/day = pounds per day

The significance thresholds and the most stringent air quality standards for NO<sub>2</sub> are presented in Table 6-2. The maximum modeled NO<sub>2</sub> concentrations from the refined dispersion modeling analysis for each turbine will be compared to the significance values identified in Table 6-2. The maximum modeled NO<sub>2</sub> concentrations will also be added to representative background concentrations, and the results compared to the state and federal ambient air quality standards for NO<sub>2</sub>. The highest ambient concentration from the most recent three years of ambient monitoring data will be used as the background concentration.

**Table 6-2. Rule 2005 Air Quality Thresholds and Standards Applicable to the Project (Per Emission Unit)**

Averaging Period/ Pollutant	Significant Change in Air Quality Concentration <sup>a</sup> (µg/m <sup>3</sup> )	NAAQS (µg/m <sup>3</sup> )	CAAQS (µg/m <sup>3</sup> )
NO <sub>2</sub> (1-hour)	20	188 <sup>b</sup>	339
NO <sub>2</sub> (Annual)	1	100	57

<sup>a</sup> Allowable change in air quality concentration per emission unit.

<sup>b</sup> National 1-hour standard represents the 3-year average of the 98<sup>th</sup> percentile of the daily maximum 1-hour average.

Note:

µg/m<sup>3</sup> = micrograms per cubic meter

## 6.2 Prevention of Significant Deterioration

SCAQMD Regulation XVII sets forth preconstruction review requirements for stationary sources to ensure that air quality in clean air areas does not significantly deteriorate, while maintaining a margin for future industrial growth. This requirement applies to preconstruction review of new or modified stationary sources that emit more than 100 tpy of federal attainment air contaminants. As discussed in Section 2.0, Existing Setting, CO, NO<sub>2</sub>, PM<sub>10</sub>, and SO<sub>2</sub> are designated as federal attainment pollutants. Therefore, the estimated AEC emissions were compared to the major source thresholds of 100 tpy and the significant emissions increase threshold of 40 tpy (Table 6-3) to determine which pollutants are subject to dispersion modeling requirements as outlined in SCAQMD Rule 1703. Note that although the AEC is not expected to emit more than 100 tpy of PM<sub>10</sub>, PM<sub>10</sub> impacts were also evaluated against the significant emissions increase threshold of 15 tpy because of Los Angeles County's new designation as an attainment area for PM<sub>10</sub>. Based on the estimated emissions and attainment designations, NO<sub>x</sub>, CO, and PM<sub>10</sub> are the only attainment pollutants from the AEC that will exceed the significant emissions increase thresholds and be subject to dispersion modeling requirements.

Low-sulfur natural gas will be the only fuel allowed for the AEC. Therefore, emissions of asbestos, beryllium, mercury, sulfur compounds, vinyl chloride, fluoride, lead, and sulfur compounds are expected to be negligible.

Table 6-3. Preliminary PSD Emissions Levels That Trigger Dispersion Modeling Requirements

Pollutant	Estimated PTE (tpy)	Significant Emission Increase	
		Threshold <sup>a</sup> (tpy)	Exceeds Threshold? (Yes/No)
CO	243	100	Yes
NO <sub>x</sub>	131	40	Yes
SO <sub>2</sub>	11.3 <sup>b</sup>	40	No
PM <sub>10</sub>	68.7	15	Yes
VOC <sup>c</sup>	46.7	40	Yes
Asbestos	Negligible	0.007	No
Beryllium	Negligible	0.0004	No
Mercury	Negligible	0.1	No
Vinyl Chloride	Negligible	1.0	No
Fluorides	Negligible	3	No
Lead	Negligible	0.6	No
Sulfuric Acid Mist	Negligible	7	No
Hydrogen Sulfide	Negligible	10	No
Total Reduced Sulfur (including H <sub>2</sub> S)	Negligible	10	No

<sup>a</sup> The PSD significance level is listed here for reference.

<sup>b</sup> Assumes an annual average fuel sulfur content of 0.25 grains per 100 standard cubic feet.

<sup>c</sup> Modeling is not required for VOCs.

## 6.3 Class II Area Analysis

Based on the emissions presented in Table 6-3, a dispersion modeling analysis will be conducted to demonstrate that the AEC will not cause or contribute to a violation of the NAAQS or CAAQS and will not

exceed the federal PSD Class II Increment Standards for NO<sub>2</sub>, CO, and PM<sub>10</sub>. To demonstrate compliance with the standards, the AEC will be modeled in two tiers. A description of each tier is presented below. Modeling for either tier will be performed per the methodology described in Section 5.0, Dispersion Modeling Approach, unless otherwise noted below.

### 6.3.1 Tier 1 Analysis

Using the worst-case load identified as part of the operations modeling, the preliminary Tier 1 analysis for each pollutant will be conducted as follows:

- If the predicted impacts are less than the significant impact levels (SIL) presented in Table 6-4 for each criteria pollutant, the modeling is complete for that pollutant and averaging period.
- If the predicted impacts are significant, a Tier 2 refined analysis will be conducted.

Table 6-4 summarizes the Class II SILs, PSD Class II Increment Standards, and the significant monitoring concentration levels. Currently, no ambient air quality data are collected at the existing Alamitos Generating Station. If modeling results for the AEC are greater than the significant monitoring concentrations listed in Table 6-4, onsite ambient air quality data collection may be required. If such monitoring is required, AES requests that the monitoring be conducted in parallel with construction of the AEC and that alternate background concentrations listed in Table 2-3 be used for permit modeling.

Table 6-4. PSD Air Quality Impact Standards Applicable to the Project

Averaging Period/ Pollutant	Significant Impact Level ( $\mu\text{g}/\text{m}^3$ )	PSD Class II Increment Standard ( $\mu\text{g}/\text{m}^3$ )	Significant Monitoring Concentrations ( $\mu\text{g}/\text{m}^3$ )
NO <sub>2</sub> (1-hour)	7.52 <sup>a</sup>	N/A	N/A
NO <sub>2</sub> (Annual)	1.0	25	14
CO (1-hour)	2,000	N/A	N/A
CO (8-hour)	500	N/A	575
PM <sub>10</sub> (24-hour)	5.0	30	10
PM <sub>10</sub> (Annual)	1.0	17	N/A

<sup>a</sup> The SIL for 1-hour NO<sub>2</sub> is based on SCAQMD correspondence.

N/A = Not applicable (i.e., no standard)

### 6.3.2 Tier 2 Analysis

The refined Tier 2 analysis will include a comparison to the ambient air quality standards and PSD Class II Increment Standards, as follows:

- For pollutants with concentrations greater than the respective SIL, a significant impact radius will be defined.
- The maximum modeled concentrations will be determined and compared to the NAAQS, CAAQS, and PSD Class II Increment Standards, as appropriate. These concentrations will include contributions from the facility, competing nearby sources, and ambient background concentrations.
- SCAQMD will be consulted to identify competing nearby sources and exhaust characteristics, if available, for inclusion in the refined analysis. Section 6.3.2.1, Competing Source Inventory, summarizes the approach to develop the competing source inventory.
- Only receptors identified above the SIL in the Tier 1 analysis will be included in the Tier 2 analysis.

- Background concentrations described in Section 6.3.2.2, 1-hour NO<sub>2</sub> Refined Analysis, will be included in the Tier 2 analysis.

#### 6.3.2.1 Competing Source Inventory

It is anticipated that the 1-hour NO<sub>2</sub> SIL will be exceeded by operation of the AEC. At the request of SCAQMD, the Hudson Long Beach monitoring station (South Coastal Los Angeles County 3, EPA ID 06-037-4006) will be used as the ambient monitor because it captures the large NO<sub>x</sub>-emitting sources in the Ports area that are upwind of the Project. Based on the to-be-determined significant impact radius and the location of the representative ambient monitor, AES proposes to include competing sources within a distance of 10 km of the significant impact radius in the analysis. AES proposes to use the competing source inventory of NO<sub>x</sub>-emitting sources that was provided by SCAQMD in October 2013, which is included as Attachment 1. AES still considers this inventory representative of emission sources within 10 km of the AEC site and requests that SCAQMD again approve this inventory for use in this competing source analysis.

#### 6.3.2.2 1-hour NO<sub>2</sub> Refined Analysis

Emergency equipment will not be included in the 1-hour NO<sub>2</sub> competing source analysis. Consistent with recent EPA guidance addressing intermittent emissions for the 1-hour NO<sub>2</sub> analysis (EPA, 2011), exclusion of emergency equipment is appropriate. Startup emissions from the AEC turbines will be included in the 1-hour NO<sub>2</sub> competing source analysis because startups of the units are expected to occur frequently.

Further refinements of the 1-hour NO<sub>2</sub> modeling include the incorporation of seasonal, hour-of-day NO<sub>2</sub> background concentrations and the use of an ambient NO<sub>2</sub> equilibrium ratio and PVMRM in AERMOD, if necessary, described as follows:

- Seasonal, hour-of-day NO<sub>2</sub> background concentrations will be determined by following the most recent EPA NO<sub>2</sub> modeling guidance (EPA, 2011). This includes using the third-highest concentration for each hour-of-day, by season, at the NO<sub>2</sub> monitor. AERMOD will automatically pair the modeled NO<sub>2</sub> concentration to the appropriate background concentration for each hour to determine the model design concentration for comparison to the NAAQS. The 98th percentile seasonal, hour-of-day NO<sub>2</sub> background concentrations for 2011 through 2013 or 2014, depending on EPA Air Quality System data availability for the Hudson Long Beach ambient monitor, will be processed following applicable EPA guidance (EPA, 2011).
- The Ambient Ratio Method uses 0.80 as a default ambient ratio for the 1-hour NO<sub>2</sub> standard.
- PVMRM options, if needed, will initially conservatively assume an in-stack NO<sub>2</sub>/NO<sub>x</sub> ratio of 0.5 and an ambient NO<sub>2</sub> ratio of 0.9 (EPA, 2011). If additional analysis is required, AES will consult with the SCAQMD to define alternative appropriate in-stack and ambient NO<sub>2</sub> ratios consistent with EPA guidance. Corresponding hourly ozone data from a representative background monitoring station will be provided via e-mail by the SCAQMD.

To complete the refined 1-hour NO<sub>2</sub> competing source analysis, hourly emissions from the competing sources approved by SCAQMD will be modeled by apportioning each source's permitted emissions (tpy) evenly throughout the year, unless otherwise noted. The model design concentration of the 5-year average of the 98th percentile hourly impact at each receptor will be compared to the NAAQS of 188 micrograms per cubic meter (µg/m<sup>3</sup>).

If the model design concentration at any receptor exceeds the NAAQS, the Project's impacts during the NAAQS exceedances will be evaluated and compared to the SIL. If the Project's impacts are below the SIL during all modeled exceedances of the NAAQS, then the Project will be assumed to not significantly contribute to the modeled exceedances.

## 6.4 Class I Area Increment Analysis

In addition to addressing the AEC's impacts within the near field (i.e., Class II impacts), a Class I impact analysis will be conducted to demonstrate that the AEC will not cause or contribute to an exceedance of the Class I SIL or PSD Class I Increment Standards (Table 6-5) and will not adversely affect air quality-related values (AQRV).<sup>5</sup> To evaluate the potential impacts on Class I areas near the AEC site, all Class I areas within 300 km of the AEC were identified. Based on this survey, the San Gabriel Wilderness, which is approximately 53 km from the AEC site, was identified as the nearest Class I area. Figure 6-1 shows the locations and distances to the Class I areas within 300 km of AEC.

Federal Class I area air quality guidance (Federal Land Managers [FLM], 2010) allows an emissions/distance (Q/D) factor of 10 to be used as a screening criterion for sources located more than 50 km from a Class I area. This screening criterion includes all AQRVs. Emissions are calculated as the total SO<sub>2</sub>, NO<sub>x</sub>, PM<sub>10</sub>, and sulfuric acid (H<sub>2</sub>SO<sub>4</sub>) annual emissions (in tpy, based on 24-hour maximum allowable emissions). These emissions are divided by the distance (in km) from the Class I area.

Based on the combined annual emissions of NO<sub>x</sub>, SO<sub>2</sub>, H<sub>2</sub>SO<sub>4</sub>, and PM<sub>10</sub>, calculated using the 24-hour maximum allowable emissions, the maximum Q/D for the Project will be greater than the FLM Q/D ratio of 10. Therefore, an additional protocol will be submitted to the National Park Service and the U.S. Forest Service to address AQRVs for all Class I areas that exceed the screening criterion and any additional Class I areas requested by the FLM.

To address PSD Class I Increment Standards, AERMOD will be used with a receptor ring at 50 km from the facility. The ring will be spaced in 5-degree increments centered on the AEC site. AERMOD maximum modeled impacts of NO<sub>x</sub> and PM<sub>10</sub> will be compared to the applicable SILs. If modeled impacts are below the SILs, then the Project would be considered to have negligible impact at the more distant Class I areas. If impacts are above the SILs in the direction of the Class I areas, SCAQMD would be contacted to determine a refined approach to quantify criteria pollutant impacts at the Class I areas.

Table 6-5. Class I SIL and PSD Class I Increment Standards Applicable to the Project

Averaging Period/ Pollutant	Significant Impact Level ( $\mu\text{g}/\text{m}^3$ )	PSD Class I Increment Standard ( $\mu\text{g}/\text{m}^3$ )
NO <sub>2</sub> (Annual)	0.1	2.5
PM <sub>10</sub> (24-hour)	0.3	2.0
PM <sub>10</sub> (Annual)	0.2	1.0

## 6.5 California Energy Commission Air Dispersion Analysis

The sections below summarize the requirements and modeling assessment to be submitted to the CEC.

### 6.5.1 Demolition and Construction Emissions Impact Assessment

The AEC construction site will be represented as a set of point sources and area sources in the modeling analysis. The exhaust emissions will be modeled as a set of point sources spaced approximately 25 meters (82 feet) apart over the construction areas with a horizontal stack release. Stack release parameters will consist of a stack release temperature of 533 K (500°F), a stack diameter of 0.127 meters (5 inches), and a release height of 4.6 meters (15 feet) based on data for typical construction equipment. The wind-blown and fugitive dust emissions will be modeled as area sources assuming a ground-level release height with an initial vertical dimension of 1 meter. Modeled concentrations of

<sup>5</sup> A separate protocol will be submitted to the National Park Service and U.S. Forest Service to address AQRVs at the nearby Class I areas.

NO<sub>x</sub>, CO, PM<sub>10</sub>, PM<sub>2.5</sub>, and SO<sub>2</sub> from construction activities related to the AEC will be combined with the ambient background concentrations and compared to the ambient air quality standards.

### 6.5.2 Commissioning Emissions Impact Assessment

The short-term concentrations of NO<sub>2</sub> and CO (i.e., the 1- and 8-hour impacts) from the commissioning phase of the AEC will be combined with the ambient background concentrations and compared to the short-term ambient air quality standards. Although commissioning is expected to be completed in less than 1 year, annual impacts for the combined commissioning and operation for a rolling 12-month period will also be evaluated because annual emissions during the commissioning year could be higher than those during a noncommissioning year. As a result, annual concentrations of NO<sub>x</sub>, PM<sub>10</sub>, and PM<sub>2.5</sub> from commissioning with operation will be combined with the ambient background concentrations and compared to the annual ambient air quality standards. Furthermore, because commissioning activities only occur once in the life of the Project and are expected to be less than 1 year in duration, the impacts will not be compared to the 1-hour federal NO<sub>2</sub> NAAQS, which is a 3-year average of a 98th percentile daily maxima concentration standard.

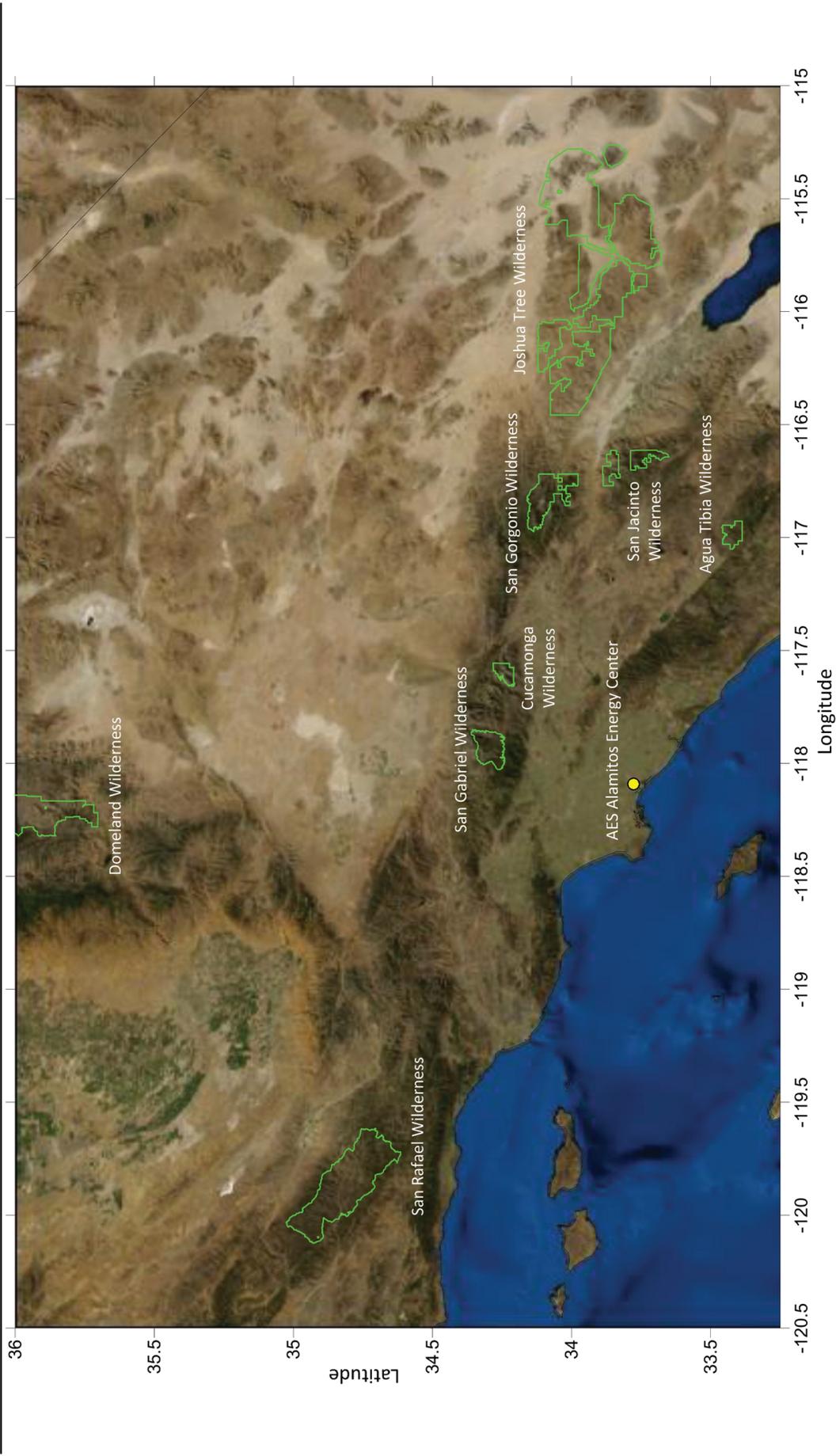
### 6.5.3 Operational Emissions Impact Assessment

The maximum modeled concentrations will be added to representative background concentrations and the results compared to the state and federal ambient air quality standards for SO<sub>2</sub>, NO<sub>2</sub>, CO, PM<sub>10</sub>, and PM<sub>2.5</sub>. The ambient concentrations from the three most recent years of ambient monitoring data identified in Section 2.0, Existing Setting, will be used as the background concentration.

### 6.5.4 Fumigation Impact Assessment

Fumigation can occur during the breakup of the nocturnal radiation inversion by solar warming of the ground surface. Shoreline fumigation occurs when a plume is emitted into a stable layer of air and is then mixed to the surface as a result of advection of the air mass to less stable surroundings. Under these conditions, an exhaust plume may be drawn to the ground with little diffusion, causing high ground-level pollutant concentrations, although typically for periods less than 1 hour.

SCREEN3 will be used to determine the predicted impacts associated with these fumigation scenarios. The maximum modeled concentrations from the fumigation impact assessment will then be added to representative background concentrations, and the results compared to the state and federal ambient air quality standards. The condition would be short-lived; therefore, impacts will only be compared to the 1-, 3-, 8-, and 24-hour standards.



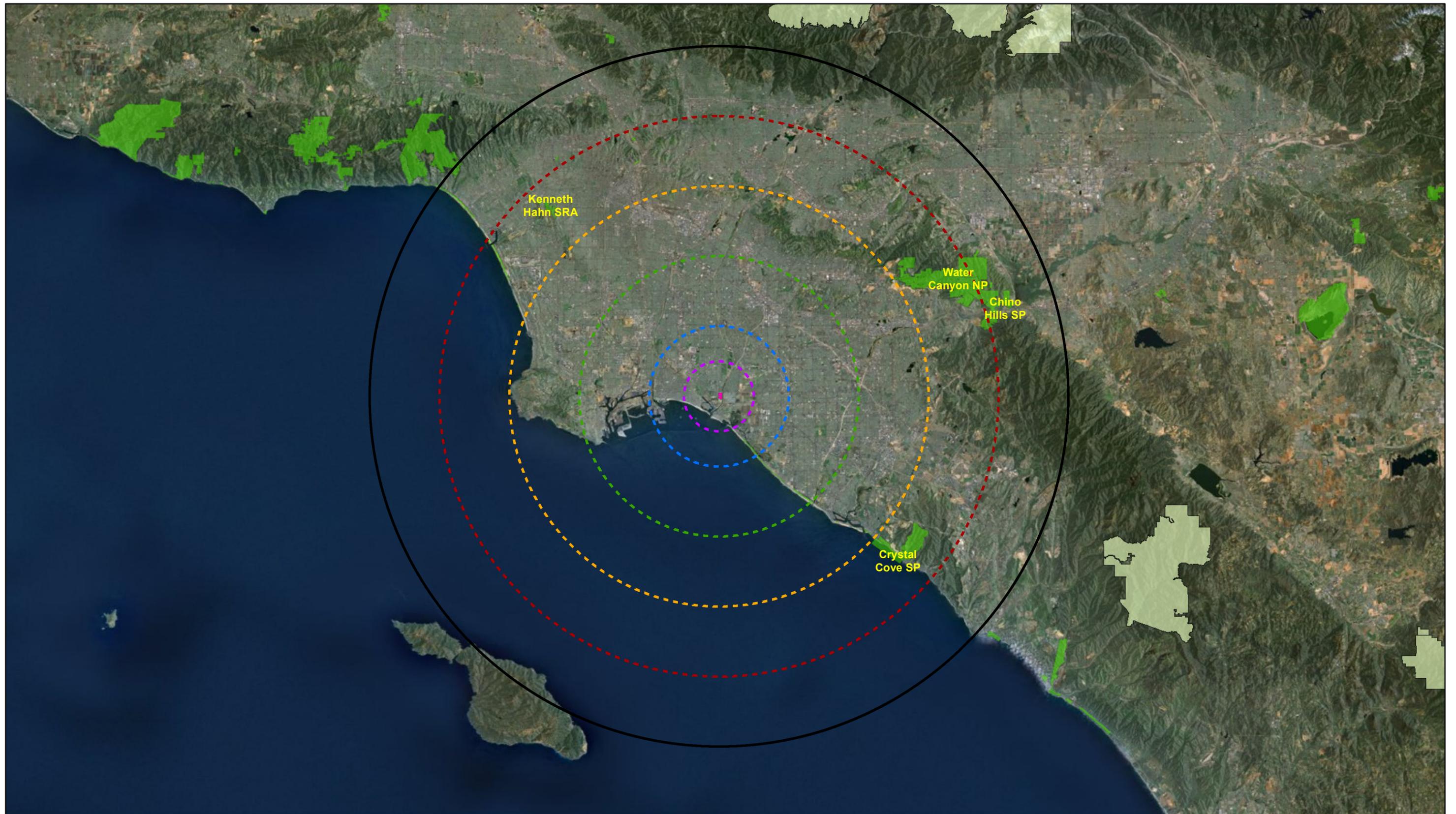
### Distance to Nearby Class I Areas (km)

Agua Tibia Wilderness	104.5	San Gabriel Wilderness	53.5	San Jacinto Wilderness	123.5	San Rafael Wilderness	175.1
Cucamonga Wilderness	63.6	San Gorgonio Wilderness	111.8	Agua Tibia Wilderness	123.5	San Jacinto Wilderness	123.5
Domeland Wilderness	214.8	San Gabriel Wilderness	53.5	San Jacinto Wilderness	123.5	San Rafael Wilderness	175.1
Joshua Tree Wilderness	153.7	San Gorgonio Wilderness	111.8	Agua Tibia Wilderness	123.5	San Jacinto Wilderness	123.5
AES Alamos Energy Center	153.7	San Gabriel Wilderness	53.5	San Jacinto Wilderness	123.5	San Rafael Wilderness	175.1

FIGURE 6-1

### Distance to Nearby Class I Areas

- Alamos Energy Center
- Long Beach, California



**Legend**

- |                                                                                    |                                     |                                                                                     |                                                                                     |       |
|------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-------|
|  | Alamos Energy Center                | <b>Project Buffers</b>                                                              |  | 20 km |
|  | 50-km Buffer                        |  | 5 km                                                                                |       |
|  | NLCS Wilderness <sup>1</sup>        |  | 10 km                                                                               |       |
|  | California State Parks <sup>2</sup> |  | 30 km                                                                               |       |
|                                                                                    |                                     |  | 40 km                                                                               |       |

**Sources:**

1. Bureau of Land Management (<http://www.blm.gov/ca/gis/>)
2. Cal-Atlas Geospatial Clearinghouse (<https://projects.atlas.ca.gov/>)



**FIGURE 6-2**  
**Class II Areas within 50 km of AEC**  
 Alamos Energy Center  
 Long Beach, California

# Human Health Risk Assessment

A human HRA will be performed to evaluate the potential cancer, chronic, and acute health impacts related to the AEC. This section describes the methodology proposed for conducting the HRA.

## 7.1 Approach

The HRA will follow the latest version of the *Air Toxics Hot Spot Program Risk Assessment Guidelines* (Office of Environmental Health Hazard Assessment [OEHHA], 2015), EPA's *Guideline on Air Quality Models* (EPA, 2005), and, where applicable based on revised OEHHA guidance, the SCAQMD guidance documents.

TAC emissions from the combustion turbines will be included in the HRA. Combustion turbine TAC emissions will be estimated assuming that all combustion turbines operate simultaneously under normal load conditions. For maximum hourly emissions, the maximum natural gas consumption rate per turbine will be used. For annual emissions, the annual average natural gas consumption rate per turbine will be used, assuming that the turbines will operate the allowable annual operating hours at the base load rate. Ammonia emissions associated with potential ammonia slip from the SCR system will be calculated based on a permit limit maximum of 5 ppmv, dry at 15 percent oxygen.

Owing to the length of the proposed construction and demolition period, TACs associated with construction of the AEC and demolition of the existing Alamitos Generating Station units, which consist of combustion byproducts generated during movement of onsite construction/demolition equipment and onsite and offsite movement of vehicles, will also be included in the HRA. The primary exhaust TAC associated with construction and demolition activities is diesel particulate matter (DPM). Total DPM exhaust emissions from construction and demolition activities will be averaged over the construction period and spatially distributed over the areas in which activities are expected to occur.

## 7.2 Model Selection

The HRA modeling for the normal AEC operations will be conducted using the ARB's *Hotspots Analysis Reporting Program Version 2* (HARP 2). The AERMOD modeling approach, such as default options, source parameters, meteorological data, receptor spacing, and terrain data, will be similar to the criteria pollutant modeling analysis. The receptor grid will also include sensitive receptors as defined by SCAQMD and CEC siting regulation Appendix B (g)(9)(E)(i). The sensitive receptors included in the analysis will be based on a search conducted by Environmental Data Resources. Additionally, census block receptors will be included in the analysis in order to calculate the increased cancer burden.

## 7.3 Evaluation of Impacts

Cancer risks will be evaluated for each source and the AEC based on the annual TAC ground-level concentrations, inhalation cancer potency, oral slope factor, frequency and duration of exposure at the receptor, and breathing rate of the exposed persons. Cancer risks from operation of the AEC will be estimated using a conservative assumption of a 30-year continuous exposure duration for residential receptors, and a 25-year, 5-day week, 8-hours-per-day exposure duration for commercial/industrial receptors. To assess chronic and acute noncancer exposures, annual and 1-hour TAC ground-level concentrations, respectively, will be compared with the Reference Exposure Levels (RELs) developed by OEHHA to obtain a chronic or acute HI.

The HRA for construction of the AEC and demolition of the existing Alamitos Generating Station units will be performed for a shorter exposure duration, based on the OEHHA guidance (OEHHA, 2015).

Because the primary TAC for construction and demolition activities is DPM, the cancer risks will be evaluated based on annual average TAC ground-level concentrations and inhalation cancer potency assuming initial exposure during the 3rd trimester and continuing through the duration of construction activities. Chronic toxicity will also be considered using the average annual emissions, calculated as previously described.

In addition to inhalation exposure, the HRA will assess potential health impacts related to exposure from homegrown produce, dermal absorption, soil ingestion, and mother's milk, as required by SCAQMD guidelines (SCAQMD, 2015c). The inhalation cancer potency, oral slope factor values, and RELs used to characterize health risks associated with the modeled impacts will be obtained from the most recent version of the *Consolidated Table of OEHHA/ARB Approved Risk Assessment Health Values* (OEHHA, 2014).

Consistent with SCAQMD Rule 1401, the modeled health risk values for each permitted unit will be compared to the following de minimus thresholds:

- Incremental increase in cancer risk of 10 in 1 million individuals (if the permitted unit is constructed with Best Available Control Technology for Toxics [T-BACT])
- Incremental increase in cancer risk of 1 in 1 million individuals (if the permitted unit is constructed without T-BACT)
- Cancer burden greater than 0.5
- Chronic HI of 1.0
- Acute HI of 1.0

Predicted cancer risk and HIs less than the thresholds will be considered an acceptable increase in risk associated with the AEC.

# Cumulative Impacts Analysis

Per CEC requirements, a cumulative air quality impacts analysis for the AEC's typical operating mode will be conducted. Impacts from the Project will be combined with other stationary emission sources within a 6-mile radius that have received construction permits but are not yet operational or are in the permitting process (such as the NSR or California Environmental Quality Act permitting process). The stationary emission sources included in the cumulative impacts assessment will be limited to new or modified sources (individual emission units) that would cause a net increase of 5 tons or more per modeled criteria pollutant. Therefore, VOC sources, equipment shutdowns, permit-exempt equipment registrations, rule compliance, permit renewals, or replacement/upgrading of existing systems will not be included in the cumulative impacts analysis. TAC emissions will also be excluded from the cumulative impacts analysis.

The sources to be included in the cumulative air quality impacts analysis will be those identified in the October 22, 2014 filing (TN# 203233). Table 8-1 is a summary of the cumulative impact sources.

Table 8-1 Facilities Included in the AEC Cumulative Air Quality Impact Analysis

Facility ID	Facility Name	Number of Sources	Permit Application Number(s)	Description
13990	U.S. Government, Veteran Affairs Medical Center	6	503082, 516319, 516320, 560589, 560591, 560592	Addition of six emergency diesel-powered generators.
53729	Trend Offset Printing Services, Inc.	2	547744, 547749	Modification of two VOC control afterburners.
800074	Los Angeles City, DWP Haynes Generating Station	8	554366, 554367, 559600, 559601, 559602, 559603, 559604, 559605	Addition of six LMS100 simple-cycle gas turbines and two emergency diesel-powered generators.

The cumulative air quality impacts analysis will be performed using the model settings and refined receptor grid outlined in Section 4.0, Topography and Meteorology, and Section 5.0, Dispersion Modeling Approach. The fence lines for the cumulative sources will not be included in the modeling analysis.

The maximum predicted cumulative impacts will represent the impact at the receptor location identified as the maximum receptor for each pollutant in the ambient air quality impacts assessment. The maximum modeled concentrations from the analysis will then be added to representative background concentrations, and the results compared to the state and federal ambient air quality standards for SO<sub>2</sub>, NO<sub>2</sub>, CO, PM<sub>10</sub>, and PM<sub>2.5</sub>.

# Presentation of Results

The results of the air dispersion modeling analyses for the AEC will be presented to each reviewing agency as follows:

- Description of modeling methodologies and input data
- Summary of the results in tabular form
- Compact disc of modeling files used by AERMOD provided with the supplemental AFC
- Description of any significant deviations from the methodology proposed in this protocol

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- U.S. Environmental Protection Agency (EPA). 2005. *Guideline on Air Quality Models*. 40 CFR 51, Appendix W. November.
- U.S. Environmental Protection Agency (EPA). 2011. *Additional Clarification Regarding Application of Appendix W Modeling Guidance for the 1-Hour NO<sub>2</sub> National Ambient Air Quality Standard*. EPA Office of Air Quality Planning and Standards. March 1.

SECTION 10.0 – REFERENCES

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U.S. Environmental Protection Agency (EPA). 2015b. *The Green Book Nonattainment Areas for Criteria Pollutants*. <http://www.epa.gov/air/oaqps/greenbk/index.html>. Accessed July 30.

Attachment 1  
Competing Source Inventory of  
NO<sub>x</sub>-emitting Sources

**Point Sources**

Facility	Source ID	Easting (X) (m)	Northing (Y) (m)	Base Elevation (m)	Stack Height (m)	Temperature (K)	Exit Velocity (m/s)	Stack Diameter (m)
Haynes Generating Station	80007401	398554	3736805	2.74	45.7	627	21.6	4.11
	80007402	398554	3736811	2.67	45.7	627	21.6	4.11
	80007403	398554	3736912	2.60	45.7	627	21.6	4.11
	80007404	398554	3736919	2.61	45.7	627	21.6	4.11
	80007405	398554	3737019	2.60	45.7	627	21.6	4.11
	80007406	398554	3737025	2.60	45.7	627	21.6	4.11
	80007407	398601	3736258	3.20	73.2	386	17.1	5.33
	80007408	398601	3736293	3.20	73.2	384	15.7	5.33
	80007409	398652	3736693	3.54	42.7	368	19.1	5.79
	80007410	398652	3736739	3.54	42.7	368	19.1	5.79
Beta Offshore	16607301	395222	3716431	0.00	18.3	661	31.1	0.30
	16607302	395222	3716431	0.00	18.3	641	30.0	0.30
	16607303	395222	3716431	0.00	18.3	585	24.2	0.30
	16607304	394082	3717932	0.00	18.3	663	28.7	0.30
	16607305	394082	3717932	0.00	18.3	684	34.7	0.30
	16607306	394082	3717932	0.00	18.3	583	21.1	0.30
	16607307	395265	3716554	0.00	18.3	671	39.4	0.61
	16607308	395265	3716554	0.00	18.3	671	38.1	0.61
	16607309	395265	3716554	0.00	18.3	677	37.5	0.61
	16607310	395265	3716554	0.00	18.3	671	81.2	0.76
	16607311	395265	3716554	0.00	18.3	669	81.1	0.76
	16607312	395265	3716554	0.00	18.3	668	81.4	0.76
	16607313	395265	3716554	0.00	22.9	464	8.35	0.51

**Volume Sources**

Facility	Source ID	Base Elevation (m)	Release Height (m)	Initial Horizontal Dimension (m)	Initial Vertical Dimension (m)
Shipping Lanes (800 sources)	764601-704625	0.00	50.0	186	23.3

Competing source data provided by SCAQMD.

Alamitos Energy Center Modeling Protocol  
 Attachment 1-2  
 PSD Competing Source Modeling Parameters - Emission Rates  
 August 2015

**Emission Rates for PSD 1-hour NO<sub>2</sub> Competing Sources**

Facility	Source ID	1-hour NO <sub>2</sub>	
		(g/s)	(lb/hr)
Haynes Generating Station	80007401	3.12	24.7
	80007402	3.12	24.7
	80007403	3.12	24.7
	80007404	3.12	24.7
	80007405	3.12	24.7
	80007406	3.12	24.7
	80007407	1.69	13.4
	80007408	1.69	13.4
	80007409	2.17	17.2
	80007410	2.17	17.2
Beta Offshore	16607301	1.90	15.0
	16607302	1.90	15.0
	16607303	1.90	15.0
	16607304	1.90	15.0
	16607305	1.90	15.0
	16607306	1.90	15.0
	16607307	0.37	2.90
	16607308	0.31	2.50
	16607309	0.35	2.80
	16607310	2.52	20.0
	16607311	2.48	19.7
	16607312	2.48	19.7
	16607313	10.3	81.6
Shipping Lanes (Total for 800 sources)	764601-704625	171	1,357

Competing source data provided by SCAQMD.

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# Dispersion Modeling Protocol for Air Quality Related Values at Class I Areas Near the Alamitos Energy Center

Prepared for  
**AES Alamitos Energy, LLC**  
690 N. Studebaker Road  
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October 2015

Submitted to  
**South Coast Air Quality Management District**

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# Abbreviations and Acronyms

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°C	degrees Celsius
°F	degrees Fahrenheit
µg/m <sup>3</sup>	microgram per cubic meter
AEC	Alamitos Energy Center
AES	AES Alamitos Energy, LLC
AFC	Application for Certification
AQRV	Air Quality Related Values
BPIP	Building Profile Input Program
CEC	California Energy Commission
CFR	Code of Federal Regulations
CO	carbon monoxide
f(RH)	relative humidity adjustment factor
FLAG	Federal Land Managers' Air Quality Related Values Work Group
FLM	Federal Land Managers
GE	General Electric
GHG	greenhouse gas
H <sub>2</sub> SO <sub>4</sub>	sulfuric acid
IWAQM	Interagency Workgroup on Air Quality Modeling
kg/ha/yr	kilogram(s) per hectare per year
km	kilometer(s)
lb/day	pound(s) per day
lb/hr	pound(s) per hour
lb/yr	pound(s) per year
Mm <sup>-1</sup>	inverse megameters
MW	megawatt(s)
NAAQS	National Ambient Air Quality Standards
NO <sub>x</sub>	nitrogen oxides
NPS	National Park Service
NSR	New Source Review
PM	particulate matter
PM <sub>10</sub>	particulate matter with a diameter less than 10 microns
PM <sub>2.5</sub>	particulate matter with a diameter less than 2.5 microns
PPA	power purchase agreement

ppb	parts per billion
PSD	Prevention of Significant Deterioration
PTE	potential to emit
Q/D	emissions/distance factor
SCAQMD	South Coast Air Quality Management District
SCE	Southern California Edison
SO <sub>2</sub>	sulfur dioxide
tpy	ton(s) per year
USEPA	U.S. Environmental Protection Agency
USFS	U.S. Department of Agriculture Forest Service
VOC	volatile organic compound

# Introduction

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## 1.1 Project Background

AES Alamos Energy, LLC (AES) proposes to construct the Alamos Energy Center (AEC) at the existing AES Alamos Generating Station site, located at 690 N. Studebaker Road, Long Beach, California 90803. AES submitted an Application for Certification (AFC) to the California Energy Commission (CEC) in December 2013, which was deemed data adequate by the CEC in March 2014. In November 2014, AES received notice from Southern California Edison (SCE) that it was shortlisted for a power purchase agreement (PPA). The power plant configuration selected by SCE for a PPA was different from the project configuration in the AFC filed with the CEC. Therefore, AES is required to supplement the AEC AFC to be consistent with the SCE PPA.

The AEC will consist of one two-on-one combined-cycle power block and one simple-cycle power block with a combined net generating capacity of 1,044 megawatts (MW). The combined-cycle power block will consist of two General Electric (GE) Frame 7FA.05 natural-gas-fired combustion turbines, one steam turbine, and an air-cooled condenser. Each combustion turbine will be equipped with a heat-recovery steam generator without supplemental natural gas firing (duct firing). The combined-cycle power block will also include a natural-gas-fired auxiliary boiler, used to decrease the startup duration and air emissions of the combined-cycle turbines. The simple-cycle power block will consist of four GE LMS-100PB natural-gas-fired combustion turbines and four closed-loop cooling fin fan coolers.

The AEC will be located in the city of Long Beach, Los Angeles County, California. Los Angeles County is in attainment for all federal National Ambient Air Quality Standards (NAAQS) with the exception of ozone, particulate matter less than 2.5 microns in diameter ( $PM_{2.5}$ ), and lead. Effective July 26, 2013, Los Angeles County was reclassified by the U.S. Environmental Protection Agency (USEPA) from nonattainment to maintenance for particulate matter less than 10 microns in diameter ( $PM_{10}$ ) (78 *Federal Register* 38223).

The AEC will be permitted through the South Coast Air Quality Management District (SCAQMD) New Source Review (NSR) permitting process. Because the AEC is also categorized as one of the 28 Prevention of Significant Deterioration (PSD) major source categories (40 Code of Federal Regulations [CFR] 52.21(b)(1)(i)), the project is subject to PSD permitting requirements if the net emission increase from the project exceeds 100 tons per year (tpy) for any regulated pollutant for which the area is designated as attainment, maintenance, or unclassified, with the exception of greenhouse gases (GHGs). The threshold for GHGs is a net increase of 100,000 tpy.

The AEC's potential to emit (PTE) is expected to exceed PSD significant emission increases for nitrogen oxides ( $NO_x$ ), which is an attainment pollutant; carbon monoxide (CO), which is an attainment pollutant; volatile organic compounds (VOCs); and  $PM_{10}$ , for which the area is designated as maintenance. Therefore, the AEC will be required to conduct an analysis at Class I areas for which  $NO_x$  and  $PM_{10}$  could affect Air Quality Related Values (AQRV) (40 CFR 51.166(p)(2)).<sup>1</sup> Class I AQRVs affected by significant increases in  $NO_x$  and  $PM_{10}$  are visibility and total nitrogen deposition.

This air dispersion modeling protocol summarizes the modeling methodology that will be used to evaluate the AEC's impacts on air quality with respect to AQRVs at the federally-designated Class I areas within 300 kilometers (km) of the AEC site. This protocol has been prepared based on the USEPA *Guideline on Air Quality Models* (USEPA, 2005), Interagency Workgroup on Air Quality Modeling (IWAQM) Phase 2 report (USEPA, 1998), and the Federal Land Managers' (FLM) Air Quality Related Values Work Group (FLAG)

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<sup>1</sup> No air dispersion modeling demonstration is required for CO and VOC.

guidance document (FLM, 2010). These guidance documents provide modeling approaches suggested by USEPA and the FLM.

A separate protocol was previously submitted to the CEC and SCAQMD for the criteria pollutant air quality analysis for NAAQS and PSD Increment Standards. This air dispersion modeling protocol is consistent with the previous Class I area protocol submitted to SCAQMD and the FLM in 2013 (CH2M HILL Engineers, Inc. [CH2M], 2013). However, updates to the facility description and PTE, and comments from the FLM on the previous modeling protocol have been incorporated where appropriate.

## 1.2 Project Description

The AEC will have a net generating capacity of 1,044 MW. The AEC location is presented in Figure 1-1. Estimates of the annual AEC PTE criteria pollutant emissions are presented in Table 1-1. The PTE estimates are based on the following:

- GE 7FA.05s: 24 cold startups, 100 warm startups, 376 hot startups, 500 shutdowns, and 4,100 hours of steady-state operation at 100 percent load and 65.3 degrees Fahrenheit (°F) per turbine per year
- GE LMS-100PBs: 500 hot startups, 500 shutdowns, and 2,000 hours of steady-state operation at 100 percent load and 65.3°F per turbine per year
- Auxiliary boiler: 120 startups and 365 days of operation at 100 percent load per year

TABLE 1-1

**AEC Annual Criteria Pollutant Emission Estimates (tpy)**

NO <sub>x</sub>	SO <sub>2</sub>	PM <sub>10</sub>	PM <sub>2.5</sub>	VOC	CO	H <sub>2</sub> SO <sub>4</sub>
134	11.3	69.3	69.3	49.3	246	0.5

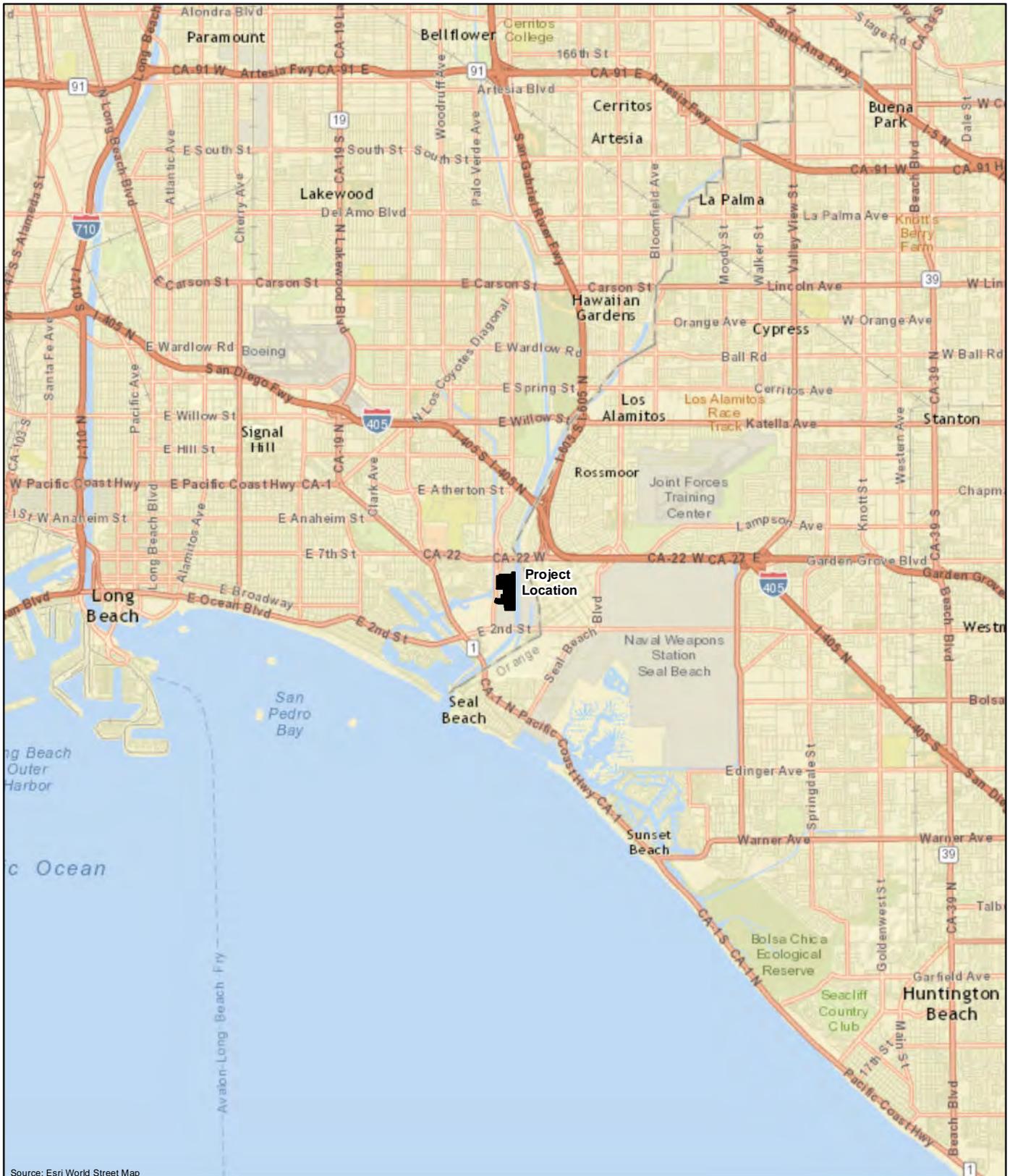
Notes:

SO<sub>2</sub> = sulfur dioxide  
H<sub>2</sub>SO<sub>4</sub> = sulfuric acid

In order to evaluate the potential impacts on Class I areas near the AEC site, all Class I areas within 300 km of the AEC were identified. The identified Class I areas are presented, relative to the AEC site, in Figure 1-2. Based on this survey, the San Gabriel Wilderness, which is approximately 54 km from the AEC site, was identified as the nearest Class I area.

## 1.3 AQRV Analysis Requirements

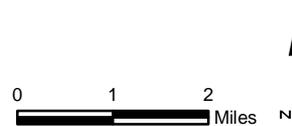
As described above, the AEC will be a federal major source subject to major PSD NSR requirements for NO<sub>x</sub> and PM<sub>10</sub>. As such, AES must perform an AQRV modeling analysis evaluating the AEC's impacts from the visibility-impairing pollutants PM<sub>10</sub>, NO<sub>x</sub>, sulfuric acid (H<sub>2</sub>SO<sub>4</sub>), and sulfur dioxide (SO<sub>2</sub>). AES will conduct an AQRV analysis at each of the Class I areas within 300 km of the AEC site. This analysis consists of an initial screening step to identify Class I areas subject to further evaluation (discussed in Section 2.1). For the Class I areas that exceed the screening criterion, a far-field AQRV analysis will be performed. The far-field AQRV analysis will address the potential AEC impacts on visibility. In addition to visibility, total nitrogen deposition will be assessed at each Class I area that exceeds the screening criterion. A total sulfur deposition analysis is not required because the AEC's increases in SO<sub>2</sub> emissions would not trigger PSD review.



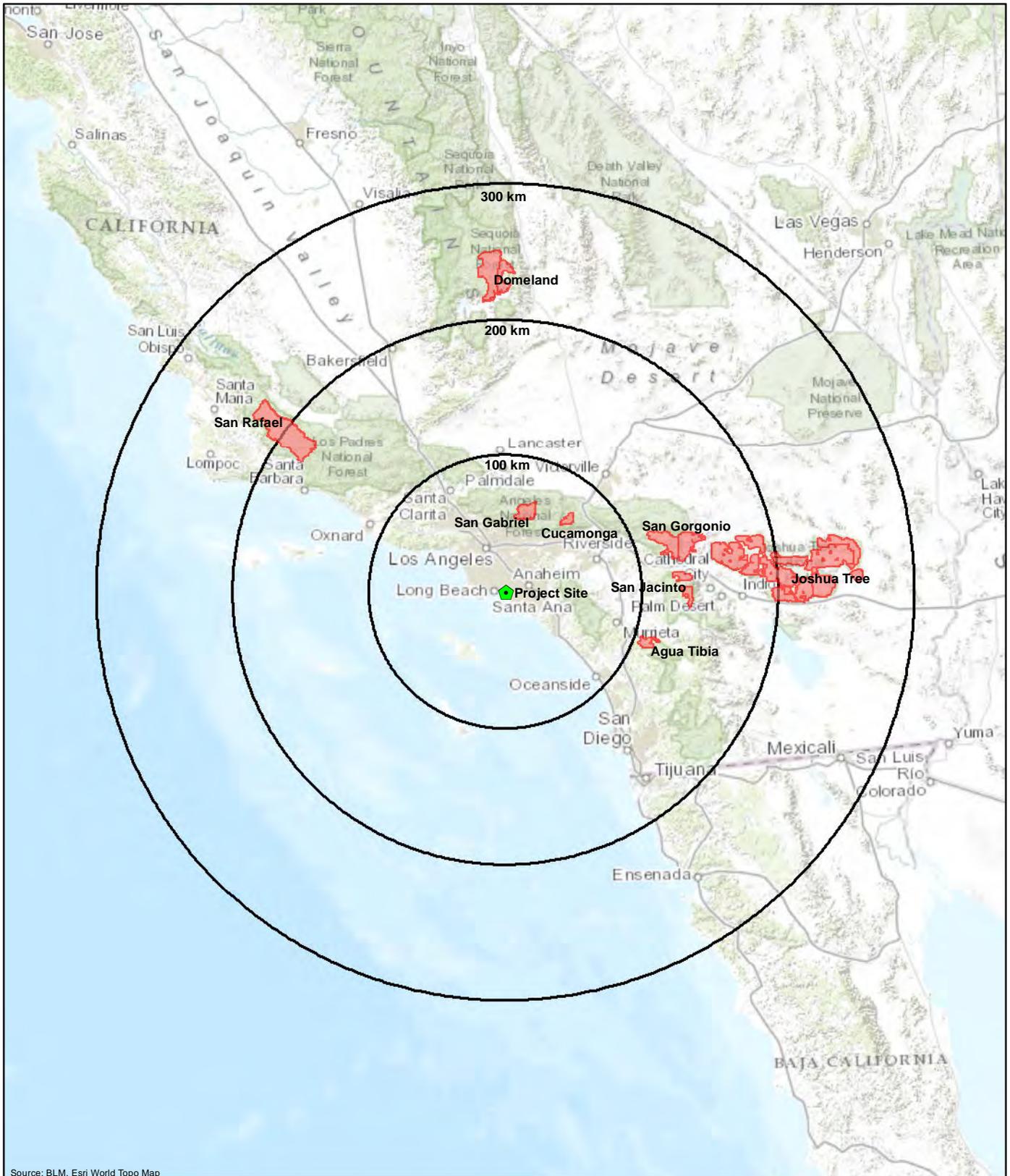
Source: Esri World Street Map

**Legend**

 Project Boundary



**FIGURE 1-1**  
**Project Location**  
 Alamos Energy Center  
 Long Beach, California  
 October 2015



Source: BLM, Esri World Topo Map

**Legend**

-  Project Buffer (100 km intervals)
-  Wilderness Areas



**FIGURE 1-2**  
**Class I Area Map**  
 Alamos Energy Center  
 Long Beach, California  
 October 2015

# Modeling Methodology

## 2.1 Screening Methodology for AQRVs

For far-field AQRV analysis, the FLM guidance document (FLM, 2010) allows an emissions/distance (Q/D) factor of 10 to be used to screen out sources located more than 50 km from a Class I area. This screening criterion applies to all AQRVs such that, where Q/D is 10 or less for a given Class I area, no further AQRV review is required for that area. For purposes of applying the Q/D screening criterion, emissions are conservatively calculated as the total SO<sub>2</sub>, NO<sub>x</sub>, PM<sub>10</sub>, and H<sub>2</sub>SO<sub>4</sub> annual emissions (in tpy, based on the 24-hour maximum allowable emissions). These emissions are divided by the distance (in km) from the Class I area. The emission rates used for screening are extremely conservative and exceed the annual emission limits being requested in the permit application. This is because the FLM guidance document specifies that the emission rates used in the screening analysis must reflect the annual emissions that would occur if the 24-hour maximum emission rate occurred every day, regardless of whether the applicant is seeking to operate in that manner (FLM, 2010).

Table 2-1 summarizes the potential maximum allowable emissions of each of the pollutants used to calculate Q.

TABLE 2-1  
Maximum Facility Calculated Q

Units	Pollutant				Total
	NO <sub>x</sub>	SO <sub>2</sub>	PM <sub>10</sub>	H <sub>2</sub> SO <sub>4</sub>	
Maximum lb/hr (Facility)	66	16	42	1	
lb/day (Facility)	1,595	391	1,014	16	
lb/yr (Facility)	582,024	142,769	370,003	5,989	
<b>Facility Total tpy (Q)</b>	<b>291</b>	<b>71</b>	<b>185</b>	<b>3</b>	<b>550</b>

Notes:

Q is a theoretical value based on the maximum daily 24-hour emission rate assuming all proposed units at the AEC would be operating at maximum capacity every day of the year.

lb/hr = pound(s) per hour

lb/day = pound(s) per day

lb/yr = pound(s) per year

Using the emissions in Table 2-1, the Q/D for each Class I area is presented in Table 2-2. Based on the screening analysis above, a far-field AQRV analysis is required for the San Gabriel Wilderness area. All other Class I areas are below the FLM screening criterion; therefore, the AEC will not adversely affect AQRVs at these areas. However, consistent with the agreed-upon Class I areas discussed during the November 1, 2013, conference call with CH2M and the U.S. Department of Agriculture Forest Service (USFS), the Cucamonga, Agua Tibia, and San Gorgonio Wilderness areas will also be evaluated in the AQRV analysis for project impacts on visibility and total nitrogen deposition. These additional Class I areas were agreed upon based on a higher potential Q/D value for each Class I area. Since the AFC was submitted, the calculated Q/D value has decreased for all Class I areas within 300 km from the AEC; however, all four areas will still be evaluated as consistent with the previous analysis.

TABLE 2-2  
**Screening for Class I Areas within 300 km of AEC**

Class I Areas	Distance to AEC (km)	Class I AQRV Q/D (24-hour Max) <sup>a</sup>
San Gabriel Wilderness	53.5	<b>10.3</b>
Cucamonga Wilderness	63.6	8.7
Agua Tibia Wilderness	104.5	5.3
San Gorgonio Wilderness	111.8	4.9
San Jacinto Wilderness	123.5	4.5
Joshua Tree Wilderness	153.7	3.6
San Rafael Wilderness	175.1	3.1
Domeland Wilderness	214.8	2.6

Note: **Bold** values indicate an exceedance of the screening criterion (10).

<sup>a</sup> Class I AQRV Q/D calculated as total tpy identified in Table 2-1, divided by the distance to the nearest Class I area.

## 2.2 AQRV Far-Field Dispersion Modeling

The FLM guidance document recommends that a far-field AQRV analysis be performed using the CALPUFF modeling system (FLM, 2010). As described above, a far-field AQRV analysis is required to assess a project's effect on AQRVs if the project is located more than 50 km from Class I areas that do not screen out in the Q/D calculation. The CALPUFF modeling system includes a Gaussian puff dispersion model (CALPUFF) with algorithms for chemical transformation and deposition, and a post-processor (CALPOST) capable of calculating concentrations, visibility impacts, and total deposition.

## SECTION 3

# Meteorological Data Processing

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The previous Class I area AQRV modeling used CALMET windfields for 2006 through 2008, which were processed with the guidance of, and then approved by, the FLM on December 6, 2013. Since that submittal, the model versions of CALMET and USEPA and IWAQM guidance for processing meteorological data have remained unchanged. Therefore, the previous windfields processed by CALMET for the PSD Class I AQRV modeling will be used for this Class I analysis. Appendix A contains a sample CALMET input file. Appendix B contains the approval letter from the National Park Service (NPS) FLM of the previously provided windfields.

# Modeling Steps

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The most recent USEPA-approved version of CALPOST will be used to process CALPUFF binary output data files and produce summary results files. These results will then be used to analyze total nitrogen deposition and visibility impacts.

## 4.1 CALPUFF Modeling

The following subsections provide a summary of the CALPUFF modeling procedures that will be used to model Class I AQRVs.

### 4.1.1 Model Version

The most recent USEPA-approved version of the CALPUFF modeling system (Version 5.8) will be used in a full, refined mode using MM5 meteorological data. The following CALPUFF pre- and post-processors will be used:

- SMERGE: Version 5.57, Level 070627
- PMERGE: Version 5.32, Level 070627
- MAKEGEO: Version 2.29, Level 070327
- CALMET: Version 5.8.4, Level 130731
- CALPUFF: Version 5.8.4, Level 130731
- CALPOST: Version 6.221, Level 080724 (for Method 8, mode 5<sup>2</sup> processing option)

### 4.1.2 Technical Options for Modeling

FLM and USEPA guidance on the CALPUFF model technical options, inputs, and processing steps will be followed.

The CALPUFF model will be run with USEPA-recommended technical option values, including the selection of the MESOPUFF II chemical transformation. The sections below summarize the source characterization, building downwash, receptor grids for each Class I area modeled, and background ozone and ammonia concentrations used for the CALPUFF modeling.

### 4.1.3 Source Characterization

All sources will be modeled in CALPUFF as point sources. Particulate matter (PM) emissions will be speciated into filterable PM (PM<sub>10</sub>, PM<sub>2.5</sub>, and elemental carbon) and condensable PM (organic carbon and sulfates). Guidance on the FLM Web site<sup>3</sup> will be used to speciate the emissions from the AEC's emission sources.

### 4.1.4 Building Downwash

Building influences on stacks are calculated by incorporating the updated USEPA Building Profile Input Program (BPIP). Output from the BPIP program will be included in the CALPUFF modeling file.

### 4.1.5 Receptors

The TRC COORDS program will be used to convert the latitude/longitude coordinates to Lambert Conformal Conic coordinates for the meteorological stations and source locations. The U.S. Geological Survey conversion program, PROJ (Version 4.4.6), will be used to convert the NPS receptor location data from

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<sup>2</sup> Method 8 allows for the use of different relative humidity adjustment factor (f[RH]) values for large hygroscopic particles, small hygroscopic particles, and sea salt.

<sup>3</sup> Speciation information is available at <http://www.nature.nps.gov/air/permits/ect/index.cfm>.

latitude/longitude to Lambert Conformal Conic. Discrete receptors within the Class I areas that exceeded the screening criterion were taken from the NPS database for Class I area modeling receptors.

### 4.1.6 Ozone and Ammonia

The CALPUFF modeling will be conducted with hourly background ozone data from the closest monitors and monthly average ammonia background values. In the absence of hourly ozone data for a particular hour, the monthly average of all hourly data from all stations will be used. The background ammonia concentration will initially be taken from the IWAQM Phase 2 report (USEPA, 1998), which suggests values based on the predominant land use throughout the modeling domain. Refinements will be made to the IWAQM ammonia background concentration based on observed seasonal variations in the background ammonia levels.

#### 4.1.6.1 Ozone

The transformation rates of gaseous  $\text{SO}_2$  and  $\text{NO}_x$  are dependent on the ambient concentrations of ozone. Temporally varying ozone values from a number of monitoring stations within the domain can be used within the model to estimate the transformation rates of  $\text{SO}_2$  and  $\text{NO}_x$ .

Southern California has many ozone monitors that collect hourly concentrations. Monitoring stations within the modeling domain will be included in the CALPUFF modeling analysis. A final list of the stations utilized will be included in the permit application.

#### 4.1.6.2 Ammonia

Ammonia is not simulated by CALPUFF, but a background value is required to characterize the conversion of  $\text{NO}_x$  and  $\text{SO}_2$  to ammonium nitrate and ammonium sulfate, respectively.

There are few (if any) monitored ammonia concentration data in the South Coast Air Basin and Los Angeles region. The IWAQM Phase 2 report recommends background concentrations of ammonia of 10 parts per billion (ppb) for grasslands, 1 ppb for arid lands at 20 degrees Celsius ( $^{\circ}\text{C}$ ), and 0.5 ppb for forested land. The California Regional Haze Rule modeling analysis conservatively used a 10-ppb statewide ambient ammonia background concentration. The 10-ppb background ammonia concentration used for the California Regional Haze Rule modeling would be appropriate for many sources and Class I areas in California due to the amount of agriculture in the central San Joaquin and Sacramento Valleys. However, since the AEC is located in the Los Angeles metropolitan area and the surrounding land use is neither predominantly agriculture nor grassland, a conservative year-round background ammonia concentration of 2 ppb is proposed for the AEC. This is consistent with the land-use types surrounding the emission source and sources of ammonia near the project area.

If better ammonia data are available for the South Coast Air Basin and Los Angeles region, the SCAQMD and FLM will be contacted to determine the appropriateness of such data. If the background ammonia concentration differs from the initially proposed 2 ppb, an analysis of the updated ammonia data will be supplied in the permit application.

## 4.2 Total Nitrogen Deposition

CALPUFF and CALPOST will be applied to obtain upper limit estimates of annual wet and dry deposition of nitrogen compounds associated with emissions from the AEC. Specifically, CALPUFF will be used to model both wet and dry deposition of ammonia and nitric acid, as well as dry deposition of  $\text{NO}_x$ , to estimate the maximum annual wet and dry deposition of nitrogen at the Class I areas. The deposition results will be documented for evaluation.

POSTUTIL (Version 1.56) will be used to calculate total nitrogen deposition for each receptor. POSTUTIL will also be used to reappportion nitrate concentrations using monthly ambient ammonia data, if available.

The FLM have developed a deposition analysis threshold of 0.005 kg/ha/yr (FLM, 2008) to be used as a threshold for Class I areas in the western U.S., classified as west of the Mississippi River. Since all Class I

areas to be assessed in this analysis are west of the Mississippi River, the selected deposition analysis threshold for total nitrogen deposition is 0.005 kg/ha/yr (FLM, 2008).

### 4.3 Regional Haze

CALPUFF and CALPOST processing will be used for the regional haze analysis to compute the maximum 24-hour average light extinction due to  $\text{NO}_x$ ,  $\text{PM}_{10}$ ,  $\text{SO}_2$ , and  $\text{H}_2\text{SO}_4$  emissions from the AEC. As mentioned above, all emissions which could contribute to visibility impacts are modeled. For both ambient background and emissions, the relative humidity adjustment factor (f[RH]) will calculate the sulfate and nitrate components of the visibility extinction coefficient. For this factor, monthly average f(RH) values for large hygroscopic particles, small hygroscopic particles, and sea salt will be used (Method 8).

Ambient background concentrations of light-attenuating pollutants are based on the 20 percent best day visibility conditions for the Class I areas included in this analysis. The proposed background values, taken from Table 5 of the FLM guidance document (FLM, 2010), are presented in Table 4-1. Table 4-2 presents the f(RH) values used for each Class I area modeled.

TABLE 4-1  
20 Percent Best Natural Conditions

Aerosol Component	San Gabriel Wilderness	Cucamonga Wilderness	Agua Tibia Wilderness Area	San Gorgonio Wilderness Area
Ammonium Sulfate ( $\mu\text{g}/\text{m}^3$ )	0.03	0.03	0.03	0.03
Ammonium Nitrate ( $\mu\text{g}/\text{m}^3$ )	0.03	0.03	0.04	0.02
Organic Matter ( $\mu\text{g}/\text{m}^3$ )	0.15	0.15	0.26	0.15
Elemental Carbon ( $\mu\text{g}/\text{m}^3$ )	0.01	0.01	0.01	0.01
Soil ( $\mu\text{g}/\text{m}^3$ )	0.14	0.14	0.26	0.10
Coarse Mass ( $\mu\text{g}/\text{m}^3$ )	0.67	0.67	1.20	0.62
Sea Salt ( $\mu\text{g}/\text{m}^3$ )	0.01	0.01	0.04	0.02
Rayleigh ( $\text{Mm}^{-1}$ )	9	9	11	10

Notes:

$\mu\text{g}/\text{m}^3$  = microgram(s) per cubic meter

$\text{Mm}^{-1}$  = inverse megameters

Source: Table 5 of the FLM guidance document (FLM, 2010).

TABLE 4-2  
**CALPOST Method 8 f(RH) Values**

f(RH) Fraction	f(RH) by Month											
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
<b>San Gabriel Wilderness</b>												
f(RH) Small	2.94	2.78	2.72	2.41	2.37	2.29	2.32	2.39	2.44	2.44	2.36	2.58
f(RH) Large	2.25	2.17	2.14	1.96	1.95	1.90	1.91	1.95	1.98	1.97	1.91	2.04
f(RH) Sea Salt	3.12	3.04	3.04	2.77	2.78	2.69	2.69	2.77	2.79	2.74	2.59	2.79
<b>Cucamonga Wilderness</b>												
f(RH) Small	2.87	2.73	2.68	2.40	2.37	2.29	2.31	2.38	2.43	2.42	2.34	2.54
f(RH) Large	2.21	2.14	2.13	1.96	1.95	1.90	1.91	1.96	1.98	1.96	1.90	2.02
f(RH) Sea Salt	3.07	3.01	3.03	2.79	2.80	2.72	2.72	2.80	2.81	2.76	2.58	2.77
<b>Agua Tibia Wilderness Area</b>												
f(RH) Small	2.68	2.61	2.63	2.42	2.40	2.33	2.33	2.45	2.49	2.46	2.29	2.42
f(RH) Large	2.10	2.08	2.11	1.98	1.98	1.93	1.93	2.01	2.02	1.99	1.87	1.95
f(RH) Sea Salt	2.94	2.95	3.02	2.85	2.88	2.81	2.78	2.90	2.90	2.83	2.56	2.69
<b>San Gorgonio Wilderness Area</b>												
f(RH) Small	2.94	2.94	2.74	2.36	2.34	2.00	1.88	2.02	2.05	2.04	2.10	2.43
f(RH) Large	2.21	2.23	2.13	1.90	1.90	1.69	1.62	1.71	1.72	1.70	1.73	1.92
f(RH) Sea Salt	2.97	3.06	2.93	2.60	2.63	2.28	2.13	2.30	2.31	2.24	2.25	2.55

Visibility impacts estimated with the CALPUFF model will be reported for each Class I area analyzed. Modeled potential visibility impacts will then be compared to the applicable background concentrations. For each Class I area, the 3-year average of the 98th percentile change in background light extinction, along with the total number of days exceeding a change greater than 5 and 10 percent, if any, will be reported. If the 3-year average of the 98th percentile change in background light extinction exceeds the recommended screening value of 5 percent in one or more Class I areas, alternative analytical options will be investigated in conjunction with the FLM and SCAQMD.

## SECTION 5

# Output and Presentation of Results

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The Supplemental AFC presents the results of the air dispersion modeling analysis as follows:

- The application will describe modeling methodologies and input data.
- The results will be summarized in tabular and, where appropriate, graphical and narrative form.
- Modeling files used for analysis will be provided with the application on an external hard drive.
- Any significant deviations from the methodology proposed in this protocol will be presented in the application.

## SECTION 6

# References

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CH2M HILL Engineers, Inc. (CH2M). 2013. *Air Quality Related Values at Class I Areas Near the Alamos Energy Center*. November.

Federal Land Managers (FLM). 2008. *Federal Land Managers' Air Quality Related Values Workgroup (FLAG) Phase I Report* (Revised 2008). June.

Federal Land Managers (FLM). 2010. *Federal Land Managers' Air Quality Related Values Workgroup (FLAG) Phase I Report* (Revised 2010). November.

U.S. Environmental Protection Agency (USEPA). 1998. *Interagency Workgroup on Air Quality Modeling (IWAQM) Phase 2 Summary Report and Recommendations for Modeling Long Range Transport Impacts*. December.

U.S. Environmental Protection Agency (USEPA). 2005. *Guideline On Air Quality Models, 40 CFR 51, Appendix W*. November.

**Appendix A**  
**Sample CALMET Input**

---

----- Run title (3 lines) -----

CALMET MODEL CONTROL FILE

INPUT GROUP: 0 -- Input and Output File Names

Subgroup (a)

Default Name	Type	File Name
GEO. DAT	input	! GEODAT=.. \. . \MakeGeo\GE04KM. DAT !
SURF. DAT	input	! SRFDAT=.. \. . \surface\surf06_fi l l . DAT !
CLOUD. DAT	input	* CLDDAT= *
PRECIP. DAT	input	! PRCDAT=.. \. . \preci p\PMERGE06. dat !
WT. DAT	input	* WTDAT= *
CALMET. LST	output	! METLST=jan06. LST !
CALMET. DAT	output	! METDAT=jan06. DAT !
PACOUT. DAT	output	* PACDAT= *

All file names will be converted to lower case if LCFILES = T  
 Otherwise, if LCFILES = F, file names will be converted to UPPER CASE  
 T = lower case ! LCFILES = T !  
 F = UPPER CASE

NUMBER OF UPPER AIR & OVERWATER STATIONS:

Number of upper air stations (NUSTA) No default ! NUSTA = 1 !  
 Number of overwater met stations  
 (NOWSTA) No default ! NOWSTA = 2 !

NUMBER OF PROGNOSTIC and IGF-CALMET FILES:

Number of MM4/MM5/3D. DAT files  
 (NM3D) No default ! NM3D = 1 !  
 Number of IGF-CALMET. DAT files  
 (NIGF) No default ! NIGF = 0 !

! END!

Subgroup (b)

Upper air files (one per station)

Default Name	Type	File Name
UP1. DAT	input	1 ! UPDAT=.. \. . \UA\up_mi r2. DAT! ! END!

Subgroup (c)

Overwater station files (one per station)

Default Name	Type	File Name
SEA1. DAT	input	1 ! SEADAT=.. \. . \buoy\2006\46053\46053-06Fi l l . DAT! ! END!
SEA1. DAT	input	2 ! SEADAT=.. \. . \buoy\2006\46025\46025-06Fi l l . DAT! ! END!

-----  
Subgroup (d)

MM4/MM5/3D. DAT files (consecutive or overlapping)

Default Name	Type	File Name
MM51. DAT	input	1 ! M3DDAT=.\.\mm5\2006_update\JAN06. MM5 ! ! END!

-----  
Subgroup (e)

IGF-CALMET. DAT files (consecutive or overlapping)

Default Name	Type	File Name
IGFn. DAT	input	1 * IGFDAT=CALMET0. DAT * *END*

-----  
Subgroup (f)

Other file names

Default Name	Type	File Name
DIAG. DAT	input	* DIADAT= *
PROG. DAT	input	* PRGDAT= *
TEST. PRT	output	* TSTPRT= *
TEST. OUT	output	* TSTOUT= *
TEST. KIN	output	* TSTKIN= *
TEST. FRD	output	* TSTFRD= *
TEST. SLP	output	* TSTSLP= *
DCST. GRD	output	* DCSTGD= *

- NOTES: (1) File/path names can be up to 70 characters in length  
(2) Subgroups (a) and (f) must have ONE 'END' (surrounded by delimiters) at the end of the group  
(3) Subgroups (b) through (e) are included ONLY if the corresponding number of files (NUSTA, NOWSTA, NM3D, NIGF) is not 0, and each must have an 'END' (surround by delimiters) at the end of EACH LINE

! END!

-----  
INPUT GROUP: 1 -- General run control parameters

Starting date: Year (IBYR) -- No default ! IBYR= 2006 !  
Month (IBMO) -- No default ! IBMO= 1 !  
Day (IBDY) -- No default ! IBDY= 1 !  
Hour (IBHR) -- No default ! IBHR= 1 !

Note: IBHR is the time at the END of the first hour of the simulation (IBHR=1, the first hour of a day, runs from 00:00 to 01:00)

Base time zone (IBTZ) -- No default ! IBTZ= 8 !  
PST = 08, MST = 07  
CST = 06, EST = 05

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Length of run (hours) (IRLG) -- No default ! IRLG= 744 !

Run type (IRTYPE) -- Default: 1 ! IRTYPE= 1 !

0 = Computes wind fields only  
1 = Computes wind fields and meteorological variables  
(u\*, w\*, L, zi, etc.)  
(IRTYPE must be 1 to run CALPUFF or CALGRID)

Compute special data fields required  
by CALGRID (i.e., 3-D fields of W wind  
components and temperature)  
in addition to regular Default: T ! LCALGRD = T !  
fields? (LCALGRD)  
(LCALGRD must be T to run CALGRID)

Flag to stop run after  
SETUP phase (ITEST) Default: 2 ! ITEST= 2 !  
(Used to allow checking  
of the model inputs, files, etc.)  
ITEST = 1 - STOPS program after SETUP phase  
ITEST = 2 - Continues with execution of  
COMPUTATIONAL phase after SETUP

Test options specified to see if  
they conform to regulatory  
values? (MREG) No Default ! MREG = 1 !

0 = NO checks are made  
1 = Technical options must conform to USEPA guidance  
IMIXH -1 Maul-Carson convective mixing height  
over land; OCD mixing height overwater  
ICOARE 0 OCD deltaT method for overwater fluxes  
THRESHL 0.0 Threshold buoyancy flux over land needed  
to sustain convective mixing height growth

! END!

-----  
INPUT GROUP: 2 -- Map Projection and Grid control parameter  
-----

Projection  
-----

Map projection for all X, Y (km)  
(PMAP) Default: UTM ! PMAP = LCC !

UTM : Universal Transverse Mercator  
TTM : Tangential Transverse Mercator  
LCC : Lambert Conformal Conic  
PS : Polar Stereographic  
EM : Equatorial Mercator  
LAZA: Lambert Azimuthal Equal Area

False Easting and Northing (km) at the projection origin  
(Used only if PMAP= TTM, LCC, or LAZA)  
(FEAST) Default=0.0 ! FEAST = 0.0 !  
(FNORTH) Default=0.0 ! FNORTH = 0.0 !

UTM zone (1 to 60)  
(Used only if PMAP=UTM)  
(IUTMZN) No Default ! IUTMZN = 11 !

Hemisphere for UTM projection?  
(Used only if PMAP=UTM)  
(UTMHEM) Default: N ! UTMHEM = N !  
N : Northern hemisphere projection  
S : Southern hemisphere projection

Latitude and Longitude (decimal degrees) of projection origin  
(Used only if PMAP= TTM, LCC, PS, EM, or LAZA)  
(RLATO) No Default ! RLATO = 33.80534N !  
(RLONO) No Default ! RLONO = 117.36072W !

- TTM : RLONO identifies central (true N/S) meridian of projection  
RLATO selected for convenience
- LCC : RLONO identifies central (true N/S) meridian of projection  
RLATO selected for convenience
- PS : RLONO identifies central (grid N/S) meridian of projection  
RLATO selected for convenience
- EM : RLONO identifies central meridian of projection  
RLATO is REPLACED by 0.0N (Equator)
- LAZA: RLONO identifies longitude of tangent-point of mapping plane  
RLATO identifies latitude of tangent-point of mapping plane

Matching parallel(s) of latitude (decimal degrees) for projection  
(Used only if PMAP= LCC or PS)  
(XLAT1) No Default ! XLAT1 = 33.0N !  
(XLAT2) No Default ! XLAT2 = 35.0N !  
LCC : Projection cone slices through Earth's surface at XLAT1 and XLAT2  
PS : Projection plane slices through Earth at XLAT1  
(XLAT2 is not used)

-----  
Note: Latitudes and Longitudes should be positive, and include a letter N, S, E, or W indicating north or south latitude, and east or west longitude. For example,  
35.9 N Latitude = 35.9N  
118.7 E Longitude = 118.7E

Output Datum-Region  
-----

The Datum-Region for the output coordinates is identified by a character string. Many mapping products currently available use the model of the Earth known as the World Geodetic System 1984 (WGS-84). Other local models may be in use, and their selection in CALMET will make its output consistent with local mapping products. The list of Datum-Regions with official transformation parameters is provided by the National Imagery and Mapping Agency (NIMA).

Datum-region for output coordinates  
(DATUM) Default: WGS-84 ! DATUM = WGS-84 !

Grid  
-----

Reference coordinates X,Y (km) assigned to the southwest corner of grid cell (1,1) (lower left corner of grid)

```

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(XORIGM)                        No Default ! XORIGM = -108 !
(YORIGM)                        No Default ! YORIGM = -90 !

Cartesian grid definition
No. X grid cells (NX)          No default ! NX = 54 !
No. Y grid cells (NY)          No default ! NY = 45 !
Grid Spacing (DGRIDKM)        No default ! DGRIDKM = 4 !
in kilometers

```

Vertical grid definition:

```

-----
No. of vertical layers (NZ)    No default ! NZ = 10 !

Cell face heights in arbitrary
vertical grid (ZFACE(NZ+1))   No default
                               Units: m
! ZFACE = 0., 20., 40., 80., 160., 320., 640., 1200., 2000., 3000., 4000. !

```

! END!

-----  
INPUT GROUP: 3 -- Output Options  
-----

DISK OUTPUT OPTION

```

Save met. fields in an unformatted
output file ? (LSAVE) Default: T ! LSAVE = T !
(F = Do not save, T = Save)

Type of unformatted output file:
(IFORMO) Default: 1 ! IFORMO = 1 !

1 = CALPUFF/CALGRID type file (CALMET.DAT)
2 = MESOPUFF-II type file (PACOUT.DAT)

```

LINE PRINTER OUTPUT OPTIONS:

```

Print met. fields ? (LPRINT) Default: F ! LPRINT = F !
(F = Do not print, T = Print)
(NOTE: parameters below control which
met. variables are printed)

Print interval
(IPRINF) in hours Default: 1 ! IPRINF = 1 !
(Meteorological fields are printed
every 1 hours)

```

Specify which layers of U, V wind component  
to print (IUUVOUT(NZ)) -- NOTE: NZ values must be entered  
(0=Do not print, 1=Print)



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(all of the following print options control output to wind field module's output files: TEST.PRT, TEST.OUT, TEST.KIN, TEST.FRD, and TEST.SLP)

Control variable for writing the test/debug wind fields to disk files (IOUTD)  
(0=Do not write, 1=write) Default: 0 ! IOUTD = 0 !

Number of levels, starting at the surface, to print (NZPRN2) Default: 1 ! NZPRN2 = 0 !

Print the INTERPOLATED wind components ?  
(IPR0) (0=no, 1=yes) Default: 0 ! IPR0 = 0 !

Print the TERRAIN ADJUSTED surface wind components ?  
(IPR1) (0=no, 1=yes) Default: 0 ! IPR1 = 0 !

Print the SMOOTHED wind components and the INITIAL DIVERGENCE fields ?  
(IPR2) (0=no, 1=yes) Default: 0 ! IPR2 = 0 !

Print the FINAL wind speed and direction fields ?  
(IPR3) (0=no, 1=yes) Default: 0 ! IPR3 = 0 !

Print the FINAL DIVERGENCE fields ?  
(IPR4) (0=no, 1=yes) Default: 0 ! IPR4 = 0 !

Print the winds after KINEMATIC effects are added ?  
(IPR5) (0=no, 1=yes) Default: 0 ! IPR5 = 0 !

Print the winds after the FROUDE NUMBER adjustment is made ?  
(IPR6) (0=no, 1=yes) Default: 0 ! IPR6 = 0 !

Print the winds after SLOPE FLOWS are added ?  
(IPR7) (0=no, 1=yes) Default: 0 ! IPR7 = 0 !

Print the FINAL wind field components ?  
(IPR8) (0=no, 1=yes) Default: 0 ! IPR8 = 0 !

! END!

-----  
INPUT GROUP: 4 -- Meteorological data options  
-----

NO OBSERVATION MODE (NOOBS) Default: 0 ! NOOBS = 0 !  
0 = Use surface, overwater, and upper air stations  
1 = Use surface and overwater stations (no upper air observations)  
Use MM4/MM5/3D for upper air data  
2 = No surface, overwater, or upper air observations  
Use MM4/MM5/3D for surface, overwater, and upper air data

NUMBER OF SURFACE & PRECIP. METEOROLOGICAL STATIONS

Number of surface stations (NSSTA) No default ! NSSTA = 43 !

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Number of precipitation stations  
(NPSTA=-1: flag for use of MM5/3D precip data)  
(NPSTA) No default ! NPSTA = 45 !

#### CLOUD DATA OPTIONS

Gridded cloud fields:  
(ICLOUD) Default: 0 ! ICLOUD = 0 !  
ICLOUD = 0 - Gridded clouds not used  
ICLOUD = 1 - Gridded CLOUD.DAT generated as OUTPUT  
ICLOUD = 2 - Gridded CLOUD.DAT read as INPUT  
ICLOUD = 3 - Gridded cloud cover computed from prognostic fields

#### FILE FORMATS

Surface meteorological data file format  
(IFORMS) Default: 2 ! IFORMS = 2 !  
(1 = unformatted (e.g., SMERGE output))  
(2 = formatted (free-formatted user input))

Precipitation data file format  
(IFORMP) Default: 2 ! IFORMP = 2 !  
(1 = unformatted (e.g., PMERGE output))  
(2 = formatted (free-formatted user input))

Cloud data file format  
(IFORMC) Default: 2 ! IFORMC = 2 !  
(1 = unformatted - CALMET unformatted output)  
(2 = formatted - free-formatted CALMET output or user input)

! END!

-----  
INPUT GROUP: 5 -- Wind Field Options and Parameters  
-----

#### WIND FIELD MODEL OPTIONS

Model selection variable (IWFCOD) Default: 1 ! IWFCOD = 1 !  
0 = Objective analysis only  
1 = Diagnostic wind module

Compute Froude number adjustment effects ? (IFRADJ) Default: 1 ! IFRADJ = 1 !  
(0 = NO, 1 = YES)

Compute kinematic effects ? (IKINE) Default: 0 ! IKINE = 0 !  
(0 = NO, 1 = YES)

Use O'Brien procedure for adjustment of the vertical velocity ? (IOBR) Default: 0 ! IOBR = 0 !  
(0 = NO, 1 = YES)

Compute slope flow effects ? (ISLOPE) Default: 1 ! ISLOPE = 1 !  
(0 = NO, 1 = YES)

Extrapolate surface wind observations to upper layers ? (IEXTRP) Default: -4 ! IEXTRP = -4 !  
(1 = no extrapolation is done,  
2 = power law extrapolation used,  
3 = user input multiplicative factors for layers 2 - NZ used (see FEXTRP array)

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4 = similarity theory used  
-1, -2, -3, -4 = same as above except layer 1 data  
at upper air stations are ignored

Extrapolate surface winds even  
if calm? (ICALM) Default: 0 ! ICALM = 0 !  
(0 = NO, 1 = YES)

Layer-dependent biases modifying the weights of  
surface and upper air stations (BIAS(NZ))  
-1<=BIAS<=1

Negative BIAS reduces the weight of upper air stations  
(e.g. BIAS=-0.1 reduces the weight of upper air stations  
by 10%; BIAS= -1, reduces their weight by 100 %)

Positive BIAS reduces the weight of surface stations  
(e.g. BIAS= 0.2 reduces the weight of surface stations  
by 20%; BIAS=1 reduces their weight by 100%)

Zero BIAS leaves weights unchanged (1/R\*\*2 interpolation)  
Default: NZ\*0

! BIAS = 0 , 0 , 0 , 0 , 0 , 0 , 0 , 0 , 0 ,  
0 !

Minimum distance from nearest upper air station  
to surface station for which extrapolation  
of surface winds at surface station will be allowed  
(RMIN2: Set to -1 for IEXTRP = 4 or other situations  
where all surface stations should be extrapolated)  
Default: 4. ! RMIN2 = -1.0 !

Use gridded prognostic wind field model  
output fields as input to the diagnostic  
wind field model (IPROG) Default: 0 ! IPROG = 14 !  
(0 = No, [IWFCOD = 0 or 1]  
1 = Yes, use CSUMM prog. winds as Step 1 field, [IWFCOD = 0]  
2 = Yes, use CSUMM prog. winds as initial guess field [IWFCOD = 1]  
3 = Yes, use winds from MM4.DAT file as Step 1 field [IWFCOD = 0]  
4 = Yes, use winds from MM4.DAT file as initial guess field [IWFCOD = 1]  
5 = Yes, use winds from MM4.DAT file as observations [IWFCOD = 1]  
13 = Yes, use winds from MM5/3D.DAT file as Step 1 field [IWFCOD = 0]  
14 = Yes, use winds from MM5/3D.DAT file as initial guess field [IWFCOD = 1]  
15 = Yes, use winds from MM5/3D.DAT file as observations [IWFCOD = 1]

Timestep (hours) of the prognostic  
model input data (ISTEPPG) Default: 1 ! ISTEPPG = 1 !

Use coarse CALMET fields as initial guess fields (IGFMET)  
(overwrites IGF based on prognostic wind fields if any)  
Default: 0 ! IGFMET = 0 !

#### RADIUS OF INFLUENCE PARAMETERS

Use varying radius of influence Default: F ! LVARY = F!  
(if no stations are found within RMAX1, RMAX2,  
or RMAX3, then the closest station will be used)

Maximum radius of influence over land  
in the surface layer (RMAX1) No default ! RMAX1 = 100. !  
Units: km

Maximum radius of influence over land  
aloft (RMAX2) No default ! RMAX2 = 200. !  
Units: km

Maximum radius of influence over water  
(RMAX3) No default ! RMAX3 = 200. !

Units: km

OTHER WIND FIELD INPUT PARAMETERS

Minimum radius of influence used in the wind field interpolation (RMIN) Default: 0.1 ! RMIN = 0.1 !  
Units: km

Radius of influence of terrain features (TERRAD) No default ! TERRAD = 15. !  
Units: km

Relative weighting of the first guess field and observations in the SURFACE layer (R1) No default ! R1 = 50. !  
(R1 is the distance from an observational station at which the observation and first guess field are equally weighted) Units: km

Relative weighting of the first guess field and observations in the layers ALOFT (R2) No default ! R2 = 100. !  
(R2 is applied in the upper layers in the same manner as R1 is used in the surface layer). Units: km

Relative weighting parameter of the prognostic wind field data (RPROG) No default ! RPROG = 0. !  
(Used only if IPROG = 1) Units: km

Maximum acceptable divergence in the divergence minimization procedure (DIVLIM) Default: 5.E-6 ! DIVLIM= 5.0E-06 !

Maximum number of iterations in the divergence min. procedure (NITER) Default: 50 ! NITER = 50 !

Number of passes in the smoothing procedure (NSMTH(NZ))  
NOTE: NZ values must be entered  
Default: 2, (mxnz-1)\*4 ! NSMTH =  
2, 4, 4, 4, 4, 4, 4, 4, 4, 4 !

Maximum number of stations used in each layer for the interpolation of data to a grid point (NINTR2(NZ))  
NOTE: NZ values must be entered  
99, 99, 99, 99, 99, 99, 99, 99, 99, 99 ! Default: 99. ! NINTR2 =

Critical Froude number (CRITFN) Default: 1.0 ! CRITFN = 1. !

Empirical factor controlling the influence of kinematic effects (ALPHA) Default: 0.1 ! ALPHA = 0.1 !

Multiplicative scaling factor for extrapolation of surface observations to upper layers (FEXTR2(NZ)) Default: NZ\*0.0  
! FEXTR2 = 0., 0., 0., 0., 0., 0., 0., 0., 0., 0. !  
(Used only if IEXTRP = 3 or -3)

BARRIER INFORMATION

Number of barriers to interpolation  
of the wind fields (NBAR)           Default: 0           ! NBAR = 0 !

Level (1 to NZ) up to which barriers  
apply (KBAR)                        Default: NZ         ! KBAR = 10 !

THE FOLLOWING 4 VARIABLES ARE INCLUDED  
ONLY IF NBAR > 0

NOTE: NBAR values must be entered    No defaults  
      for each variable                Units: km

    X coordinate of BEGINNING  
    of each barrier (XBBAR(NBAR))    ! XBBAR = 0. !

    Y coordinate of BEGINNING  
    of each barrier (YBBAR(NBAR))    ! YBBAR = 0. !

    X coordinate of ENDING  
    of each barrier (XEBAR(NBAR))    ! XEBAR = 0. !

    Y coordinate of ENDING  
    of each barrier (YEBAR(NBAR))    ! YEBAR = 0. !

DIAGNOSTIC MODULE DATA INPUT OPTIONS

Surface temperature (IDI OPT1)           Default: 0           ! IDI OPT1 = 0 !  
    0 = Compute internally from  
      hourly surface observations  
    1 = Read preprocessed values from  
      a data file (DIAG. DAT)

Surface met. station to use for  
the surface temperature (ISURFT)       No default         ! ISURFT = 3 !  
(Must be a value from 1 to NSSTA)  
(Used only if IDI OPT1 = 0)  
-----

Domain-averaged temperature lapse  
rate (IDI OPT2)                        Default: 0           ! IDI OPT2 = 0 !  
    0 = Compute internally from  
      twice-daily upper air observations  
    1 = Read hourly preprocessed values  
      from a data file (DIAG. DAT)

Upper air station to use for  
the domain-scale lapse rate (IUPT)    No default         ! IUPT = 1 !  
(Must be a value from 1 to NUSTA)  
(Used only if IDI OPT2 = 0)  
-----

Depth through which the domain-scale  
lapse rate is computed (ZUPT)         Default: 200.       ! ZUPT = 200. !  
(Used only if IDI OPT2 = 0)            Units: meters  
-----

Domain-averaged wind components  
(IDI OPT3)                             Default: 0           ! IDI OPT3 = 0 !  
    0 = Compute internally from  
      twice-daily upper air observations  
    1 = Read hourly preprocessed values  
      a data file (DIAG. DAT)

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Upper air station to use for  
the domain-scale winds (IUPWND) Default: -1 ! IUPWND = -1 !  
(Must be a value from -1 to NUSTA)  
(Used only if IDIOPT3 = 0)  
-----

Bottom and top of layer through  
which the domain-scale winds  
are computed  
(ZUPWND(1), ZUPWND(2)) Defaults: 1., 1000. ! ZUPWND= 1., 1000. !  
(Used only if IDIOPT3 = 0) Units: meters  
-----

Observed surface wind components  
for wind field module (IDIOPT4) Default: 0 ! IDIOPT4 = 0 !  
0 = Read WS, WD from a surface  
data file (SURF.DAT)  
1 = Read hourly preprocessed U, V from  
a data file (DIAG.DAT)

Observed upper air wind components  
for wind field module (IDIOPT5) Default: 0 ! IDIOPT5 = 0 !  
0 = Read WS, WD from an upper  
air data file (UP1.DAT, UP2.DAT, etc.)  
1 = Read hourly preprocessed U, V from  
a data file (DIAG.DAT)

#### LAKE BREEZE INFORMATION

Use Lake Breeze Module (LLBREZE)  
Default: F ! LLBREZE = F !

Number of lake breeze regions (NBOX) ! NBOX = 0 !

X Grid line 1 defining the region of interest ! XG1 = 0. !

X Grid line 2 defining the region of interest ! XG2 = 0. !

Y Grid line 1 defining the region of interest ! YG1 = 0. !

Y Grid line 2 defining the region of interest ! YG2 = 0. !

X Point defining the coastline (Straight line)  
(XBCST) (KM) Default: none ! XBCST = 0. !

Y Point defining the coastline (Straight line)  
(YBCST) (KM) Default: none ! YBCST = 0. !

X Point defining the coastline (Straight line)  
(XECST) (KM) Default: none ! XECST = 0. !

Y Point defining the coastline (Straight line)  
(YECST) (KM) Default: none ! YECST = 0. !

Number of stations in the region Default: none ! NLB = 0 !  
(Surface stations + upper air stations)

Station ID's in the region (METBXID(NLB))  
(Surface stations first, then upper air stations)  
! METBXID = 0 !

! END!

-----  
 INPUT GROUP: 6 -- Mixing Height, Temperature and Precipitation Parameters  
 -----

EMPIRICAL MIXING HEIGHT CONSTANTS

Neutral, mechanical equation (CONSTB)	Default: 1.41	! CONSTB = 1.41 !
Convective mixing ht. equation (CONSTE)	Default: 0.15	! CONSTE = 0.15 !
Stable mixing ht. equation (CONSTN)	Default: 2400.	! CONSTN = 2400. !
Overwater mixing ht. equation (CONSTW)	Default: 0.16	! CONSTW = 0.16 !
Absolute value of Coriolis parameter (FCOROL)	Default: 1.E-4 Units: (1/s)	! FCOROL = 1.0E-04!

SPATIAL AVERAGING OF MIXING HEIGHTS

Conduct spatial averaging (IAVEZI) (0=no, 1=yes)	Default: 1	! IAVEZI = 1 !
Max. search radius in averaging process (MNMDAV)	Default: 1 Units: Grid cells	! MNMDAV = 1 !
Half-angle of upwind looking cone for averaging (HAFANG)	Default: 30. Units: deg.	! HAFANG = 30. !
Layer of winds used in upwind averaging (ILEVZI) (must be between 1 and NZ)	Default: 1	! ILEVZI = 1 !

CONVECTIVE MIXING HEIGHT OPTIONS:

Method to compute the convective mixing height (IMIXH)	Default: 1	! IMIXH = -1 !
1: Maul-Carson for land and water cells		
-1: Maul-Carson for land cells only - OCD mixing height overwater		
2: Batchvarova and Gryning for land and water cells		
-2: Batchvarova and Gryning for land cells only OCD mixing height overwater		

Threshold buoyancy flux required to sustain convective mixing height growth overland (THRESHL) (expressed as a heat flux per meter of boundary layer)	Default: 0.05 units: W/m3	! THRESHL = 0.0 !
-------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------	-------------------

Threshold buoyancy flux required to sustain convective mixing height growth overwater (THRESHW) (expressed as a heat flux per meter of boundary layer)	Default: 0.05 units: W/m3	! THRESHW = 0.05 !
--------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------	--------------------

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Option for overwater lapse rates used  
in convective mixing height growth  
(ITWPROG) Default: 0 ! ITWPROG = 0 !  
0 : use SEA.DAT lapse rates and deltaT (or assume neutral  
conditions if missing)  
1 : use prognostic lapse rates (only if IPROG>2)  
and SEA.DAT deltaT (or neutral if missing)  
2 : use prognostic lapse rates and prognostic delta T  
(only if iprog>12 and 3D.DAT version# 2.0 or higher)

Land Use category ocean in 3D.DAT datasets  
(ILUOC3D) Default: 16 ! ILUOC3D = 16 !  
Note: if 3D.DAT from MM5 version 3.0, iluoc3d = 16  
if MM4.DAT, typically iluoc3d = 7

OTHER MIXING HEIGHT VARIABLES

Minimum potential temperature lapse  
rate in the stable layer above the  
current convective mixing ht.  
(DPTMIN) Default: 0.001 ! DPTMIN = 0.001 !  
Units: deg. K/m  
Depth of layer above current conv.  
mixing height through which lapse  
rate is computed (DZZI) Default: 200. ! DZZI = 200. !  
Units: meters  
Minimum overl and mixing height  
(ZIMIN) Default: 50. ! ZIMIN = 50. !  
Units: meters  
Maximum overl and mixing height  
(ZIMAX) Default: 3000. ! ZIMAX = 3000. !  
Units: meters  
Minimum overwater mixing height  
(ZIMINW) -- (Not used if observed  
overwater mixing hts. are used) Default: 50. ! ZIMINW = 50. !  
Units: meters  
Maximum overwater mixing height  
(ZIMAXW) -- (Not used if observed  
overwater mixing hts. are used) Default: 3000. ! ZIMAXW = 3000. !  
Units: meters

OVERWATER SURFACE FLUXES METHOD and PARAMETERS

(ICOARE) Default: 10 ! ICOARE = 0 !  
0: original deltaT method (OCD)  
10: COARE with no wave parameterization (jwave=0, Charnock)  
11: COARE with wave option jwave=1 (Oost et al.)  
and default wave properties  
-11: COARE with wave option jwave=1 (Oost et al.)  
and observed wave properties (must be in SEA.DAT files)  
12: COARE with wave option 2 (Taylor and Yelland)  
and default wave properties  
-12: COARE with wave option 2 (Taylor and Yelland)  
and observed wave properties (must be in SEA.DAT files)

Coastal/Shallow water length scale (DSHELF)  
(for modified z0 in shallow water)  
(COARE fluxes only) Default: 0. ! DSHELF = 0. !  
units: km

COARE warm layer computation (IWARM) ! IWARM = 0 !  
1: on - 0: off (must be off if SST measured with  
IR radiometer) Default: 0

COARE cool skin layer computation (ICOOL) ! ICOOL = 0 !

1: on - 0: off (must be off if SST measured with IR radiometer) Default: 0

TEMPERATURE PARAMETERS

3D temperature from observations or from prognostic data? (ITPROG) Default: 0 ! ITPROG = 0 !

- 0 = Use Surface and upper air stations (only if N00BS = 0)
- 1 = Use Surface stations (no upper air observations) Use MM5/3D for upper air data (only if N00BS = 0, 1)
- 2 = No surface or upper air observations Use MM5/3D for surface and upper air data (only if N00BS = 0, 1, 2)

Interpolation type (1 = 1/R ; 2 = 1/R\*\*2) Default: 1 ! IRAD = 1 !

Radius of influence for temperature interpolation (TRADKM) Default: 500. Units: km ! TRADKM = 500. !

Maximum Number of stations to include in temperature interpolation (NUMTS) Default: 5 ! NUMTS = 5 !

Conduct spatial averaging of temperatures (IAVET) (0=no, 1=yes) (will use mixing ht MNMDAV, HAFANG so make sure they are correct) Default: 1 ! IAVET = 1 !

Default temperature gradient below the mixing height over water (TGDEFB) Default: -.0098 Units: K/m ! TGDEFB = -0.0098 !

Default temperature gradient above the mixing height over water (TGDEFA) Default: -.0045 Units: K/m ! TGDEFA = -0.0045 !

Beginning (JWAT1) and ending (JWAT2) land use categories for temperature interpolation over water -- Make bigger than largest land use to disable ! JWAT1 = 55 ! ! JWAT2 = 55 !

PRECIP INTERPOLATION PARAMETERS

Method of interpolation (NFLAGP) (1=1/R, 2=1/R\*\*2, 3=EXP/R\*\*2) Default: 2 ! NFLAGP = 2 !

Radius of Influence (SIGMAP) (0.0 => use half dist. btwn nearest stns w & w/out precip when NFLAGP = 3) Default: 100.0 Units: km ! SIGMAP = 100. !

Minimum Precip. Rate Cutoff (CUTP) (values < CUTP = 0.0 mm/hr) Default: 0.01 Units: mm/hr ! CUTP = 0.01 !

! END!

-----  
INPUT GROUP: 7 -- Surface meteorological station parameters  
-----

SURFACE STATION VARIABLES  
(One record per station -- TBD records in all)

	1	2					
	Name	ID	X coord. (km)	Y coord. (km)	Time zone	Anem. Ht. (m)	
!	SS1=	' TWEN'	690150	109.875	55.506	8	10 !
!	SS2=	' NEWH'	720046	-110.943	62.950	8	10 !
!	SS3=	' CORO'	720333	-22.129	10.528	8	10 !
!	SS4=	' PALM'	722868	79.660	3.406	8	10 !
!	SS5=	' RIVE'	722869	-6.681	16.050	8	10 !
!	SS6=	' LAU '	722874	-85.906	24.645	8	10 !
!	SS7=	' BURB'	722880	-91.901	44.333	8	10 !
!	SS8=	' SAN1'	722885	-100.596	24.013	8	10 !
!	SS9=	' VAN '	722886	-103.962	45.456	8	10 !
!	SS10=	' BRAC'	722887	-38.969	30.878	8	10 !
!	SS11=	' CHIN'	722899	-25.161	17.966	8	10 !
!	SS12=	' BROW'	722904	36.979	-137.262	8	10 !
!	SS13=	' NORT'	722906	15.072	-122.570	8	10 !
!	SS14=	' GILL'	722907	36.865	-107.760	8	10 !
!	SS15=	' AVAL'	722920	-98.155	-43.889	8	10 !
!	SS16=	' SAN2'	722925	-114.660	-86.072	8	10 !
!	SS17=	' MCC '	722927	7.532	-75.111	8	10 !
!	SS18=	' OCEA'	722934	0.999	-65.243	8	10 !
!	SS19=	' LOS1'	722950	-95.051	15.194	8	10 !
!	SS20=	' ZAMP'	722955	-90.020	-0.161	8	10 !
!	SS21=	' JACK'	722956	-89.897	12.814	8	10 !
!	SS22=	' LONG'	722970	-72.696	1.022	8	10 !
!	SS23=	' LOS2'	722975	-63.831	-2.259	8	10 !
!	SS24=	' FULL'	722976	-57.570	7.017	8	10 !
!	SS25=	' JOHN'	722977	-46.848	-13.781	8	10 !
!	SS26=	' EDW1'	723171	-46.227	130.741	8	10 !
!	SS27=	' PALM'	723820	-66.317	91.592	8	10 !
!	SS28=	' SAND'	723830	-124.826	104.944	8	10 !
!	SS29=	' SAN3'	723925	-228.123	71.604	8	10 !
!	SS30=	' OXNA'	723927	-170.040	45.417	8	10 !
!	SS31=	' RAM2'	745056	41.542	-85.005	8	10 !
!	SS32=	' WHIT'	745057	-97.263	51.707	8	10 !
!	SS33=	' ELM '	747043	-62.221	31.336	8	10 !
!	SS34=	' CAM2'	747186	83.875	-129.647	8	10 !
!	SS35=	' SAN4'	994027	18.163	-120.679	8	10 !
!	SS36=	' SAN5'	994028	-105.224	23.065	8	10 !
!	SS37=	' LOS3'	994035	-83.991	-9.421	8	10 !
!	SS38=	' ANAH'	099901	-53.522	3.001	8	10 !
!	SS39=	' CELA'	099905	-79.956	29.252	8	10 !
!	SS40=	' LGBH'	099912	-76.666	2.384	8	10 !
!	SS41=	' LYNN'	099913	-78.606	14.045	8	10 !
!	SS42=	' SCLR'	099921	-107.337	64.683	8	10 !
!	SS43=	' WSLA'	099922	-101.202	27.791	8	10 !

1 Four character string for station name  
(MUST START IN COLUMN 9)

2 Six digit integer for station ID

! END!

-----  
 INPUT GROUP: 8 -- Upper air meteorological station parameters  
 -----

UPPER AIR STATION VARIABLES  
 (One record per station -- TBD records in all)

	1 Name	2 ID	X coord. (km)	Y coord. (km)	Time zone
!	US1	'MIRA'	03190	19.72189	-103.70682 8 !

-----  
 1  
 Four character string for station name  
 (MUST START IN COLUMN 9)

2  
 Five digit integer for station ID

! END!

-----  
 INPUT GROUP: 9 -- Precipitation station parameters  
 -----

PRECIPITATION STATION VARIABLES  
 (One record per station -- TBD records in all)  
 (NOT INCLUDED IF NPSTA = 0)

	1 Name	2 Station Code	X coord. (km)	Y coord. (km)
!	PS1	'PR02'	040014	-83.508 76.310 !
!	PS2	'PR07'	041057	-49.878 9.525 !
!	PS3	'PR08'	041194	-90.265 41.988 !
!	PS4	'PR09'	041272	0.066 47.102 !
!	PS5	'PR15'	041518	-10.148 -28.308 !
!	PS6	'PR17'	041540	-194.828 67.972 !
!	PS7	'PR18'	041682	-115.097 46.694 !
!	PS8	'PR21'	042164	16.666 37.134 !
!	PS9	'PR24'	042805	14.950 -44.937 !
!	PS10	'PR28'	043219	-159.277 103.913 !
!	PS11	'PR29'	043285	-48.028 9.515 !
!	PS12	'PR30'	043751	-93.930 44.241 !
!	PS13	'PR31'	044650	-11.105 -52.700 !
!	PS14	'PR32'	044749	-77.768 103.992 !
!	PS15	'PR35'	045085	-72.142 0.795 !
!	PS16	'PR37'	045114	-94.228 14.298 !
!	PS17	'PR38'	045115	-85.817 24.200 !
!	PS18	'PR39'	045212	14.835 28.259 !
!	PS19	'PR40'	045218	7.444 37.123 !
!	PS20	'PR43'	045417	-178.283 67.644 !
!	PS21	'PR45'	045637	-65.217 65.073 !
!	PS22	'PR52'	046162	-107.524 64.352 !
!	PS23	'PR55'	046473	-48.006 13.951 !
!	PS24	'PR56'	046572	-163.020 46.291 !

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!	PS25	=	' PR57'	046577	-182.276	98.784	!
!	PS26	=	' PR59'	046624	-66.906	86.160	!
!	PS27	=	' PR63'	046910	-180.614	89.876	!
!	PS28	=	' PR65'	046942	-123.142	65.653	!
!	PS29	=	' PR67'	047123	-1.791	-30.531	!
!	PS30	=	' PR68'	047473	13.990	-24.976	!
!	PS31	=	' PR69'	047600	33.273	34.960	!
!	PS32	=	' PR73'	047762	-103.932	56.547	!
!	PS33	=	' PR74'	047779	-46.011	43.886	!
!	PS34	=	' PR75'	047837	4.720	-49.383	!
!	PS35	=	' PR76'	047891	27.758	28.288	!
!	PS36	=	' PR77'	047926	-55.284	33.954	!
!	PS37	=	' PR82'	048092	-102.271	39.892	!
!	PS38	=	' PR83'	048230	-74.011	-1.408	!
!	PS39	=	' PR84'	048243	-2.722	-39.403	!
!	PS40	=	' PR88'	048261	-133.428	53.591	!
!	PS41	=	' PR91'	048436	-41.476	27.229	!
!	PS42	=	' PR92'	048992	0.067	-46.058	!
!	PS43	=	' PR95'	049325	16.630	57.098	!
!	PS44	=	' PR96'	049345	-71.577	75.102	!
!	PS45	=	' PR98'	049666	-66.425	24.044	!

-----  
1

Four character string for station name  
(MUST START IN COLUMN 9)

2

Six digit station code composed of state  
code (first 2 digits) and station ID (last  
4 digits)

! END!

**Appendix B**  
**Federal Land Managers Approval Letter and**  
**Response to FLM Comments**

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---

**From:** Nick, Andrea -FS [anick@fs.fed.us]  
**Sent:** Friday, December 06, 2013 7:59 AM  
**To:** Salamy, Jerry/SAC  
**Cc:** McCorison, Mike -FS; Anderson, Bret A -FS; Procter, Trent -FS; Uyehara, Julie C -FS; tchico@aqmd.gov; jbaker@aqmd.gov; stephen.okane@AES.com; Holladay.Cleveland@epamail.epa.gov; bohnenkamp.carol@epa.gov; Gbemis@energy.state.ca.us; JYee@aqmd.gov; Chris.Davis@energy.ca.gov  
**Subject:** (Correction) AES Alamos Energy Center PSD Application

Hello,

I apologize, the email below is in reference to the AES Alamos Energy Center. The email should have read:

I am contacting you regarding the AES Alamos Energy Center's Prevention of Significant Deterioration (PSD) permit. The U.S. Forest Service's Air Resources air quality modeling specialist along with other interested parties within the agency have reviewed the air dispersion modelling protocol which was submitted on November 11, 2013 entitled "AES\_AEC\_1\_Protocol\_Response\_USFS\_11-11-13.pdf". We are not anticipating further comment on the air dispersion modelling protocol for the AES Alamos Energy Center project and you are free to proceed with the agreed protocol.



**Andrea Nick, Air Resources Specialist**  
**Forest Service Region 5**  
[www.fs.fed.us/air](http://www.fs.fed.us/air)

*p: 626-574-5209 / c: 626-590-4451 / anick@fs.fed.us  
701 N. Santa Anita Avenue, Arcadia, CA 91006-2725*

---

**From:** Nick, Andrea -FS  
**Sent:** Friday, December 06, 2013 7:49 AM  
**To:** 'Jerry.Salamy@CH2M.com'  
**Cc:** McCorison, Mike -FS; Anderson, Bret A -FS; Procter, Trent -FS; Uyehara, Julie C -FS; tchico@aqmd.gov; jbaker@aqmd.gov; stephen.okane@AES.com; Holladay.Cleveland@epamail.epa.gov; bohnenkamp.carol@epa.gov; Gbemis@energy.state.ca.us; JYee@aqmd.gov; Chris.Davis@energy.ca.gov  
**Subject:** RE: AES Alamos Energy Center PSD Application

Hello,

I am contacting you regarding the AES Huntington Beach Prevention of Significant Deterioration (PSD) permit. The U.S. Forest Service's Air Resources air quality modeling specialist along with other interested parties within the agency have reviewed the air dispersion modelling protocol which was submitted on November 11, 2013 entitled "AES\_AEC\_1\_Protocol\_Response\_USFS\_11-11-13.pdf". We are not anticipating further comment on the air dispersion modelling protocol for the AES Huntington Beach project and you are free to proceed with the agreed protocol.

Please contact me if you have further questions. Thank you.



**Andrea Nick, Air Resources Specialist**  
**Forest Service Region 5**  
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---

**From:** [Jerry.Salamy@CH2M.com](mailto:Jerry.Salamy@CH2M.com) [<mailto:Jerry.Salamy@CH2M.com>]

**Sent:** Tuesday, November 12, 2013 9:29 AM

**To:** Nick, Andrea -FS

**Cc:** McCorison, Mike -FS; Anderson, Bret A -FS; Procter, Trent -FS; Uyehara, Julie C -FS; [tchico@aqmd.gov](mailto:tchico@aqmd.gov); [jbaker@aqmd.gov](mailto:jbaker@aqmd.gov); [stephen.okane@AES.com](mailto:stephen.okane@AES.com); [Holladay.Cleveland@epamail.epa.gov](mailto:Holladay.Cleveland@epamail.epa.gov); [bohnenkamp.carol@epa.gov](mailto:bohnenkamp.carol@epa.gov); [Gbemis@energy.state.ca.us](mailto:Gbemis@energy.state.ca.us); [JYee@aqmd.gov](mailto:JYee@aqmd.gov); [Chris.Davis@energy.ca.gov](mailto:Chris.Davis@energy.ca.gov)

**Subject:** RE: AES Alamos Energy Center PSD Application

Hi Andrea,

Based on your feedback during our November 1 conference call, we have prepared the attached responses to the United States Forest Service's comments on the Alamos Energy Center's Class I air dispersion modeling protocol. Please let us know if you have any additional questions.

Thanks,

*Jerry Salamy*  
*Principal Project Manager*  
*CH2M HILL/Sacramento*  
*Phone 916-286-0207*  
*Fax 916-614-3407*  
*Cell Phone 916-769-8919*

---

**From:** Nick, Andrea -FS [<mailto:anick@fs.fed.us>]

**Sent:** Wednesday, September 11, 2013 9:06 AM

**To:** Salamy, Jerry/SAC

**Cc:** McCorison, Mike -FS; Anderson, Bret A -FS; Procter, Trent -FS; Uyehara, Julie C -FS

**Subject:** AES Alamos Energy Center PSD Application

Good Morning,

Our modeling specialist (Bret Anderson) has looked over the modeling protocols supplied for the AES Alamos Energy Center PSD application. Additional information on the following subjects is requested:

1. MM5 Data documentation: source of data, horizontal/vertical resolution, physics options, performance evaluation, etc.
2. List of all surface and upper air meteorological stations.
3. Procedures for filling in missing meteorological data.
4. List of Proposed CALPUFF control options.
5. List of POSTUTIL and CALPOST options.
6. Discussion on CALMET control options as proposal does not comport with August 31, 2009 EPA Model Clearinghouse memorandum.

Our modeling specialist has recommended that we schedule a conference call to discuss these issues. Would any of the afternoons on Monday, Tuesday, or Thursday work for you?

\*\*\*\*\*

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## Alamitos Energy Center - Response to USFS FLM Comments on the AQRV Protocol

PREPARED FOR: USFS Federal Land Managers

COPY TO: Tom Chico/SCAQMD  
Jillian Baker/SCAQMD  
Cleveland Holladay/EPA

Stephen O'Kane/AES  
CH2M HILL/Project Folder

PREPARED BY: CH2M HILL

DATE: November 11, 2013

AES Alamitos, LLC (AES) proposes to construct the Alamitos Energy Center (AEC or project) at the existing AES Alamitos Generating Station site in Los Angeles County. Emission estimates indicate that the project will exceed Prevention of Significant Deterioration (PSD) significant emission increases for nitrogen oxides (NO<sub>x</sub>), which is an attainment pollutant, volatile organic compounds (VOC), and particulate matter with a diameter of 10 microns or less (PM<sub>10</sub>), for which the area is designated as maintenance. Therefore, the project will be required to conduct an analysis at Class I areas for which NO<sub>x</sub> and PM<sub>10</sub> could affect Air Quality Related Values (AQRVs) (40 Code of Federal Regulations [CFR] 51.166(p)(2)).<sup>1</sup> Class I AQRVs affected by significant increases in NO<sub>x</sub> and PM<sub>10</sub> are visibility and total nitrogen deposition.

An AQRV modeling protocol<sup>2</sup> was submitted to the U.S. Forest Service (USFS) on September 4, 2013. The USFS supplied comments to the modeling protocol on September 27, 2013. Subsequently, a conference call to discuss the USFS comments was conducted on November 1, 2013. The purpose of the meeting was to receive further input and clarification from the USFS regarding comments on the AQRV modeling protocol.

This technical memorandum summarizes the USFS comments on the AQRV modeling protocol and each comment is followed by a detailed response. Supporting documentation for the responses is attached to this memorandum.

In addition to the written comments below, during the November 1, 2013 conference call, the Federal Land Managers (FLMs) identified two additional Class I areas to include in the visibility and total nitrogen deposition analysis, even though the Q/d screening analysis was below the threshold of 10 for each of these areas. These two additional Class I areas are Agua Tibia Wilderness Area and San Geronio Wilderness Area. The two additional areas will be included in the visibility and total nitrogen deposition analysis for the Class I area analysis.

### **Comment 1: [Please provide] MM5 data documentation [including]: source of data, horizontal/vertical resolution, physics options, and performance evaluation.**

**Response:** As described in the AQRV modeling protocol, MM5 data for years 2006, 2007, and 2008 are proposed for this analysis. The MM5 data is of 36-kilometer (km) horizontal resolution and developed by Alpine Geophysics, LLC.

---

<sup>1</sup> No air dispersion modeling demonstration is required for VOC.

<sup>2</sup> CH2M HILL, 2013. *Dispersion Modeling Protocol for Air Quality Related Values at Class I Areas Near the Alamitos Energy Center*. Sacramento, CA. September.

Alpine Geophysics, LLC has provided a performance evaluation of the year 2006 for the continental and western United States, which is included in Attachment A. Model performance is evaluated based on state-wide statistics of temperature bias, temperature error, mixing ratio bias, mixing ratio error, and wind speed index agreement (refer to Tables 3-1, 3-4, 3-7, 3-10, and 3-14, respectively, of Attachment A) as well as numerous snapshots of MM5 predicted parameters with comparisons to contemporaneous observations.

For the 12-km and 36-km domains, the statistical values were compared with similar model performance evaluation statistics from MM5 simulations performed in previous studies upon the same or very similar grid domains. Based on this comparison, the current simulation has performance characteristics that are similar to prior studies. Of the simulations examined, no one simulation exhibits consistently superior performance. Therefore, the current MM5 simulation is performing at par with other simulations that are currently being used for air quality planning so the overall performance of the model is judged to be adequate (Alpine Geophysics, LLC, 2008. *Evaluation of 36/12/4 km MM5 for Calendar Year 2006 over the Continental and Western United States with Emphasis in Southwestern Wyoming*. December).

**Comment 2: [Please provide the] procedures for filling in missing meteorological data [and a] list of surface and upper air meteorological stations.**

**Response:** Missing meteorological data will be filled in using different approaches depending on whether it is surface station data or Miramar upper air station data.

If required, surface station data will be filled in following the procedures outlined in the *Meteorological Monitoring Guidance for Regulatory Modeling Applications*<sup>3</sup> guidance document.

Upper air sounding data will be filled in using the TRC UAMAKE pre-processor. If sounding data are missing, the UAMAKE pre-processor will extract sounding data from the prognostic data set for substitution for the missing sounding period. These data will be compared to upper air weather maps from the National Oceanic and Atmospheric Administration (NOAA) Central Library U.S. Daily Weather Maps Project<sup>4</sup> for accuracy and appropriateness.

Attachment B contains a list of the surface and upper air monitoring stations to be included in the CALMET processing.

**Comment 3: [Please supply the] list of proposed CALPUFF control options.**

**Response:** As described in the modeling protocol, the MESOPUFF II chemistry scheme will be used for the analysis. A sample CALPUFF input file is supplied in Attachment C, which contains the model triggers required to accurately characterize the emissions from the proposed source to evaluate potential impacts to visibility and total nitrogen deposition at the Class I areas analyzed.

**Comment 4: [Please supply the] list of POSTUTIL and CALPOST [control] options.**

**Response:** As recommended by the FLMs' AQRV Work Group (FLAG) guidance document<sup>5</sup>, the method 8, mode 5 option in CALPOST will be used to determine the change in background light extinction for each Class I area being evaluated. Attachment D contains the sample CALPOST output file, which identifies the control options utilized for the analysis. As agreed upon during the November 1, 2013 conference call, the Agua Tibia and San Gorgonio Wilderness areas will also be evaluated in the AQRV analysis for project

<sup>3</sup> U.S. Environmental Protection Agency (EPA), 2000. *Meteorological Monitoring Guidance for Regulatory Modeling Applications*. Office of Air Quality Planning and Standards. Research Triangle Park, NC. February. EPA-454/R-99-005.

<sup>4</sup> [http://docs.lib.noaa.gov/rescue/dwm/data\\_rescue\\_daily\\_weather\\_maps.html](http://docs.lib.noaa.gov/rescue/dwm/data_rescue_daily_weather_maps.html)

<sup>5</sup> U.S. Forest Service, National Park Service, and U.S. Fish and Wildlife Service, 2010. *Federal Land Managers' Air Quality Related Values Work group (FLAG) Phase I Report (Revised 2010)*. Natural Resource Report NPS/NRPC/NRR—2010/232. National Park Service. Denver, Colorado. November.

impacts on visibility and total nitrogen deposition. Ambient background concentrations of light attenuating pollutants are based on the 20 percent best day visibility conditions for these Class I areas. To augment the 20 percent best natural conditions presented in Table 4-1 of the modeling protocol, the proposed background values (taken from Table 5 of the FLAG guidance document) for Agua Tibia and San Gorgonio Wilderness Areas are presented in Table 1. Table 2 presents the f(RH) values used for these additional Class I areas modeled to augment the modeling protocol Table 4-2.

TABLE 1

**20 Percent Best Natural Conditions**

Aerosol Component	Agua Tibia Wilderness Area	San Gorgonio Wilderness Area
Ammonium Sulfate ( $\mu\text{g}/\text{m}^3$ )	0.03	0.03
Ammonium Nitrate ( $\mu\text{g}/\text{m}^3$ )	0.04	0.02
Organic Matter ( $\mu\text{g}/\text{m}^3$ )	0.26	0.15
Elemental Carbon ( $\mu\text{g}/\text{m}^3$ )	0.01	0.01
Soil ( $\mu\text{g}/\text{m}^3$ )	0.26	0.10
Coarse Mass ( $\mu\text{g}/\text{m}^3$ )	1.20	0.62
Sea Salt ( $\mu\text{g}/\text{m}^3$ )	0.04	0.02
Rayleigh ( $\text{Mm}^{-1}$ )	11	10

\*Data taken from Table 5 of the FLAG guidance document.

$\mu\text{g}/\text{m}^3$  = microgram per cubic meter

$\text{Mm}^{-1}$  = inverse megameters

TABLE 2

**CALPOST Method 8 f(RH) values**

f(RH) Fraction	f(RH) by Month											
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
<b>Agua Tibia Wilderness Area</b>												
f(RH) Small	2.68	2.61	2.63	2.42	2.40	2.33	2.33	2.45	2.49	2.46	2.29	2.42
f(RH) Large	2.10	2.08	2.11	1.98	1.98	1.93	1.93	2.01	2.02	1.99	1.87	1.95
f(RH) Sea Salt	2.94	2.95	3.02	2.85	2.88	2.81	2.78	2.90	2.90	2.83	2.56	2.69
<b>San Gorgonio Wilderness Area</b>												
f(RH) Small	2.94	2.94	2.74	2.36	2.34	2.00	1.88	2.02	2.05	2.04	2.10	2.43
f(RH) Large	2.21	2.23	2.13	1.90	1.90	1.69	1.62	1.71	1.72	1.70	1.73	1.92
f(RH) Sea Salt	2.97	3.06	2.93	2.60	2.63	2.28	2.13	2.30	2.31	2.24	2.25	2.55

As described in the protocol, POSTUTIL will be used to reapportion the nitrate concentrations using monthly ambient ammonia data. Attachment D contains a sample POSTUTIL input file which details the control options.

**Comment 5: Discussion on CALMET control options as proposal does not comport with August 31, 2009 EPA Model Clearinghouse memorandum.**

**Response:** Based on the USFS comment and the November 1, 2013 conference call, the control options for CALMET have been updated to reflect the recommendations in the August 31, 2009 clarification memorandum<sup>6</sup>. The revised sample CALMET input file for the proposed project is included in Attachment E.

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<sup>6</sup> EPA, 2009. *Clarification on EPA FLM Recommended Settings for CALMET*. Research Triangle Park, NC. August 31.

Attachment A

# MM5 Performance Evaluation Support Documentation

**Evaluation of 36/12/4 km MM5 for Calendar Year 2006 over the  
Continental and Western United States with Emphasis in  
Southwestern Wyoming**

**Prepared by:**

**Dennis McNally  
James G. Wilkinson  
Alpine Geophysics, LLC  
7341 Poppy Way  
Arvada, Colorado 80007**

**5 December 2008**

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## 1 INTRODUCTION

Over the past decade, emergent requirements for direct numerical simulation of urban and regional scale photochemical and secondary aerosol air quality—spawned largely by the new particulate matter (PM<sub>2.5</sub>) and regional haze regulations—have led to intensified efforts to construct high-resolution emissions, meteorological and air quality data sets. The concomitant increase in computational throughput of low-cost modern scientific workstations has ushered in a new era of regional air quality modeling. It is now possible, for example, to exercise sophisticated mesoscale prognostic meteorological models and Eulerian and Lagrangian photochemical/aerosol models for the full annual period, simulating ozone, sulfate and nitrate deposition, and secondary organic aerosols (SOA) across the entire United States (U.S.) or over discrete subregions.

One such model is the Pennsylvania State University/National Center for Atmospheric Research (PSU/NCAR) Mesoscale Model (MM5) (Dudhia, 1993; Grell et al., 1994: [www.mmm.ucar.edu/mm5](http://www.mmm.ucar.edu/mm5)). MM5 is a limited-area, non-hydrostatic, terrain-following model designed to simulate mesoscale atmospheric circulation. The model is supported by several pre- and post-processing programs which are referred to collectively as the MM5 modeling system.

This report describes an application and performance evaluation of MM5 for an atmospheric simulation for calendar 2006 over a modeling domain that covers the continental United States at 36km grid spacing, much of the Intermountain Western United States at 12km grid spacing and a 4km grid over western Wyoming, Northern Utah and Eastern Idaho.

## 2 METHODOLOGY

The methodology for this approach is very straightforward. The basic methodology was to apply the MM5 model for the 2006 annual period, and the model results (e.g., wind speeds, wind directions, temperatures) were compared with available surface meteorological observations.

### 2.1 Model Selection and Application

A brief summary of the MM5 input data preparation procedure used for this annual modeling exercise is provided in the following text.

Model Selection: The publicly available non-hydrostatic version of MM5 (version 3.7.4) was used for this modeling study. Preprocessor programs of the MM5 modeling system including TERRAIN, REGRID, LITTLE\_R, and INTERPF (UCAR, 2003b) were used to develop model inputs.

Horizontal Domain Definition: The computational grid is presented in Figure 2-1. The outer 36km domain (D01) has 165 x 129 grid cells, selected to maximize the coverage of the National Center for Environmental Prediction (NCEP) ETA analysis region. The projection is Lambert Conformal with the “national RPO” grid projection pole of 40°, -97° with true latitudes of 33° and 45°. The 12km domain (D02) has 103 x 100 grid cells with offsets from the 36km grid of 41 columns and 58 rows. The 04km domain (D03) has 163x166 grid cells with offsets from the 12km grid of 13 columns and 30 rows.

Vertical Domain Definition: The MM5 modeling is based on 34 vertical layers with an approximately 38 meter deep surface layer. The MM5 vertical domain is presented in both sigma and height coordinates in Table 2-1.

Topographic Inputs: Topographic information for the MM5 was developed using the NCAR and the United States Geological Survey (USGS) terrain databases (UCAR, 2002). The 36km grid was based on the 5 min (~9 km) Geophysical Data Center global data. The 12km grid was based on the 2 min (~4 km) Geophysical Data Center Global data and the 4km grid on the 30 sec (~1 km) data. Terrain data was interpolated to the model grid using a Cressman-type objective analysis scheme (Cressman, 1959). To avoid interpolating elevated terrain over water bodies, after the terrain databases were interpolated onto the MM5 grid, the NCAR graphic water body database was used to correct elevations over water bodies.

Vegetation Type and Land Use Inputs: Vegetation type and land use information were developed using the most recently released PSU/NCAR databases provided with the MM5 distribution (UCAR, 2002). Standard MM5 surface characteristics that correspond to each land use category were employed.

Atmospheric Data Inputs: The first guess fields were taken from the NCAR ETA archives (UCAR, 2008a). Available surface and upper-air observations were used in the

objective analyses. These data were incorporated into the analyses datasets following the procedures outlined by Stauffer and Seaman (1990) and were quality-inspected by MM5 pre-processors using automated gross-error checks and "buddy" checks. In addition, radiosonde soundings were subjected to vertical consistency checks. The synoptic-scale data used for the initialization (and in the analysis nudging discussed later) were obtained from the conventional National Weather Service (NWS) twice-daily radiosondes (UCAR, 2008a) and 3-hr NWS surface observations (UCAR, 2008b).

Water Temperature Inputs: The ETA database contains a "skin temperature" field. This can be and was used as the water temperature input to these MM5 simulations. Past studies have shown that these skin temperatures, the water temperature surrogates, can lead to temperature errors along coastlines. However, for this analysis which focuses on bulk continental scale transport with more resolved flows the intermountain west, this issue is likely not important and the skin temperatures were used.

FDDA Data Assimilation: This simulation used a combination of analysis observation based nudging. Analysis nudging coefficients of  $2.5 \times 10^{-4}$  on the 36km grid domain and  $1.0 \times 10^{-4}$  on the 12km grid domain were used for winds and temperature. For mixing ratio, analysis nudging coefficients of  $1.0 \times 10^{-5}$  were used for both the 36km and 12km grids. On the 36km and 12km grids, nudging was done at both the surface and aloft layers though nudging of temperatures and mixing ratios were excluded in the boundary layer. For the 4km grid, observation nudging to NOAA Techniques Development Lab (TDL) surface observation database (NCAR DS472.0) was used for winds with a nudging coefficient of  $4 \times 10^{-4}$ .

Physics Options: The MM5 physics options employed in this analysis were as follows:

- Betts-Miller Cumulus Parameterization;
- Pleim-Xiu PBL and Land Surface Schemes;
- Reisner 1 Mixed Phase Moisture Scheme; and
- RRTM Atmospheric Radiation Scheme.

Application Methodology: The MM5 model was executed in 5-day blocks initialized at 12Z every 5 days with a 90 second time step. Model results were output every 60 minutes and output files were split at 24 hour intervals. Twelve (12) hours of spin-up was included in each 5-day block before the data were used in the subsequent evaluation. The model was run for all of calendar year 2006.

## **2.2 Evaluation Approach**

The model evaluation approach was based on a combination of qualitative and quantitative analyses. The qualitative approach was to compare the model estimated monthly total precipitation with the monthly Center for Prediction of Climate (CPC) precipitation analysis using graphical outputs (CPC, 2008; Higgins et al., 1996). For the quantitative model performance evaluation, tabulations of (1) the model bias and error for temperature and mixing ratio and (2) the index of agreement for the wind fields were

analyzed for each of the grid domains (i.e., 36km, 12km, and 4km). The observed database for winds, temperature, and water mixing ratio used in this analysis was the NOAA Technique Development Lab (TDL) DS472 dataset (UCAR, 2008b; Vincent et al., 2007). Further, the 36km and 12km statistical results were compared to similar 36km and 12km simulations performed in other studies.

Interpretation of bulk statistics over a continental or regional scale domain is problematic. To detect if the model is missing important sub-regional features is difficult. For this analysis, the statistics were performed on a state-by-state basis, a Regional Planning Organization (RPO) basis, and on a domain-wide for the continental 36km domain and the regional 12km domain.

<b>Table 2-1. MM5 vertical domain specification.</b>				
<b>k (MM5)</b>	<b>sigma level</b>	<b>pressure (Pa)</b>	<b>height (m)</b>	<b>depth (m)</b>
34	0.000	10000	15674	2004
33	0.050	14500	13670	1585
32	0.100	19000	12085	1321
31	0.150	23500	10764	1139
30	0.200	28000	9625	1004
29	0.250	32500	8621	900
28	0.300	37000	7720	817
27	0.350	41500	6903	750
26	0.400	46000	6153	693
25	0.450	50500	5461	645
24	0.500	55000	4816	604
23	0.550	59500	4212	568
22	0.600	64000	3644	536
21	0.650	68500	3108	508
20	0.700	73000	2600	388
19	0.740	76600	2212	282
18	0.770	79300	1930	274
17	0.800	82000	1657	178
16	0.820	83800	1478	175
15	0.840	85600	1303	172
14	0.860	87400	1130	169
13	0.880	89200	961	167
12	0.900	91000	794	82
11	0.910	91900	712	82
10	0.920	92800	631	81
9	0.930	93700	550	80
8	0.940	94600	469	80
7	0.950	95500	389	79
6	0.960	96400	310	78
5	0.970	97300	232	78
4	0.980	98200	154	39
3	0.985	98650	115	39
2	0.990	99100	77	38
1	0.995	99550	38	38
0	1.000	100000	0	0

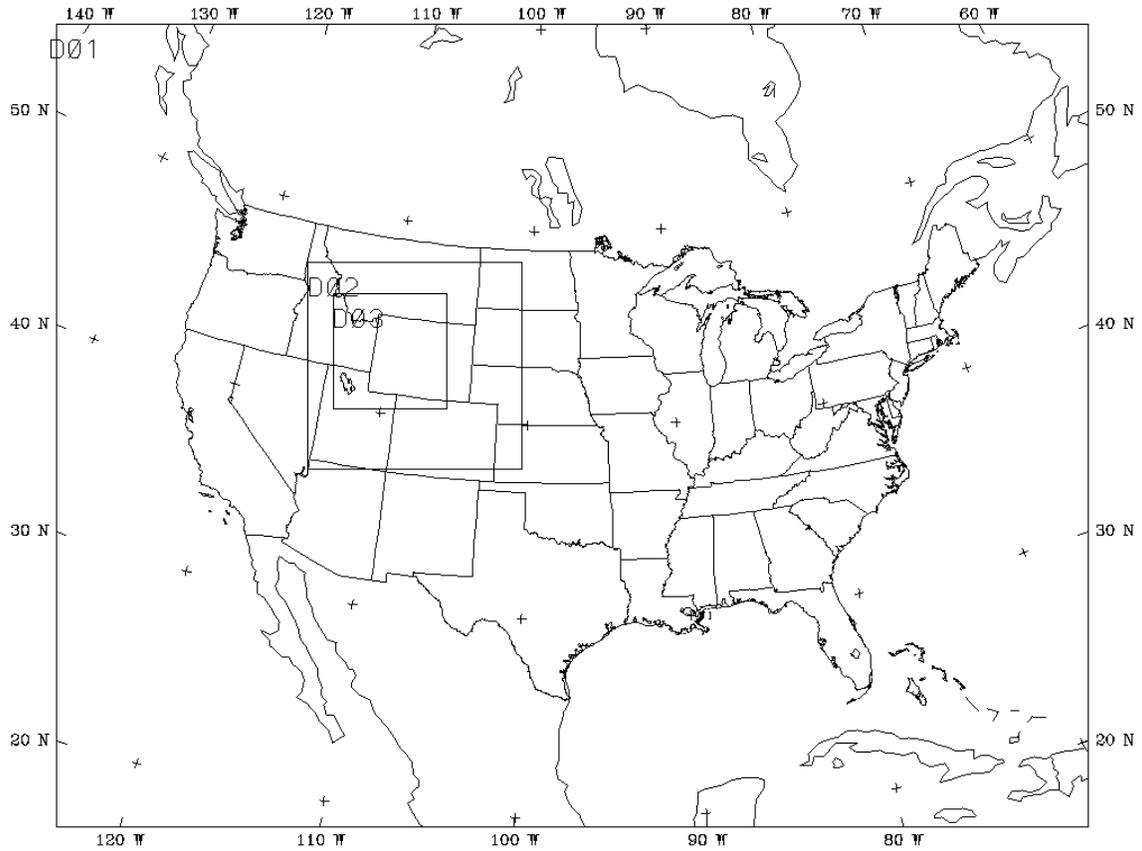


Figure 2-1. 36km (D01), 12km (D02) and 4km (D03) MM5 Domain.

### 3 MM5 PERFORMANCE EVALUATION RESULTS

#### 3.1 Introduction

Quantitative and qualitative model performance evaluation results for surface winds, temperature, mixing ratio and episode total precipitation are presented and discussed. A full annual model evaluation is very difficult to summarize in a single document. With this in mind, this section presents results so potential users of the MM5 predictions can independently judge the adequacy of the model simulation. Overall comparisons are offered herein to judge the model efficacy, but this review does not necessarily cover all potential user needs and applications.

The statistics that were estimated include the mean bias (or simply bias) and mean absolute gross error (or simply error) for temperature and mixing ratio as well as the wind speed index of agreement (Willmott, 1982; Willmott et al., 1985). Bias quantifies the difference between the average of a predicted value and the average of an observed value. If the bias is negative, the model is said to underpredict the mean observed value. Error quantifies the average of the absolute differences between the predictions and observations. Thus, even if a simulation exhibits no bias, it can still exhibit large error as the simulation results have offsetting under- and overpredictions. Index of agreement quantifies the relative average error between the predictions and observations. ***Please note*** that in the comparisons, vertical level one model estimates that are predicted at approximately nineteen meters are compared directly with the nominal, observed temperatures and moistures that are measured at about two meters and wind speeds and directions that are measured at about ten meters. As such, model performance must be judged with this caveat taken into context.

Quantitative meteorological model performance benchmarks have been developed to help assess the ability of a model to reproduce observed conditions (Emery et al., 2001). The benchmarks are based upon the evaluation of about thirty MM5 and RAMS meteorological simulations of *multi-day episodes* in support of air quality modeling study applications performed over several years. In turn, these benchmarks have been adopted for use in *annual* meteorological modeling studies. The purpose of these benchmarks is not to give a pass or fail grade to any one particular meteorological model application, but rather to put the model results into the proper context of other model simulations and meteorological data sets. That is, the benchmarks provide a contextual understanding as to how the model results compare to other model applications run over portions of the continental United States. Therefore, the benchmarks must be viewed as being *guideline* and not *bright-line* numbers. These benchmarks include bias and error in temperature and mixing ratio as well as the wind speed index of agreement (IA) between the model predictions and observational data bases. The benchmarks for each variable to judge whether predictions from a meteorological model are on par with previous meteorological modeling studies are as follows:

- Temperature bias: less than or equal to  $\pm 0.5$  K;

- Temperature error: less than or equal to 2.0 K
- Mixing ratio bias: less than or equal to  $\pm 1.0$  g/kg
- Mixing ratio error: less than or equal to 2.0 g/kg
- Wind speed index of agreement: 0 = worst, 1 = best, 0.6 = acceptable

## 3.2 Quantitative Model Evaluation Results

Tables 3-1 through 3-15 summarize the statistical metrics by month, season, and year for each state and Regional Planning Organization (RPO). The statistical metrics are presented in individual tables for the 36km, 12km, and 4km modeling domains. Model performance results of the MM5 simulation are presented for the metrics temporally by year, season, and month and spatially by the domain as a whole, by RPO subdomain, and by state. For reference, a graphic of the RPO boundaries is presented in Figure 3-1.

### 3.2.1 Temperature Bias and Error

Temperature bias statistics are presented in Tables 3-1, 3-2, and 3-3 for the 36km, 12km and 04km domains, respectively. When the temperature biases are averaged over the entire 2006 period for the entire modeling domain (ALL), the model has a bias of 0.46 K for the 36km domain, 0.27 K for the 12km domain, and 0.97 K for the 04km domain. That is, MM5 overestimates mean annual observed temperatures in all three modeling domains, with the model falling within the  $\pm 0.5$  K benchmark for the 36km and 12km domains.

Over the 36km domain, in general, MM5 tends to overpredict temperatures both seasonally and monthly with the exception of the WRAP states in spring and summer where there is a mix of positive and negative biases. Over the 12km domain, there is a general positive temperature bias seasonally and monthly with the exception of the spring months. And over the 04km domain, MM5 tends to overpredict temperatures, though March and April have distinct underpredictions.

Tables 3-4, 3-5, and 3-6 show the temperature error statistics for the 36km, 12km and 04km modeling domains, respectively. When the temperature errors are averaged over the entire 2006 period for the entire modeling domain (ALL), the model has a temperature error of 2.23 K for the 36km domain, 2.92 K for the 12km domain, and 2.89 K for the 04km domain all which miss the 2.0 K benchmark for temperature error.

Over the 36km domain on a month and seasonal basis by state and RPO subdomain, MM5 generally does not meet the 2.0 K benchmark for temperature error with the exception of the summer months for all but the WRAP states. Over the 12km and 04km domains, MM5 does not meet the benchmark for any period.

### 3.2.2 Mixing Ratio Bias and Error

Mixing ratio bias statistics are presented in Tables 3-7, 3-8, and 3-9 for the 36km, 12km, and 04km modeling domains, respectively. When the mixing ratio biases are averaged

over the entire 2006 period for the entire modeling domain (ALL), the model has a bias of 0.20 g/kg for the 36km domain, -0.04 g/kg for the 12km domain, and -0.51 g/kg for the 04km domain with all within the mixing ratio bias benchmark of  $\pm 1.0$  g/kg.

Over the 36km domain, in general, MM5 tends to overpredict mixing ratio both seasonally and monthly with the exception of the summer months most notably in the VISTAS, CENRAP and WRAP states. Over the 12km domain, there is a general negative mixing ratio bias seasonally and monthly with the exception of the winter months. And over the 04km domain, MM5 tends to underpredict mixing ratio with the exception, again, of the winter months.

Tables 3-10, 3-11, and 3-12 show the mixing ratio error statistics for the 36km, 12km and 04km modeling domains, respectively. When the mixing ratio errors are averaged over the entire 2006 period for the entire modeling domain (ALL), the model has a mixing ratio error of 1.04 g/kg for the 36km domain, 0.81 g/kg for the 12km domain, and 0.94 g/kg for the 04km domain all which meet the 2.0 g/kg benchmark for mixing ratio error.

Over the 36km domain on a month and seasonal basis by state and RPO subdomain, MM5 almost exclusively meets the 2.0 g/kg benchmark for mixing ratio error with the exceptions of Oklahoma in July and Arizona in May. Over the 12km and 04km domains, MM5 meets the benchmark for all periods.

### **3.2.3 Wind Speed Index of Agreement**

The wind speed index of agreement (IA) model performance results are presented in Tables 3-13, 3-14, and 3-15 for the 36km, 12km, and 04km domains, respectively. The 36 km domain-wide 2006 annual average IA is 0.87, which is well above the benchmark of 0.6. Seasonal and month-to-month IA values for the entire domain are also well above the 0.6 benchmark with IA values no less than 0.85. Over the entire 12km and 04km domains, the IA is 0.84 and 0.80, respectively, which are well above the benchmark. Further for the 12km and 04km domains, MM5 meets the IA benchmark for all areas both monthly and seasonally.

### **3.3 Qualitative Monthly Precipitation Analysis**

This section presents qualitative comparisons of MM5 estimated precipitation with the CPC retrospective analysis data. When comparing the CPC and MM5 precipitation data, note should be taken that the CPC analysis covers only the Continental U.S. and does not extend offshore or into Canada or Mexico. The MM5 fields, on the other hand, cover the entire 36km domain. Also note that the CPC analysis is based on a 0.25 x 0.25 degree (~40 x 40 km) grid and the MM5 is based on a 36 x 36 km grid. Neither grid will effectively capture small precipitation features.

Monthly total precipitation comparisons for the 36km domain are presented in Figures 3-2 through 3-13. For each month, the first plot (e.g., Figure 3-2a) represents the CPC analyzed precipitation data, and the second plot (e.g., Figure 3-2b) represents the MM5 total precipitation for the month (e.g., Figure 3-2 is for January 2006 over the 36km

domain). If the CPC analysis data are considered to be the observational standard for precipitation, MM5 provides an overall, reasonable representation of the spatial distribution and rate of precipitation over the contiguous U.S. for all months of 2006.

Over the 36km domain during the winter months (i.e., December, January, and February [Figures 3-13, 3-2, and 3-3]), MM5 does reasonably well at predicting the spatial extent of rainfall and the magnitude of the precipitation rates, though there is a noticeable overprediction of the rate over the Ohio River Valley and underprediction over northern Florida in February. During the spring months (i.e., March, April, and May [Figures 3-4 through 3-6]), MM5 tends to predict a greater spatial extent of rainfall with slightly higher rates over much of the domain. During the summer months (i.e., June, July, and August [Figures 3-7 through 3-9]), MM5 generally has good spatial agreement with noted additional rainfall over southern Oregon, parts of Nevada and Arizona, and much of New Mexico in June and misses precipitation over Oregon, Washington, and parts of Idaho, Nevada, Montana, and Wyoming in August. Further, MM5 has relatively high overpredictions of the precipitation rates during the summer months. During the autumn months (i.e., September, October, and November [Figures 3-10 through 3-12]), MM5 has relatively good spatial agreement though it does miss some rainfall in various parts of the 36km domain. Also, MM5 does reasonably well at predicting the rate of rainfall with various slight over- and underpredictions throughout the domain.

Over the 12km domain during the winter months (Figures 3-25, 3-14, and 3-15), MM5 does reasonably well at predicting the spatial extent of rainfall and the magnitude of the precipitation rates. During the spring months (Figures 3-16 through 3-18), MM5 tends to predict a greater spatial extent of rainfall with slightly higher rates over localized portions of the domain. During the summer months (Figures 3-19 through 3-21), MM5 generally has fair spatial agreement though misses rainfall throughout small parts of the domain and has slight overpredictions of precipitation rates. During the autumn months (Figures 3-22 through 3-24), MM5 has relatively good spatial agreement though it does miss some rainfall in the Colorado, Nebraska, Wyoming border area in September and has slight overpredictions of precipitation rates over the mountains.

Over the 04km domain during the winter months (Figures 3-37, 3-26, and 3-27), MM5 has fair spatial representation though in January, MM5 predicts rain over much of the north-south extent just east of the central portion of the domain where the CPC data indicate no rainfall. Also during the winter, MM5 has large overpredictions of rainfall rates over the mountains. During the spring months (Figures 3-28 through 3-30), MM5 tends to predict a greater spatial extent of rainfall with slightly higher rates over localized portions of the domain, especially the mountains. During the summer months (Figures 3-31 through 3-33), MM5 generally has fair spatial agreement though misses rainfall throughout small parts of the domain and has generally good agreement with precipitation rates though the peak rate tends to be displaced. During the autumn months (Figures 3-34 through 3-36), MM5 has relatively good spatial agreement and predicts reasonably well the precipitation rates with some slight displacement of the peak rate.

Of note, over mountainous terrain during some months, MM5 modeling tends to intensify precipitation and have higher amounts with less spatial coverage. This appears to be a function of the difference in grid spacing as the CPC data tends to smear precipitation over the larger 40km grid cells than the 12km or 04km grid cells used in the current MM5 simulation. Through the use of the coarse resolution CPC data, it is not possible to determine if this is a real feature or an artifact of the resolution.

### **3.4 Summary of Model Performance Evaluation**

Temperature bias and error statistics, mixing ratio bias and error statistics, and wind speed index of agreement statistics were estimated for the model predictions for the 36km, 12km and 4km modeling grids. Further, a qualitative examination of model predicted rainfall versus observed precipitation was performed.

Temperature bias performance for all three domains indicated that MM5 consistently had difficulty reproducing temperature (i.e., the  $\pm 0.5$  K benchmark was not consistently met at the spatial levels and time scales examined). This was further confirmed by the temperature error statistic with, again, MM5 failing to consistently meet the 2.0 K benchmark.

Though this may appear to be problematic, it is not outside the realm of MM5 performance as demonstrated in other studies. This issue is covered in more detail in Section 4 of this report.

Mixing ratio bias performance is good at all spatial levels and time scales that were examined over all three domains. Indeed, the model predicted mixing ratios so well that the benchmark of  $\pm 1.0$  g/kg was met in virtually all instances.

As with mixing ratio bias performance, mixing ratio error performance is good at all levels that were examined over the three domains. The model was unable to meet the benchmark of 2.0 g/kg in only two instances both of which occurred over the 36km domain.

The model also did well in regards to the wind speed index of agreement performance over the three domains. In only a handful of instances did MM5 fail to meet the benchmark of 0.6 most of which occurred over the 36km domain.

Finally, from a qualitative perspective, the model does a reasonable job of replicating rainfall. Though as noted previously, the model does tend to overpredict the magnitude of the rainfall, especially in the summer months, and overpredict the spatial extent where rainfall occurs.

**Table 3-1. Temperature bias (K) for 2006 MM5 by month, state and region in the 36km domain.**

Region	Dec	Jan	Feb	Win	Mar	Apr	May	Spr	Jun	Jul	Aug	Sum	Sep	Oct	Nov	Aut	Mean
<i>Mid-Atlantic/Northeast Visibility Union (MANE-VU)</i>																	
CT	0.32	-0.12	-0.38	-0.06	-0.31	0.42	0.63	0.25	0.65	0.56	0.68	0.63	0.76	0.48	0.61	0.62	0.36
DE	1.01	-0.43	-0.40	0.06	-0.50	0.00	-0.09	-0.20	0.26	0.15	0.02	0.14	0.30	0.52	0.48	0.43	0.11
MA	0.31	-0.35	-0.33	-0.12	-0.15	0.41	0.44	0.23	0.47	0.07	0.58	0.37	0.78	0.47	0.57	0.61	0.27
MD	0.96	0.65	0.30	0.64	0.58	0.83	0.41	0.61	0.48	0.70	0.32	0.50	0.67	0.57	0.69	0.64	0.60
ME	0.63	0.10	-0.27	0.15	-1.37	0.29	1.15	0.02	0.94	0.44	0.93	0.77	0.80	0.72	0.79	0.77	0.43
NH	0.76	0.11	-0.09	0.26	-0.37	0.70	1.30	0.54	1.34	0.86	1.15	1.12	1.16	0.89	0.94	1.00	0.73
NJ	0.29	0.14	-0.30	0.04	-0.08	0.29	0.34	0.18	0.47	0.58	0.42	0.49	0.74	0.48	0.26	0.49	0.30
NY	0.11	-0.31	-0.56	-0.25	-0.75	0.11	0.48	-0.05	0.39	0.05	0.32	0.25	0.53	0.38	0.47	0.46	0.10
PA	0.34	0.20	-0.21	0.11	0.21	0.67	0.85	0.58	0.89	0.73	0.42	0.68	0.95	0.64	0.43	0.67	0.51
RI	0.17	-0.29	-0.43	-0.18	0.04	0.55	0.50	0.36	0.53	0.33	1.15	0.67	0.63	0.40	0.52	0.52	0.34
VT	-0.06	-0.94	-1.34	-0.78	-1.57	-0.46	0.63	-0.47	0.90	0.19	0.41	0.50	0.39	0.38	0.36	0.38	-0.09
<b>MANE_VU</b>	0.37	-0.07	-0.34	-0.01	-0.36	0.38	0.66	0.23	0.67	0.41	0.55	0.54	0.74	0.54	0.54	0.61	0.34
<i>Visibility Improvement State and Tribal Association of the Southeast (VISTAS)</i>																	
AL	1.39	0.66	1.14	1.06	0.62	0.73	1.11	0.82	0.81	0.64	0.31	0.59	0.35	1.24	1.07	0.89	0.84
FL	0.53	0.62	1.02	0.72	-0.03	-0.38	0.02	-0.13	0.01	0.14	0.43	0.19	0.49	0.56	0.82	0.62	0.35
GA	1.66	0.89	1.23	1.26	0.79	0.72	1.12	0.88	0.71	0.55	0.39	0.55	0.57	1.08	0.98	0.88	0.89
KY	0.65	-0.01	0.11	0.25	0.86	1.05	1.28	1.06	1.18	1.01	0.71	0.97	1.07	0.83	0.92	0.94	0.81
MS	1.34	1.16	1.55	1.35	0.95	0.83	1.15	0.98	1.07	1.19	0.68	0.98	0.66	1.32	1.55	1.18	1.12
NC	1.68	0.84	1.17	1.23	0.92	1.08	1.39	1.13	1.04	0.60	0.37	0.67	0.43	0.78	0.73	0.65	0.92
SC	1.93	1.04	1.45	1.47	0.88	0.51	1.13	0.84	0.59	0.42	0.36	0.46	0.46	0.91	1.00	0.79	0.89
TN	1.33	0.31	0.54	0.73	0.52	0.88	1.45	0.95	1.02	0.98	0.56	0.85	0.49	0.93	1.24	0.89	0.85
VA	1.14	0.22	0.13	0.50	0.41	0.79	0.63	0.61	0.57	0.68	0.19	0.48	0.52	0.50	0.64	0.55	0.53
WV	0.35	-0.38	-1.14	-0.39	0.34	0.47	1.16	0.66	1.11	0.91	0.45	0.82	0.85	0.59	0.59	0.68	0.44
<b>VISTAS</b>	1.22	0.61	0.85	0.89	0.57	0.59	0.91	0.69	0.69	0.59	0.39	0.56	0.53	0.80	0.87	0.73	0.72
<i>Midwest Regional Planning Organization (MRPO)</i>																	
IL	0.49	-0.02	-0.05	0.14	1.12	1.45	1.48	1.35	1.20	1.04	1.05	1.10	0.96	0.58	0.85	0.80	0.85
IN	0.22	0.14	0.16	0.17	1.14	1.47	1.41	1.34	1.15	0.90	1.13	1.06	1.05	0.58	0.92	0.85	0.86
MI	0.25	0.17	-0.09	0.11	-0.14	0.84	0.88	0.53	0.68	0.44	0.91	0.68	1.17	0.94	0.54	0.88	0.55
OH	0.23	0.03	-0.14	0.04	0.97	1.20	1.30	1.16	0.93	0.85	0.84	0.87	0.85	0.54	0.68	0.69	0.69
WI	-0.19	-0.85	-1.67	-0.90	-1.33	0.84	1.31	0.27	1.27	0.80	1.07	1.05	0.89	0.39	0.09	0.46	0.22
<b>MRPO</b>	0.21	-0.13	-0.42	-0.11	0.19	1.10	1.24	0.84	1.03	0.77	0.99	0.93	1.00	0.64	0.57	0.74	0.60

**Table 3-1. Temperature bias (K) for 2006 MM5 by month, state and region in the 36km domain.**

Region	Dec	Jan	Feb	Win	Mar	Apr	May	Spr	Jun	Jul	Aug	Sum	Sep	Oct	Nov	Aut	Mean
<i>Central States Regional Air Partnership (CENRAP)</i>																	
AR	0.68	0.56	1.22	0.82	0.83	0.79	1.25	0.96	1.20	0.70	0.75	0.88	1.21	1.13	0.89	1.08	0.93
IA	0.76	0.08	-0.28	0.19	0.54	1.63	1.58	1.25	1.52	1.35	1.33	1.40	1.10	0.82	0.88	0.93	0.94
KS	1.09	0.64	0.98	0.90	0.92	0.75	1.06	0.91	0.63	0.68	0.67	0.66	1.17	0.98	1.13	1.09	0.89
LA	1.17	0.54	1.27	0.99	0.32	0.17	0.46	0.32	0.83	0.82	0.44	0.70	0.58	1.31	1.25	1.05	0.76
MN	0.28	-0.54	-0.94	-0.40	-2.00	0.54	1.32	-0.05	1.61	0.97	1.33	1.30	0.96	0.60	0.68	0.75	0.40
MO	0.11	0.13	0.46	0.23	1.00	0.94	1.25	1.06	0.91	0.51	0.27	0.56	1.02	0.65	0.49	0.72	0.65
NE	1.88	0.73	0.97	1.19	0.39	1.10	1.06	0.85	0.66	0.74	0.81	0.74	1.30	1.48	2.10	1.63	1.10
OK	0.22	0.53	0.90	0.55	0.66	0.27	0.89	0.61	1.01	0.71	0.79	0.84	0.96	0.72	0.32	0.67	0.67
TX	0.83	0.85	1.46	1.05	0.61	0.26	0.22	0.36	0.30	0.14	0.06	0.17	0.55	0.68	0.61	0.61	0.55
<b>CENRAP</b>	0.73	0.35	0.55	0.54	0.09	0.64	0.91	0.55	0.94	0.67	0.71	0.77	0.91	0.83	0.83	0.86	0.68
<i>Western Regional Air Partnership (WRAP)</i>																	
AZ	1.74	0.80	0.60	1.05	-0.25	-1.14	-1.77	-1.05	-1.38	-0.69	-0.86	-0.98	-0.27	0.05	1.06	0.28	-0.18
CA	2.01	0.82	1.11	1.31	-0.25	-0.92	-1.41	-0.86	-1.47	-1.12	-0.74	-1.11	0.06	0.31	0.96	0.44	-0.05
CO	0.96	-0.56	-0.35	0.02	-1.54	-1.57	-0.78	-1.30	-0.77	0.02	0.08	-0.22	0.16	0.01	-0.04	0.04	-0.37
ID	1.07	-0.27	-0.49	0.10	-1.55	-0.98	0.25	-0.76	0.29	0.42	0.60	0.44	1.44	1.02	-0.02	0.81	0.15
MT	0.72	-0.77	-0.95	-0.33	-1.28	-0.94	0.20	-0.67	0.09	-0.37	-0.09	-0.12	0.46	0.47	-0.25	0.23	-0.23
ND	1.32	0.41	0.27	0.67	-0.62	1.10	1.73	0.74	1.54	1.48	1.50	1.51	1.21	1.17	1.67	1.35	1.07
NM	1.03	0.20	0.59	0.61	-0.27	-0.65	-0.84	-0.59	-0.52	-0.06	0.06	-0.17	0.46	0.61	1.10	0.72	0.14
NV	1.65	-0.98	-0.90	-0.08	-1.87	-2.06	-1.70	-1.88	-2.07	-1.90	-2.18	-2.05	-0.69	-0.25	0.94	0.00	-1.00
OR	1.03	-0.26	-0.06	0.24	-1.05	-0.83	-0.54	-0.81	-0.97	-1.13	-0.81	-0.97	0.44	1.04	0.17	0.55	-0.25
SD	1.69	0.44	0.26	0.80	-0.25	1.41	1.71	0.96	1.30	1.18	1.35	1.28	1.66	1.59	1.90	1.72	1.19
UT	2.41	0.82	-0.04	1.06	-1.03	-1.69	-0.77	-1.16	-0.82	-0.83	-0.57	-0.74	0.65	0.99	1.62	1.09	0.06
WA	0.68	0.03	-0.06	0.22	-0.20	0.04	0.40	0.08	-0.13	-0.16	0.07	-0.07	1.02	0.98	0.31	0.77	0.25
WY	0.85	-1.30	-1.03	-0.49	-1.81	-2.04	-0.56	-1.47	-0.92	-0.71	-0.41	-0.68	0.19	-0.15	-0.73	-0.23	-0.72
<b>WRAP</b>	1.36	0.17	0.23	0.59	-0.69	-0.77	-0.55	-0.67	-0.66	-0.43	-0.19	-0.43	0.45	0.57	0.62	0.55	0.01
<b>ALL</b>	0.87	0.23	0.28	0.46	-0.06	0.31	0.56	0.27	0.46	0.35	0.42	0.41	0.70	0.69	0.72	0.70	0.46

(a) ALL in this case refers to those states within the area covered by the 36km modeling domain.

**Table 3-2. Temperature bias (K) for 2006 MM5 by month and state in the 12km domain.**

Region	Dec	Jan	Feb	Win	Mar	Apr	May	Spr	Jun	Jul	Aug	Sum	Sep	Oct	Nov	Aut	Mean
CO	1.19	0.26	0.24	0.56	-1.20	-1.38	-0.43	-1.00	-0.26	0.52	0.53	0.26	0.44	0.00	0.13	0.19	0.00
UT	2.28	0.89	0.06	1.08	-0.99	-1.32	-0.54	-0.95	-0.42	-0.44	-0.18	-0.35	0.85	0.94	1.68	1.16	0.23
WY	1.76	0.07	-0.05	0.59	-1.01	-1.09	0.17	-0.64	-0.07	0.18	0.42	0.18	0.84	0.30	0.05	0.40	0.13
<i>ALL</i>	1.55	0.36	0.12	0.68	-1.06	-0.88	0.10	-0.61	0.05	0.36	0.47	0.29	0.89	0.63	0.59	0.70	0.27

(a) ALL in this case refers to those states within the area covered by the 12km modeling domain.

**Table 3-3. Temperature Bias (K) for 2006 MM5 by Month in the 4km Domain.**

Region	Dec	Jan	Feb	Win	Mar	Apr	May	Spr	Jun	Jul	Aug	Sum	Sep	Oct	Nov	Aut	Mean
<i>ALL</i>	2.24	1.04	0.68	1.32	-0.94	-1.52	0.96	-0.50	1.60	1.89	1.97	1.82	2.11	1.17	0.47	1.25	0.97

**Table 3-4. Temperature error (K) for 2006 MM5 by month, state and region in the 36km domain.**

Region	Dec	Jan	Feb	Win	Mar	Apr	May	Spr	Jun	Jul	Aug	Sum	Sep	Oct	Nov	Aut	Mean
<i>Mid-Atlantic/Northeast Visibility Union (MANE-VU)</i>																	
CT	1.75	1.87	1.97	1.86	1.88	1.98	1.73	1.86	1.61	1.62	1.81	1.68	1.87	1.90	2.02	1.93	1.83
DE	2.18	2.08	2.19	2.15	2.36	2.25	1.84	2.15	1.61	1.75	1.73	1.70	1.59	1.60	1.55	1.58	1.89
MA	1.71	1.96	2.03	1.90	2.03	2.05	1.94	2.01	1.84	1.63	2.00	1.82	1.97	1.87	1.98	1.94	1.92
MD	2.58	1.85	2.04	2.16	2.11	2.15	1.90	2.05	1.67	1.68	1.85	1.73	1.80	2.11	2.26	2.06	2.00
ME	1.75	2.42	1.93	2.03	2.50	2.29	1.97	2.25	1.67	1.73	1.87	1.76	1.92	1.94	1.85	1.90	1.99
NH	2.48	2.56	2.74	2.59	3.04	2.96	2.60	2.87	2.40	2.57	2.70	2.56	2.60	2.65	2.56	2.60	2.65
NJ	1.89	1.74	1.93	1.85	1.84	2.10	1.63	1.86	1.51	1.68	1.81	1.67	1.80	1.95	1.89	1.88	1.81
NY	1.67	1.86	2.00	1.84	2.11	2.06	1.89	2.02	1.72	1.66	1.87	1.75	1.81	1.94	1.90	1.88	1.87
PA	1.75	1.70	1.67	1.71	1.77	1.94	1.84	1.85	1.72	1.58	1.70	1.67	1.71	1.78	1.87	1.79	1.75
RI	1.54	1.63	1.79	1.65	1.58	1.83	1.83	1.75	1.78	1.74	2.29	1.94	1.79	1.62	1.58	1.66	1.75
VT	1.79	2.28	2.31	2.13	2.60	2.38	2.00	2.33	1.92	1.92	2.00	1.95	1.99	2.11	2.18	2.09	2.12
<b>MANE_VU</b>	1.85	1.95	1.99	1.93	2.11	2.13	1.91	2.05	1.76	1.73	1.92	1.80	1.88	1.94	1.96	1.93	1.93
<i>Visibility Improvement State and Tribal Association of the Southeast (VISTAS)</i>																	
AL	2.47	2.09	2.22	2.26	2.14	2.14	2.13	2.14	2.25	2.05	1.90	2.07	1.95	2.39	2.38	2.24	2.18
FL	1.86	1.98	2.33	2.06	2.08	1.92	1.90	1.97	1.82	1.76	1.85	1.81	1.88	2.09	2.10	2.02	1.96
GA	2.74	2.18	2.39	2.44	2.23	2.23	2.31	2.26	2.25	2.01	1.80	2.02	1.88	2.41	2.40	2.23	2.24
KY	1.70	1.77	1.62	1.70	1.86	2.03	1.83	1.91	1.86	1.65	1.51	1.67	1.78	1.95	2.07	1.93	1.80
MS	2.27	2.28	2.38	2.31	2.21	2.05	2.09	2.12	2.39	2.15	2.09	2.21	2.07	2.37	2.67	2.37	2.25
NC	3.07	2.18	2.31	2.52	2.22	2.32	2.27	2.27	2.10	1.84	1.81	1.92	1.75	2.33	2.50	2.19	2.22
SC	2.94	2.23	2.30	2.49	2.20	2.14	2.17	2.17	1.87	1.66	1.66	1.73	1.62	2.18	2.40	2.07	2.11
TN	2.28	1.96	1.92	2.05	2.02	2.09	2.06	2.06	2.07	1.98	1.80	1.95	1.86	2.14	2.43	2.14	2.05
VA	2.83	1.93	2.15	2.30	2.14	2.32	2.10	2.19	1.92	1.77	1.83	1.84	1.86	2.20	2.40	2.15	2.12
WV	2.34	2.07	2.34	2.25	2.05	2.11	2.14	2.10	2.05	1.85	1.80	1.90	1.82	2.03	2.24	2.03	2.07
<b>VISTAS</b>	2.53	2.08	2.25	2.29	2.14	2.16	2.12	2.14	2.04	1.86	1.82	1.91	1.84	2.23	2.35	2.14	2.12
<i>Midwest Regional Planning Organization (MRPO)</i>																	
IL	1.65	1.68	1.70	1.68	1.84	2.18	2.02	2.01	1.95	1.86	1.84	1.88	2.00	1.94	1.84	1.93	1.88
IN	1.49	1.48	1.45	1.47	1.76	2.14	1.95	1.95	1.89	1.64	1.74	1.76	1.80	1.82	1.84	1.82	1.75
MI	1.31	1.33	1.55	1.40	1.98	2.20	2.06	2.08	2.15	2.01	2.04	2.07	2.00	1.86	1.67	1.84	1.85
OH	1.60	1.44	1.53	1.52	1.78	1.94	1.97	1.90	1.94	1.78	1.76	1.83	1.63	1.78	1.98	1.80	1.76
WI	1.57	1.88	2.35	1.93	2.35	2.33	2.19	2.29	2.27	2.23	2.11	2.20	2.01	1.94	1.69	1.88	2.08
<b>MRPO</b>	1.52	1.57	1.76	1.62	1.98	2.18	2.06	2.07	2.07	1.96	1.94	1.99	1.93	1.89	1.78	1.87	1.89

<b>Table 3-4. Temperature error (K) for 2006 MM5 by month, state and region in the 36km domain.</b>																	
<b>Region</b>	<b>Dec</b>	<b>Jan</b>	<b>Feb</b>	<b>Win</b>	<b>Mar</b>	<b>Apr</b>	<b>May</b>	<b>Spr</b>	<b>Jun</b>	<b>Jul</b>	<b>Aug</b>	<b>Sum</b>	<b>Sep</b>	<b>Oct</b>	<b>Nov</b>	<b>Aut</b>	<b>Mean</b>
<i>Central States Regional Air Partnership (CENRAP)</i>																	
AR	1.94	2.12	2.24	2.10	1.98	1.98	1.87	1.94	2.07	1.94	1.87	1.96	2.13	2.16	2.23	2.17	2.04
IA	2.02	1.73	1.95	1.90	2.14	2.40	2.22	2.25	2.33	2.00	1.91	2.08	2.16	2.07	2.12	2.12	2.09
KS	2.40	2.36	2.41	2.39	2.16	2.19	2.19	2.18	1.92	1.86	1.81	1.86	2.15	2.18	2.39	2.24	2.17
LA	2.37	2.40	2.53	2.43	2.18	1.94	1.97	2.03	2.20	2.06	2.05	2.10	2.14	2.40	2.60	2.38	2.24
MN	1.74	2.00	2.57	2.10	2.78	2.51	2.21	2.50	2.36	2.17	2.15	2.23	2.10	2.04	2.00	2.05	2.22
MO	1.96	1.93	1.82	1.90	2.03	2.02	1.86	1.97	1.88	1.76	1.73	1.79	2.01	1.98	1.97	1.99	1.91
NE	2.82	2.39	2.42	2.54	2.53	2.38	2.52	2.48	2.16	2.03	1.94	2.04	2.32	2.57	3.07	2.65	2.43
OK	2.50	2.55	2.41	2.49	2.05	2.04	1.97	2.02	1.97	1.82	1.90	1.90	2.20	2.14	2.14	2.16	2.14
TX	2.18	2.53	2.67	2.46	1.96	1.74	1.77	1.82	1.65	1.51	1.68	1.61	1.93	1.92	2.16	2.00	1.98
<b>CENRAP</b>	2.15	2.24	2.43	2.27	2.23	2.12	2.04	2.13	2.03	1.86	1.88	1.92	2.09	2.09	2.22	2.13	2.12
<i>Western Regional Air Partnership (WRAP)</i>																	
AZ	3.16	2.94	2.83	2.98	2.34	2.70	3.29	2.78	3.00	2.69	2.70	2.80	2.71	2.77	3.27	2.92	2.87
CA	3.47	2.60	3.08	3.05	2.18	2.37	2.84	2.46	2.98	3.10	2.77	2.95	2.96	2.92	2.78	2.89	2.84
CO	3.37	3.65	3.71	3.58	3.47	3.84	3.27	3.53	3.22	2.91	2.75	2.96	2.80	2.76	3.32	2.96	3.26
ID	2.68	2.44	3.06	2.73	2.93	3.16	3.10	3.06	2.80	3.35	3.31	3.15	3.25	2.89	2.56	2.90	2.96
MT	3.52	3.14	3.41	3.36	2.85	3.34	2.84	3.01	2.57	3.09	2.91	2.86	2.75	2.63	3.34	2.91	3.03
ND	2.34	1.96	2.49	2.26	2.01	2.65	2.54	2.40	2.35	2.57	2.48	2.47	2.18	2.12	2.68	2.33	2.36
NM	2.98	2.84	2.93	2.92	2.40	2.48	2.59	2.49	2.42	2.23	1.99	2.21	2.31	2.54	3.09	2.65	2.57
NV	3.71	2.74	3.10	3.18	2.96	3.15	3.52	3.21	3.74	3.69	4.24	3.89	3.92	3.48	3.47	3.62	3.48
OR	2.78	2.00	2.61	2.46	2.25	2.27	2.49	2.34	2.56	2.96	2.95	2.82	3.08	2.96	2.33	2.79	2.60
SD	2.64	1.93	2.09	2.22	2.35	2.60	2.64	2.53	2.50	2.48	2.32	2.43	2.31	2.48	2.71	2.50	2.42
UT	3.54	2.64	3.07	3.08	2.63	3.21	2.96	2.93	3.17	3.04	3.01	3.07	3.01	2.63	3.07	2.90	3.00
WA	1.99	1.49	2.11	1.86	1.85	1.93	2.25	2.01	2.18	2.58	2.56	2.44	2.66	2.42	1.76	2.28	2.15
WY	3.78	3.39	3.69	3.62	3.15	3.46	3.06	3.22	2.99	3.23	3.03	3.08	2.73	2.58	3.10	2.80	3.18
<b>WRAP</b>	3.06	2.58	2.93	2.86	2.45	2.69	2.80	2.65	2.76	2.87	2.69	2.77	2.76	2.70	2.77	2.74	2.76
<b>ALL</b>	2.33	2.16	2.37	2.29	2.22	2.28	2.24	2.25	2.20	2.12	2.10	2.14	2.18	2.23	2.30	2.24	2.23

(a) ALL in this case refers to those states within the area covered by the 36km modeling domain.

**Table 3-5. Temperature error (K) for 2006 MM5 by month and state in the 12km domain.**

Region	Dec	Jan	Feb	Win	Mar	Apr	May	Spr	Jun	Jul	Aug	Sum	Sep	Oct	Nov	Aut	Mean
CO	3.44	3.49	3.47	3.47	3.04	3.60	3.04	3.23	2.94	2.67	2.56	2.72	2.75	2.79	3.44	2.99	3.10
UT	3.39	2.72	3.22	3.11	2.56	3.08	3.01	2.88	3.25	3.02	3.10	3.12	3.14	2.76	3.22	3.04	3.04
WY	3.82	3.02	3.14	3.33	2.69	2.88	2.77	2.78	2.68	2.92	2.75	2.78	2.62	2.42	2.91	2.65	2.89
<i>ALL</i>	3.36	2.89	3.11	3.12	2.75	3.11	2.90	2.92	2.77	2.84	2.72	2.78	2.78	2.67	3.11	2.85	2.92

(a) ALL in this case refers to those states within the area covered by the 12km modeling domain.

**Table 3-6. Temperature error (K) for 2006 MM5 by month in the 4km domain.**

Region	Dec	Jan	Feb	Win	Mar	Apr	May	Spr	Jun	Jul	Aug	Sum	Sep	Oct	Nov	Aut	Mean
<i>ALL</i>	3.47	2.75	3.14	3.12	2.55	3.05	2.64	2.75	2.71	2.97	2.98	2.89	2.96	2.69	2.81	2.82	2.89

**Table 3-7. Mixing ratio bias (g/kg) for 2006 MM5 by month, state, and region in the 36km domain.**

Region	Dec	Jan	Feb	Win	Mar	Apr	May	Spr	Jun	Jul	Aug	Sum	Sep	Oct	Nov	Aut	Mean
<i>Mid-Atlantic/Northeast Visibility Union (MANE-VU)</i>																	
CT	0.85	0.62	0.49	0.65	0.98	0.58	0.67	0.74	0.68	0.26	0.53	0.49	0.48	0.72	0.93	0.71	0.65
DE	0.40	0.49	0.18	0.36	0.17	0.36	0.23	0.25	-0.10	-0.39	0.10	-0.13	0.28	0.22	0.57	0.36	0.21
MA	0.81	0.43	0.41	0.55	0.88	0.55	0.65	0.69	0.75	0.49	0.88	0.71	0.63	0.75	0.87	0.75	0.68
MD	0.38	0.73	0.24	0.45	0.35	0.33	0.11	0.26	-0.10	-0.72	-0.34	-0.39	0.23	-0.09	0.64	0.26	0.15
ME	0.65	0.36	0.31	0.44	0.56	0.82	0.64	0.67	0.80	0.54	0.71	0.68	0.58	0.62	0.70	0.63	0.61
NH	0.83	0.44	0.43	0.57	0.85	0.82	0.78	0.82	0.93	0.59	0.75	0.76	0.45	0.69	0.87	0.67	0.70
NJ	0.87	0.88	0.43	0.73	0.69	0.64	0.52	0.62	0.61	0.36	0.93	0.63	0.79	0.70	1.04	0.84	0.70
NY	0.75	0.58	0.36	0.56	0.65	0.53	0.43	0.54	0.55	0.39	0.62	0.52	0.51	0.69	0.84	0.68	0.57
PA	0.69	0.91	0.38	0.66	0.63	0.58	0.51	0.57	0.57	0.14	0.63	0.45	0.42	0.48	0.85	0.58	0.57
RI	0.69	0.56	0.39	0.55	0.81	0.60	0.74	0.72	0.73	0.45	0.95	0.71	0.46	0.58	0.71	0.58	0.64
VT	0.74	0.31	0.31	0.45	0.63	0.88	0.53	0.68	0.84	0.48	0.55	0.62	0.43	0.62	0.84	0.63	0.60
<b>MANE_VU</b>	0.72	0.61	0.37	0.57	0.67	0.60	0.53	0.60	0.60	0.28	0.62	0.50	0.50	0.58	0.83	0.64	0.58
<i>Visibility Improvement State and Tribal Association of the Southeast (VISTAS)</i>																	
AL	0.82	1.19	0.86	0.96	0.88	0.92	0.43	0.74	0.53	0.20	0.40	0.38	0.18	-0.02	0.30	0.15	0.56
FL	0.80	1.15	1.02	0.99	1.02	0.70	0.52	0.75	0.36	-0.31	-0.27	-0.07	0.07	0.53	0.59	0.40	0.52
GA	0.77	1.03	0.63	0.81	0.78	1.04	0.58	0.80	0.53	-0.07	0.16	0.21	0.23	0.06	0.37	0.22	0.51
KY	0.72	0.67	0.23	0.54	0.42	0.97	0.32	0.57	0.15	-0.60	-0.40	-0.28	0.21	0.20	0.61	0.34	0.29
MS	0.50	1.09	1.00	0.86	1.02	0.89	0.39	0.77	0.51	-0.34	0.34	0.17	0.12	0.15	0.26	0.18	0.49
NC	0.88	1.05	0.41	0.78	0.64	1.23	0.87	0.91	0.69	0.15	0.37	0.40	0.26	0.16	0.71	0.38	0.62
SC	1.04	1.19	0.60	0.94	0.98	1.58	1.24	1.27	0.85	0.41	0.59	0.62	0.34	0.24	0.59	0.39	0.80
TN	0.72	0.92	0.41	0.68	0.61	1.04	0.64	0.76	0.32	-0.20	-0.21	-0.03	0.32	0.01	0.46	0.26	0.42
VA	0.43	0.72	0.19	0.45	0.38	0.64	0.05	0.36	-0.23	-0.82	-0.50	-0.52	-0.11	-0.15	0.52	0.09	0.09
WV	0.49	0.84	0.25	0.53	0.58	1.06	0.52	0.72	0.28	-0.36	-0.01	-0.03	0.31	0.15	0.51	0.32	0.38
<b>VISTAS</b>	0.74	1.01	0.58	0.78	0.74	0.96	0.55	0.75	0.40	-0.20	0.02	0.07	0.16	0.16	0.53	0.28	0.47
<i>Midwest Regional Planning Organization (MRPO)</i>																	
IL	0.47	0.29	0.10	0.29	0.38	0.40	0.04	0.27	0.17	-0.19	-0.25	-0.09	0.11	0.06	0.23	0.13	0.15
IN	0.66	0.44	0.15	0.42	0.47	0.45	-0.03	0.30	0.10	-0.24	-0.25	-0.13	0.23	0.29	0.50	0.34	0.23
MI	0.41	0.37	0.26	0.35	0.46	0.35	0.29	0.37	0.36	0.44	0.40	0.40	0.39	0.33	0.30	0.34	0.36
OH	0.60	0.64	0.19	0.48	0.42	0.33	0.18	0.31	0.31	-0.08	-0.09	0.05	0.36	0.40	0.50	0.42	0.31
WI	0.34	0.23	0.15	0.24	0.36	0.43	0.21	0.33	0.55	0.62	0.26	0.48	0.38	0.06	0.17	0.20	0.31
<b>MRPO</b>	0.45	0.36	0.18	0.33	0.41	0.39	0.16	0.32	0.32	0.19	0.08	0.20	0.30	0.20	0.30	0.27	0.28

Table 3-7. Mixing ratio bias (g/kg) for 2006 MM5 by month, state, and region in the 36km domain.																	
Region	Dec	Jan	Feb	Win	Mar	Apr	May	Spr	Jun	Jul	Aug	Sum	Sep	Oct	Nov	Aut	Mean
<i>Central States Regional Air Partnership (CENRAP)</i>																	
AR	0.49	0.59	0.16	0.41	0.74	0.92	0.50	0.72	-0.15	-0.23	-0.13	-0.17	-0.01	0.00	0.17	0.05	0.25
IA	0.06	0.33	0.06	0.15	0.33	0.03	-0.58	-0.07	-0.01	-0.69	-0.37	-0.36	0.35	-0.18	-0.24	-0.02	-0.08
KS	0.14	0.23	0.15	0.17	0.28	0.68	0.53	0.50	0.29	-0.47	-0.09	-0.09	-0.07	-0.14	-0.06	-0.09	0.12
LA	0.43	0.99	1.14	0.85	1.03	1.11	0.68	0.94	0.47	0.03	0.57	0.36	0.18	0.55	0.28	0.34	0.62
MN	0.13	0.21	0.12	0.15	0.13	0.41	-0.23	0.10	-0.16	-0.14	-0.13	-0.14	0.20	-0.10	-0.09	0.00	0.03
MO	0.40	0.47	0.11	0.33	0.50	0.93	0.58	0.67	0.24	0.11	0.47	0.27	0.06	0.10	0.11	0.09	0.34
NE	0.30	0.28	0.14	0.24	0.09	0.24	0.29	0.21	0.66	-0.19	0.04	0.17	0.27	-0.07	-0.02	0.06	0.17
OK	-0.06	0.09	-0.07	-0.01	0.10	-0.07	-0.45	-0.14	-1.16	-1.73	-1.08	-1.32	-1.01	-0.55	-0.39	-0.65	-0.53
TX	-0.15	0.37	0.55	0.26	0.29	-0.12	0.06	0.08	-0.39	-0.79	-0.61	-0.60	-0.51	-0.44	-0.21	-0.39	-0.16
<b>CENRAP</b>	0.09	0.34	0.26	0.23	0.30	0.26	0.01	0.19	-0.16	-0.54	-0.30	-0.33	-0.12	-0.19	-0.12	-0.14	-0.01
<i>Western Regional Air Partnership (WRAP)</i>																	
AZ	0.20	0.38	0.51	0.36	0.47	1.09	1.93	1.16	1.49	0.14	0.09	0.57	-0.36	0.31	0.64	0.20	0.57
CA	0.10	0.01	-0.30	-0.06	0.19	0.00	-0.17	0.01	-0.33	-0.58	-0.83	-0.58	-0.82	-0.48	-0.14	-0.48	-0.28
CO	0.19	0.15	0.23	0.19	0.17	0.18	-0.12	0.08	0.00	-0.79	-0.90	-0.56	-0.76	-0.42	-0.11	-0.43	-0.18
ID	0.29	0.30	0.17	0.25	0.12	-0.03	-0.12	-0.01	-0.29	-0.15	-0.32	-0.25	-0.44	-0.33	0.19	-0.19	-0.05
MT	0.49	0.58	0.37	0.48	0.20	-0.19	-0.18	-0.06	-0.40	0.12	-0.10	-0.13	-0.15	-0.06	0.49	0.09	0.10
ND	0.28	0.42	0.28	0.33	0.20	0.10	-0.21	0.03	-0.14	-0.16	-0.12	-0.14	0.04	-0.11	0.24	0.06	0.07
NM	0.00	0.24	0.31	0.18	0.56	0.62	0.62	0.60	0.43	-0.64	-1.02	-0.41	-0.88	-0.59	0.00	-0.49	-0.03
NV	0.55	0.30	0.23	0.36	0.20	0.31	0.38	0.30	0.74	-0.08	0.62	0.43	0.44	0.16	0.73	0.44	0.38
OR	0.33	0.45	0.33	0.37	0.33	0.09	-0.09	0.11	0.08	0.61	0.18	0.29	-0.04	-0.01	0.47	0.14	0.23
SD	0.35	0.34	0.28	0.32	0.31	0.13	-0.16	0.09	0.68	0.02	-0.12	0.19	0.12	-0.09	0.06	0.03	0.16
UT	0.27	0.11	0.05	0.14	-0.01	-0.09	-0.05	-0.05	0.20	0.12	-0.49	-0.06	-0.16	-0.38	0.00	-0.18	-0.04
WA	0.18	0.43	0.23	0.28	0.19	-0.04	-0.10	0.02	-0.16	0.46	0.12	0.14	-0.08	-0.16	0.48	0.08	0.13
WY	0.40	0.30	0.24	0.31	0.07	-0.17	-0.55	-0.22	-0.30	0.20	-0.50	-0.20	-0.27	-0.04	0.17	-0.05	-0.04
<b>WRAP</b>	0.21	0.25	0.12	0.19	0.23	0.14	0.05	0.14	0.03	-0.15	-0.41	-0.18	-0.43	-0.25	0.15	-0.18	-0.01
<b>ALL</b>	0.38	0.48	0.29	0.38	0.43	0.43	0.21	0.36	0.17	-0.18	-0.09	-0.03	0.00	0.01	0.25	0.09	0.20

(a) ALL in this case refers to those states within the area covered by the 36km modeling domain.

**Table 3-8. Mixing ratio bias (g/kg) for 2006 MM5 by month and state in the 12km domain.**

Region	Dec	Jan	Feb	Win	Mar	Apr	May	Spr	Jun	Jul	Aug	Sum	Sep	Oct	Nov	Aut	Mean
CO	0.14	0.13	0.18	0.15	0.09	0.18	-0.15	0.04	0.10	-0.84	-0.94	-0.56	-0.65	-0.38	-0.09	-0.37	-0.19
UT	0.17	0.01	-0.03	0.05	-0.05	-0.02	0.07	0.00	0.29	-0.07	-0.42	-0.07	-0.14	-0.27	0.02	-0.13	-0.04
WY	0.31	0.19	0.16	0.22	-0.01	-0.16	-0.45	-0.21	-0.12	0.15	-0.44	-0.14	-0.17	0.00	0.11	-0.02	-0.04
<i>ALL</i>	0.27	0.20	0.17	0.21	0.05	0.02	-0.14	-0.02	0.03	-0.21	-0.51	-0.23	-0.30	-0.21	0.09	-0.14	-0.04

(a) ALL in this case refers to those states within the area covered by the 12km modeling domain.

**Table 3-9. Mixing ratio bias (g/kg) for 2006 MM5 by month in the 4km domain.**

Region	Dec	Jan	Feb	Win	Mar	Apr	May	Spr	Jun	Jul	Aug	Sum	Sep	Oct	Nov	Aut	Mean
<i>ALL</i>	0.24	0.14	0.12	0.17	-0.18	-0.5	-0.99	-0.56	-1.23	-1.16	-1.14	-1.18	-0.82	-0.47	-0.12	-0.47	-0.51

**Table 3-10. Mixing ratio error (g/kg) for 2006 MM5 by month, state, and region in the 36km domain.**

Region	Dec	Jan	Feb	Win	Mar	Apr	May	Spr	Jun	Jul	Aug	Sum	Sep	Oct	Nov	Aut	Mean
<i>Mid-Atlantic/Northeast Visibility Union (MANE-VU)</i>																	
CT	0.89	0.73	0.61	0.74	1.00	0.80	0.94	0.91	1.05	1.26	1.26	1.19	0.97	0.90	1.01	0.96	0.95
DE	0.63	0.66	0.41	0.57	0.62	0.84	0.87	0.78	0.95	1.31	1.12	1.13	0.82	0.73	0.71	0.75	0.81
MA	0.87	0.61	0.55	0.68	0.92	0.78	0.95	0.88	1.12	1.14	1.30	1.19	1.00	0.92	0.97	0.96	0.93
MD	0.70	0.84	0.51	0.68	0.73	1.00	1.00	0.91	1.08	1.63	1.54	1.42	1.03	0.92	0.90	0.95	0.99
ME	0.71	0.56	0.43	0.57	0.67	0.95	0.93	0.85	1.19	1.15	1.05	1.13	0.86	0.77	0.80	0.81	0.84
NH	0.91	0.62	0.52	0.68	0.91	0.99	1.03	0.98	1.29	1.27	1.16	1.24	0.88	0.86	0.95	0.90	0.95
NJ	0.96	0.92	0.56	0.81	0.78	0.88	0.99	0.88	1.15	1.37	1.50	1.34	1.22	0.99	1.12	1.11	1.04
NY	0.79	0.67	0.48	0.65	0.73	0.80	0.92	0.82	1.04	1.19	1.19	1.14	0.90	0.87	0.90	0.89	0.87
PA	0.81	0.96	0.51	0.76	0.75	0.99	1.02	0.92	1.16	1.35	1.35	1.29	0.94	0.84	0.98	0.92	0.97
RI	0.77	0.66	0.54	0.66	0.85	0.88	1.10	0.94	1.10	1.25	1.46	1.27	0.98	0.89	0.86	0.91	0.94
VT	0.78	0.51	0.44	0.58	0.76	1.04	0.96	0.92	1.29	1.29	1.07	1.22	0.84	0.81	0.89	0.85	0.89
<b>MANE_VU</b>	0.81	0.73	0.51	0.68	0.79	0.89	0.97	0.88	1.13	1.28	1.28	1.23	0.95	0.87	0.94	0.92	0.93
<i>Visibility Improvement State and Tribal Association of the Southeast (VISTAS)</i>																	
AL	1.11	1.32	1.01	1.15	1.19	1.43	1.33	1.32	1.41	1.59	1.42	1.47	1.17	1.12	0.82	1.04	1.24
FL	1.21	1.45	1.31	1.32	1.39	1.47	1.50	1.45	1.58	1.57	1.46	1.54	1.41	1.35	1.16	1.31	1.41
GA	1.19	1.27	0.99	1.15	1.26	1.67	1.62	1.52	1.84	1.79	1.64	1.76	1.44	1.26	0.94	1.21	1.41
KY	0.85	0.85	0.45	0.72	0.80	1.49	1.15	1.15	1.34	1.47	1.44	1.42	0.96	0.98	0.92	0.95	1.06
MS	0.92	1.31	1.21	1.15	1.32	1.43	1.45	1.40	1.54	1.72	1.54	1.60	1.16	1.20	0.94	1.10	1.31
NC	1.10	1.17	0.73	1.00	1.06	1.68	1.44	1.39	1.53	1.52	1.60	1.55	1.09	1.03	1.05	1.06	1.25
SC	1.31	1.30	0.86	1.16	1.23	1.78	1.57	1.53	1.53	1.31	1.43	1.42	1.02	1.02	0.92	0.99	1.27
TN	0.91	1.06	0.63	0.87	0.90	1.45	1.27	1.21	1.32	1.40	1.39	1.37	0.99	1.03	0.88	0.97	1.10
VA	0.82	0.88	0.52	0.74	0.83	1.31	1.17	1.10	1.38	1.77	1.69	1.61	1.12	1.05	0.98	1.05	1.13
WV	0.69	0.92	0.46	0.69	0.81	1.41	1.14	1.12	1.09	1.24	1.21	1.18	0.93	0.95	0.91	0.93	0.98
<b>VISTAS</b>	1.06	1.19	0.87	1.04	1.12	1.52	1.40	1.35	1.51	1.59	1.53	1.54	1.19	1.13	1.00	1.11	1.26
<i>Midwest Regional Planning Organization (MRPO)</i>																	
IL	0.63	0.55	0.42	0.53	0.71	1.22	1.15	1.03	1.31	1.54	1.40	1.42	1.03	0.92	0.70	0.88	0.96
IN	0.76	0.59	0.42	0.59	0.73	1.24	1.09	1.02	1.24	1.33	1.33	1.30	0.98	0.85	0.77	0.87	0.94
MI	0.49	0.45	0.36	0.43	0.56	0.80	0.99	0.78	1.06	1.25	1.30	1.20	0.92	0.64	0.55	0.70	0.78
OH	0.69	0.70	0.40	0.60	0.69	1.07	1.05	0.94	1.12	1.24	1.24	1.20	0.93	0.83	0.76	0.84	0.89
WI	0.45	0.42	0.31	0.39	0.52	0.96	1.01	0.83	1.25	1.47	1.22	1.31	0.92	0.65	0.46	0.68	0.80
<b>MRPO</b>	0.57	0.52	0.37	0.49	0.62	1.02	1.05	0.90	1.19	1.38	1.30	1.29	0.96	0.76	0.62	0.78	0.86

<b>Table 3-10. Mixing ratio error (g/kg) for 2006 MM5 by month, state, and region in the 36km domain.</b>																	
<b>Region</b>	<b>Dec</b>	<b>Jan</b>	<b>Feb</b>	<b>Win</b>	<b>Mar</b>	<b>Apr</b>	<b>May</b>	<b>Spr</b>	<b>Jun</b>	<b>Jul</b>	<b>Aug</b>	<b>Sum</b>	<b>Sep</b>	<b>Oct</b>	<b>Nov</b>	<b>Aut</b>	<b>Mean</b>
<i>Central States Regional Air Partnership (CENRAP)</i>																	
AR	0.80	0.85	0.69	0.78	1.10	1.36	1.37	1.28	1.38	1.68	1.63	1.56	1.11	1.17	0.90	1.06	1.17
IA	0.56	0.51	0.36	0.48	0.72	1.15	1.43	1.10	1.54	1.91	1.57	1.67	1.10	0.94	0.64	0.89	1.04
KS	0.49	0.51	0.39	0.46	0.74	1.13	1.28	1.05	1.34	1.57	1.46	1.46	0.90	0.80	0.70	0.80	0.94
LA	0.92	1.25	1.33	1.17	1.31	1.52	1.47	1.43	1.64	1.58	1.51	1.58	1.12	1.28	0.98	1.13	1.33
MN	0.36	0.40	0.28	0.35	0.43	1.10	1.19	0.91	1.36	1.72	1.41	1.50	0.99	0.77	0.45	0.74	0.87
MO	0.64	0.61	0.40	0.55	0.85	1.36	1.29	1.17	1.32	1.46	1.35	1.38	0.86	0.91	0.73	0.83	0.98
NE	0.53	0.52	0.46	0.50	0.72	1.00	1.32	1.01	1.52	1.48	1.46	1.49	0.98	0.82	0.55	0.78	0.95
OK	0.64	0.58	0.52	0.58	0.95	1.17	1.42	1.18	1.85	2.16	1.81	1.94	1.39	1.06	0.91	1.12	1.21
TX	0.91	0.91	1.02	0.95	1.30	1.51	1.54	1.45	1.58	1.67	1.66	1.64	1.41	1.38	1.04	1.28	1.33
<b>CENRAP</b>	0.65	0.66	0.62	0.64	0.90	1.27	1.38	1.18	1.51	1.72	1.56	1.60	1.16	1.05	0.77	0.99	1.10
<i>Western Regional Air Partnership (WRAP)</i>																	
AZ	0.66	0.67	0.74	0.69	1.05	1.26	2.04	1.45	1.96	1.66	1.90	1.84	1.40	1.33	0.86	1.20	1.29
CA	0.95	0.95	1.12	1.01	0.78	0.82	1.03	0.88	1.32	1.64	1.61	1.52	1.52	1.22	1.12	1.29	1.17
CO	0.49	0.49	0.47	0.48	0.70	0.78	0.99	0.82	1.28	1.54	1.51	1.44	1.18	0.88	0.58	0.88	0.91
ID	0.54	0.53	0.46	0.51	0.56	0.82	1.01	0.80	1.18	1.47	1.05	1.23	0.96	0.82	0.69	0.82	0.84
MT	0.59	0.68	0.50	0.59	0.46	0.80	1.05	0.77	1.16	1.20	0.97	1.11	0.78	0.66	0.66	0.70	0.79
ND	0.41	0.52	0.38	0.44	0.38	0.89	1.14	0.80	1.25	1.38	1.27	1.30	0.85	0.62	0.53	0.67	0.80
NM	0.54	0.54	0.61	0.56	0.92	1.07	1.23	1.07	1.46	1.51	1.66	1.54	1.43	1.17	0.59	1.06	1.06
NV	0.70	0.62	0.52	0.61	0.65	0.91	1.25	0.94	1.30	1.42	1.30	1.34	0.95	0.84	0.90	0.90	0.95
OR	0.62	0.62	0.58	0.61	0.61	0.68	0.88	0.72	0.97	1.29	1.09	1.12	0.97	0.87	0.74	0.86	0.83
SD	0.47	0.48	0.39	0.45	0.57	0.99	1.26	0.94	1.47	1.43	1.44	1.45	0.91	0.76	0.45	0.71	0.88
UT	0.47	0.49	0.44	0.47	0.62	0.74	1.05	0.80	1.25	1.47	1.33	1.35	0.93	0.97	0.56	0.82	0.86
WA	0.63	0.57	0.53	0.58	0.59	0.66	0.86	0.70	0.96	1.20	0.97	1.04	1.02	0.77	0.72	0.84	0.79
WY	0.54	0.47	0.43	0.48	0.47	0.73	1.05	0.75	1.10	1.27	1.13	1.17	0.90	0.69	0.50	0.70	0.77
<b>WRAP</b>	0.66	0.66	0.68	0.67	0.69	0.83	1.10	0.87	1.27	1.45	1.39	1.37	1.18	0.97	0.76	0.97	0.97
<b>ALL</b>	0.74	0.75	0.63	0.71	0.84	1.13	1.22	1.06	1.36	1.53	1.44	1.44	1.11	0.98	0.81	0.97	1.04

(a) ALL in this case refers to those states within the area covered by the 36km modeling domain.

**Table 3-11. Mixing ratio error (g/kg) for 2006 MM5 by month and state in the 12km domain.**

Region	Dec	Jan	Feb	Win	Mar	Apr	May	Spr	Jun	Jul	Aug	Sum	Sep	Oct	Nov	Aut	Mean
CO	0.47	0.46	0.43	0.45	0.62	0.73	0.96	0.77	1.17	1.46	1.49	1.37	1.08	0.82	0.55	0.82	0.85
UT	0.42	0.45	0.43	0.43	0.6	0.74	1.04	0.79	1.26	1.41	1.33	1.33	0.88	0.92	0.57	0.79	0.84
WY	0.47	0.42	0.36	0.42	0.44	0.69	0.98	0.70	1.07	1.19	1.07	1.11	0.83	0.65	0.47	0.65	0.72
<i>ALL</i>	0.48	0.47	0.42	0.46	0.53	0.76	1.03	0.77	1.19	1.34	1.29	1.27	0.91	0.74	0.53	0.73	0.81

(a) ALL in this case refers to those states within the area covered by the 12km modeling domain.

**Table 3-12. Mixing ratio error (g/kg) for 2006 MM5 by month in the 4km domain.**

Region	Dec	Jan	Feb	Win	Mar	Apr	May	Spr	Jun	Jul	Aug	Sum	Sep	Oct	Nov	Aut	Mean
<i>ALL</i>	0.45	0.47	0.42	0.45	0.52	0.85	1.32	0.90	1.61	1.63	1.48	1.57	1.1	0.89	0.56	0.85	0.94

**Table 3-13. Wind speed index of agreement for 2006 MM5 by month, state, and region in the 36km domain.**

Region	Dec	Jan	Feb	Win	Mar	Apr	May	Spr	Jun	Jul	Aug	Sum	Sep	Oct	Nov	Aut	Mean
<i>Mid-Atlantic/Northeast Visibility Union (MANE-VU)</i>																	
CT	0.53	0.52	0.55	0.53	0.53	0.53	0.52	0.53	0.57	0.53	0.55	0.55	0.56	0.56	0.51	0.54	0.54
DE	0.72	0.69	0.75	0.72	0.73	0.77	0.80	0.77	0.79	0.74	0.81	0.78	0.74	0.71	0.72	0.72	0.75
MA	0.55	0.61	0.58	0.58	0.59	0.64	0.65	0.63	0.57	0.64	0.57	0.59	0.63	0.59	0.57	0.60	0.60
MD	0.51	0.57	0.57	0.55	0.57	0.61	0.60	0.59	0.50	0.55	0.60	0.55	0.53	0.54	0.55	0.54	0.56
ME	0.52	0.56	0.56	0.55	0.55	0.58	0.54	0.56	0.54	0.51	0.59	0.55	0.55	0.59	0.51	0.55	0.55
NH	0.27	0.41	0.43	0.37	0.39	0.44	0.33	0.39	0.45	0.35	0.32	0.37	0.24	0.36	0.33	0.31	0.36
NJ	0.48	0.56	0.58	0.54	0.55	0.59	0.53	0.56	0.59	0.52	0.52	0.54	0.60	0.54	0.53	0.56	0.55
NY	0.68	0.71	0.68	0.69	0.71	0.68	0.71	0.70	0.71	0.72	0.67	0.70	0.72	0.68	0.66	0.69	0.69
PA	0.61	0.63	0.64	0.63	0.64	0.63	0.66	0.64	0.65	0.69	0.64	0.66	0.65	0.67	0.63	0.65	0.65
RI	0.68	0.66	0.67	0.67	0.69	0.71	0.70	0.70	0.72	0.72	0.72	0.72	0.76	0.72	0.72	0.73	0.71
VT	0.52	0.50	0.50	0.51	0.49	0.49	0.51	0.50	0.50	0.54	0.51	0.52	0.51	0.48	0.50	0.50	0.50
<b>MANE_VU</b>	0.64	0.70	0.68	0.67	0.69	0.72	0.69	0.70	0.73	0.69	0.72	0.71	0.65	0.70	0.65	0.67	0.69
<i>Visibility Improvement State and Tribal Association of the Southeast (VISTAS)</i>																	
AL	0.66	0.65	0.68	0.66	0.65	0.64	0.65	0.65	0.65	0.64	0.61	0.63	0.65	0.69	0.63	0.66	0.65
FL	0.68	0.74	0.68	0.70	0.73	0.75	0.73	0.74	0.73	0.73	0.74	0.73	0.71	0.65	0.70	0.69	0.71
GA	0.56	0.65	0.65	0.62	0.60	0.65	0.58	0.61	0.55	0.60	0.58	0.58	0.55	0.60	0.59	0.58	0.60
KY	0.56	0.56	0.58	0.57	0.53	0.55	0.55	0.54	0.57	0.54	0.58	0.56	0.59	0.57	0.59	0.58	0.56
MS	0.61	0.61	0.63	0.62	0.62	0.61	0.61	0.61	0.61	0.57	0.62	0.60	0.59	0.61	0.62	0.61	0.61
NC	0.57	0.60	0.58	0.58	0.64	0.60	0.53	0.59	0.56	0.62	0.56	0.58	0.63	0.57	0.59	0.60	0.59
SC	0.59	0.64	0.61	0.61	0.66	0.55	0.66	0.62	0.56	0.57	0.59	0.57	0.59	0.55	0.60	0.58	0.60
TN	0.62	0.59	0.60	0.60	0.56	0.67	0.60	0.61	0.64	0.63	0.64	0.64	0.63	0.64	0.66	0.64	0.62
VA	0.63	0.63	0.62	0.63	0.61	0.64	0.59	0.61	0.64	0.62	0.61	0.62	0.66	0.61	0.66	0.64	0.63
WV	0.55	0.54	0.57	0.55	0.55	0.54	0.55	0.55	0.56	0.59	0.53	0.56	0.53	0.60	0.56	0.56	0.56
<b>VISTAS</b>	0.76	0.76	0.78	0.77	0.76	0.73	0.76	0.75	0.75	0.76	0.78	0.76	0.74	0.77	0.76	0.76	0.76
<i>Midwest Regional Planning Organization (MRPO)</i>																	
IL	0.67	0.65	0.67	0.66	0.66	0.62	0.66	0.65	0.64	0.64	0.66	0.65	0.68	0.65	0.70	0.68	0.66
IN	0.61	0.60	0.61	0.61	0.62	0.58	0.58	0.59	0.61	0.58	0.62	0.60	0.62	0.63	0.62	0.62	0.61
MI	0.64	0.64	0.66	0.65	0.65	0.62	0.63	0.63	0.66	0.63	0.63	0.64	0.66	0.65	0.64	0.65	0.64
OH	0.64	0.62	0.63	0.63	0.62	0.65	0.62	0.63	0.64	0.65	0.65	0.65	0.62	0.65	0.64	0.64	0.64
WI	0.62	0.63	0.63	0.63	0.61	0.58	0.61	0.60	0.62	0.59	0.59	0.60	0.60	0.59	0.62	0.60	0.61
<b>MRPO</b>	0.73	0.72	0.71	0.72	0.73	0.69	0.75	0.72	0.73	0.76	0.72	0.74	0.76	0.74	0.77	0.76	0.73

**Table 3-13. Wind speed index of agreement for 2006 MM5 by month, state, and region in the 36km domain.**

<i>Central States Regional Air Partnership (CENRAP)</i>																	
AR	0.72	0.69	0.68	0.70	0.66	0.66	0.71	0.68	0.71	0.66	0.71	0.69	0.70	0.70	0.71	0.70	0.69
IA	0.68	0.63	0.65	0.65	0.69	0.64	0.70	0.68	0.65	0.66	0.66	0.66	0.69	0.67	0.71	0.69	0.67
KS	0.75	0.74	0.74	0.74	0.73	0.73	0.72	0.73	0.75	0.74	0.71	0.73	0.73	0.69	0.78	0.73	0.73
LA	0.65	0.68	0.67	0.67	0.62	0.68	0.66	0.65	0.65	0.68	0.65	0.66	0.65	0.65	0.67	0.66	0.66
MN	0.64	0.67	0.67	0.66	0.66	0.67	0.68	0.67	0.69	0.70	0.68	0.69	0.70	0.70	0.65	0.68	0.68
MO	0.68	0.69	0.70	0.69	0.68	0.64	0.67	0.66	0.69	0.67	0.66	0.67	0.66	0.72	0.66	0.68	0.68
NE	0.77	0.78	0.76	0.77	0.78	0.78	0.75	0.77	0.73	0.73	0.72	0.73	0.76	0.72	0.80	0.76	0.76
OK	0.71	0.68	0.70	0.70	0.70	0.66	0.70	0.69	0.68	0.69	0.68	0.68	0.67	0.64	0.69	0.67	0.68
TX	0.77	0.76	0.77	0.77	0.75	0.77	0.77	0.76	0.75	0.73	0.78	0.75	0.74	0.75	0.78	0.76	0.76
<b>CENRAP</b>	0.85	0.83	0.83	0.84	0.82	0.82	0.85	0.83	0.86	0.85	0.84	0.85	0.88	0.85	0.83	0.85	0.84
<i>Western Regional Air Partnership (WRAP)</i>																	
AZ	0.74	0.75	0.72	0.74	0.65	0.72	0.75	0.71	0.71	0.69	0.73	0.71	0.72	0.71	0.75	0.73	0.72
CA	0.79	0.73	0.74	0.75	0.74	0.74	0.74	0.74	0.75	0.75	0.76	0.75	0.78	0.78	0.78	0.78	0.76
CO	0.72	0.79	0.79	0.77	0.78	0.76	0.77	0.77	0.78	0.75	0.76	0.76	0.76	0.72	0.74	0.74	0.76
ID	0.72	0.77	0.77	0.75	0.74	0.73	0.71	0.73	0.77	0.75	0.69	0.74	0.74	0.74	0.69	0.72	0.73
MT	0.68	0.78	0.78	0.75	0.76	0.78	0.77	0.77	0.76	0.76	0.78	0.77	0.73	0.73	0.74	0.73	0.75
ND	0.71	0.74	0.73	0.73	0.68	0.73	0.73	0.71	0.76	0.72	0.69	0.72	0.77	0.74	0.69	0.73	0.72
NM	0.73	0.77	0.77	0.76	0.78	0.80	0.79	0.79	0.79	0.77	0.77	0.78	0.78	0.77	0.75	0.77	0.77
NV	0.76	0.74	0.74	0.75	0.73	0.75	0.74	0.74	0.72	0.73	0.76	0.74	0.75	0.74	0.74	0.74	0.74
OR	0.72	0.72	0.73	0.72	0.76	0.72	0.75	0.74	0.76	0.77	0.76	0.76	0.74	0.73	0.72	0.73	0.74
SD	0.80	0.79	0.80	0.80	0.79	0.78	0.72	0.76	0.74	0.77	0.80	0.77	0.74	0.72	0.75	0.74	0.77
UT	0.72	0.68	0.72	0.71	0.71	0.73	0.72	0.72	0.72	0.72	0.75	0.73	0.74	0.74	0.71	0.73	0.72
WA	0.72	0.77	0.74	0.74	0.81	0.78	0.81	0.80	0.71	0.76	0.77	0.75	0.75	0.71	0.71	0.72	0.75
WY	0.65	0.76	0.78	0.73	0.76	0.76	0.74	0.75	0.68	0.69	0.73	0.70	0.67	0.66	0.73	0.69	0.72
<b>WRAP</b>	0.86	0.86	0.86	0.86	0.85	0.84	0.87	0.85	0.84	0.84	0.84	0.84	0.83	0.86	0.85	0.85	0.85
<b>ALL</b>	0.87	0.86	0.88	0.87	0.87	0.85	0.85	0.86	0.90	0.88	0.87	0.88	0.87	0.89	0.88	0.88	0.87

(a) ALL in this case refers to those states within the area covered by the 36km modeling domain.

**Table 3-14. Wind speed index of agreement for 2006 MM5 by month and state in the 12km domain.**

Region	Dec	Jan	Feb	Win	Mar	Apr	May	Spr	Jun	Jul	Aug	Sum	Sep	Oct	Nov	Aut	Mean
CO	0.75	0.80	0.80	0.78	0.81	0.77	0.79	0.79	0.78	0.80	0.78	0.79	0.79	0.76	0.77	0.77	0.78
UT	0.75	0.70	0.74	0.73	0.72	0.76	0.74	0.74	0.74	0.72	0.77	0.74	0.76	0.76	0.73	0.75	0.74
WY	0.81	0.79	0.80	0.80	0.79	0.81	0.78	0.79	0.80	0.78	0.81	0.80	0.79	0.80	0.79	0.79	0.80
<i>ALL</i>	0.83	0.85	0.85	0.84	0.86	0.85	0.84	0.85	0.83	0.83	0.82	0.83	0.83	0.83	0.80	0.82	0.84

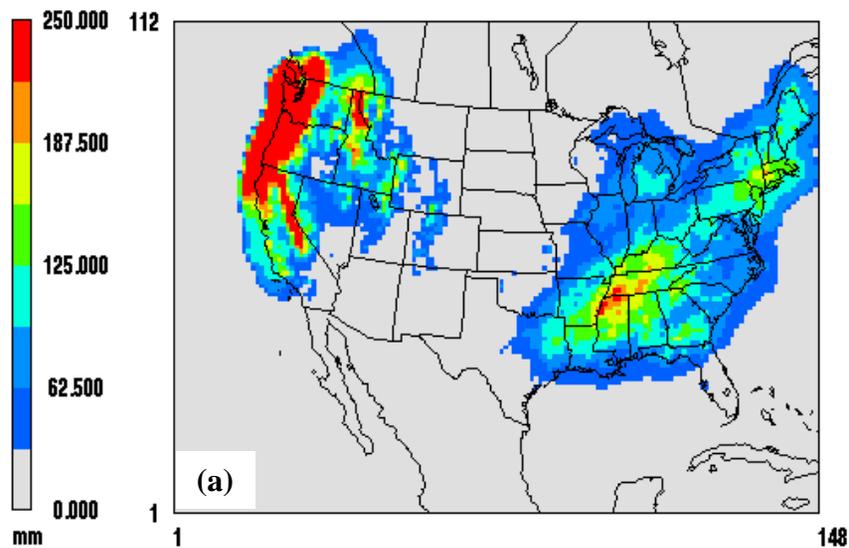
(a) ALL in this case refers to those states within the area covered by the 12km modeling domain.

**Table 3-15. Wind speed index of agreement for 2006 MM5 by month in the 4km domain.**

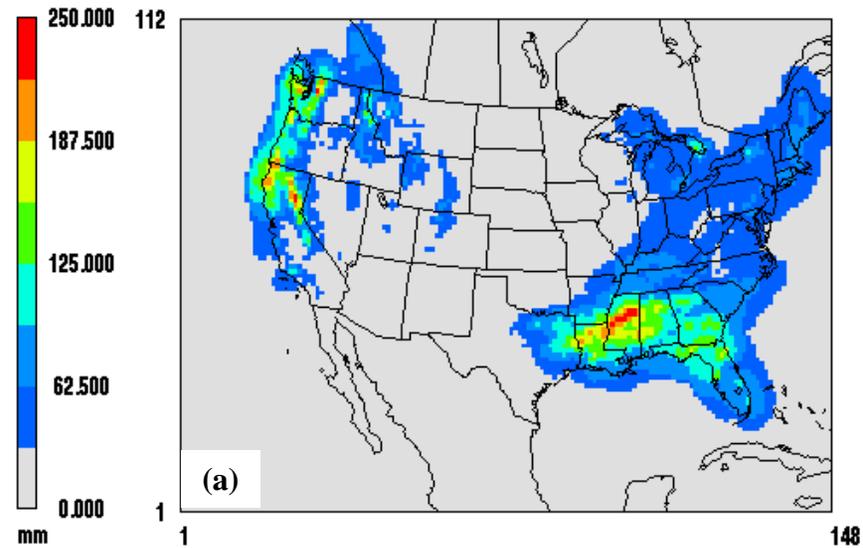
Region	Dec	Jan	Feb	Win	Mar	Apr	May	Spr	Jun	Jul	Aug	Sum	Sep	Oct	Nov	Aut	Mean
<i>ALL</i>	0.76	0.80	0.81	0.79	0.81	0.81	0.81	0.81	0.81	0.77	0.78	0.79	0.80	0.79	0.81	0.80	0.80



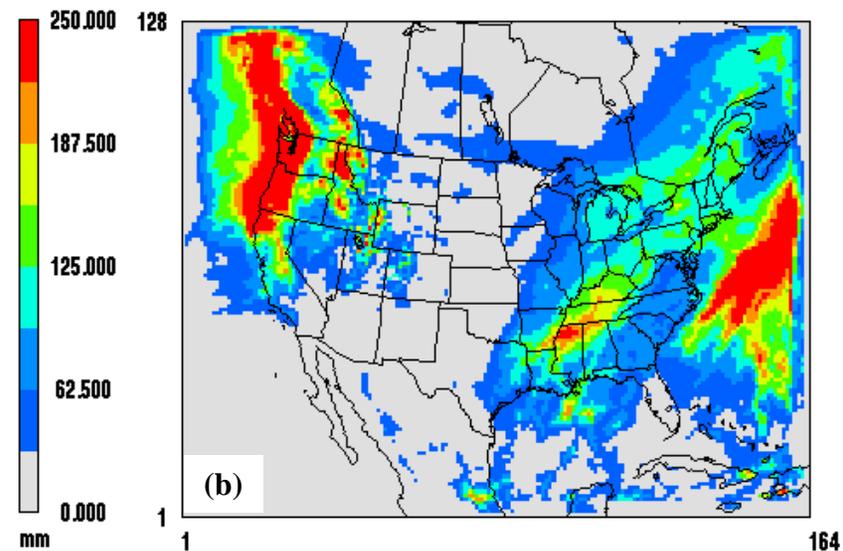
Figure 3-1. Regional Planning Organization (RPO) Boundaries.



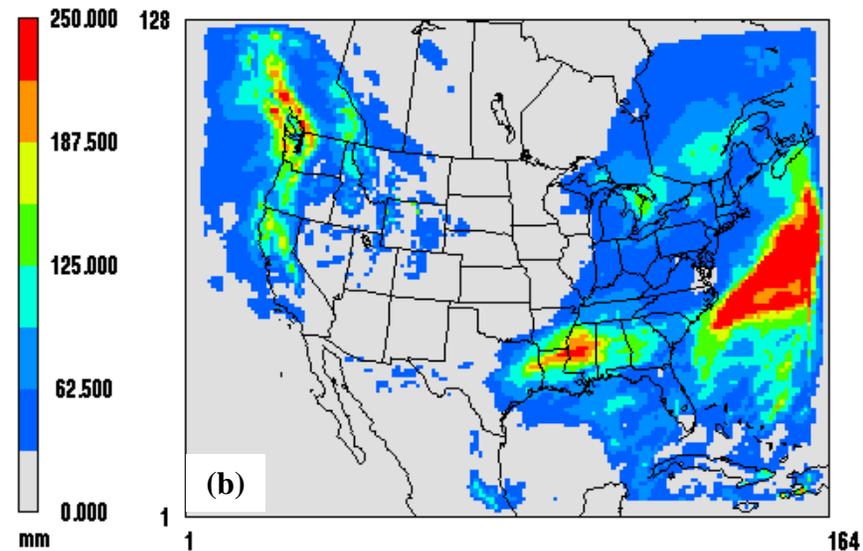
FAVE  
by  
MCNC  
**January 1,2006 0:00:00**  
Min= 0.000 at (1,1), Max= 828.393 at (28,96)



FAVE  
by  
MCNC  
**February 1,2006 0:00:00**  
Min= 0.000 at (1,1), Max= 262.602 at (103,45)



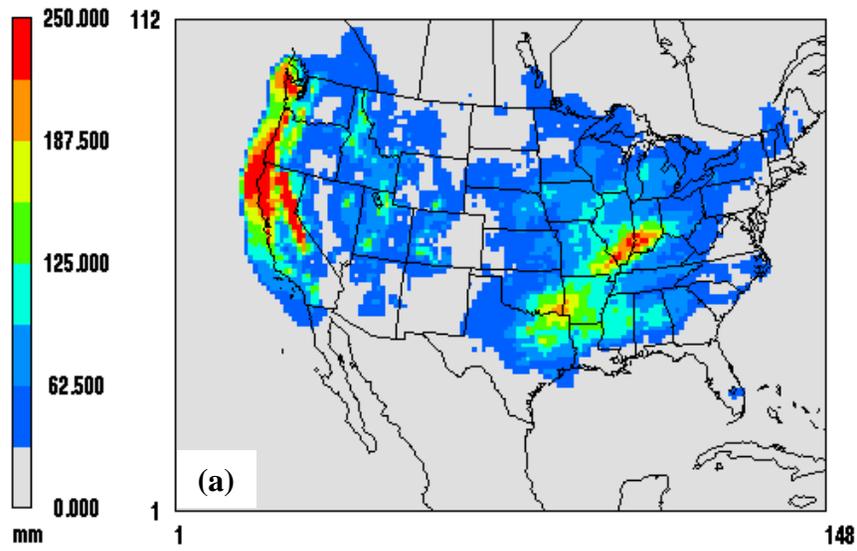
FAVE  
by  
MCNC  
**January 1,2006 0:00:00**  
Min= 0.000 at (1,1), Max= 615.848 at (31,102)



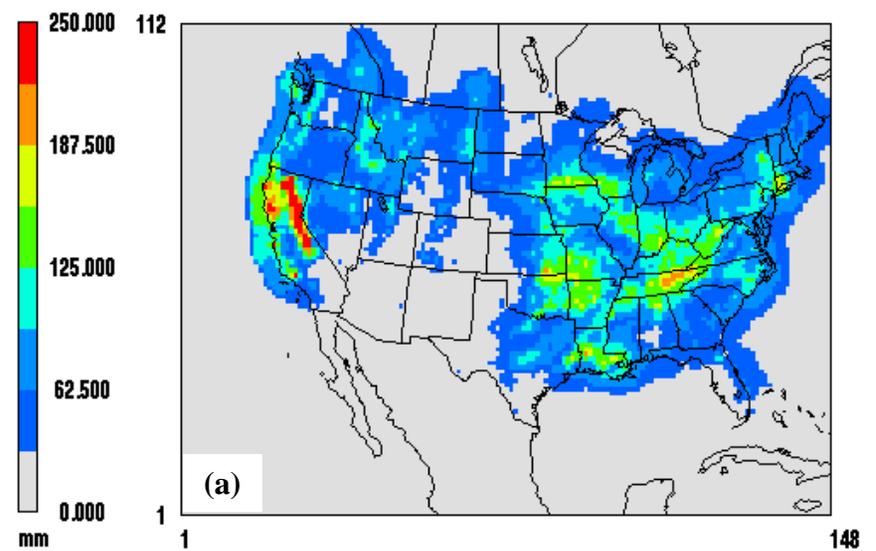
FAVE  
by  
MCNC  
**February 1,2006 0:00:00**  
Min= 0.000 at (1,1), Max= 730.409 at (160,70)

Figure 3-2. Precipitation for January 2006 over the 36km domain. (a) CPC analyzed precipitation. (b) MM5 predicted precipitation.

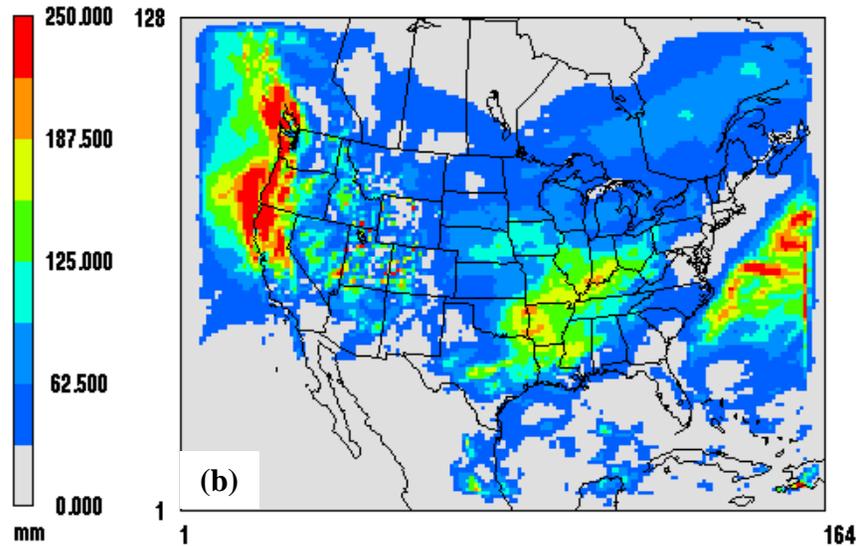
Figure 3-3. Precipitation for February 2006 over the 36km domain. (a) CPC analyzed precipitation. (b) MM5 predicted precipitation.



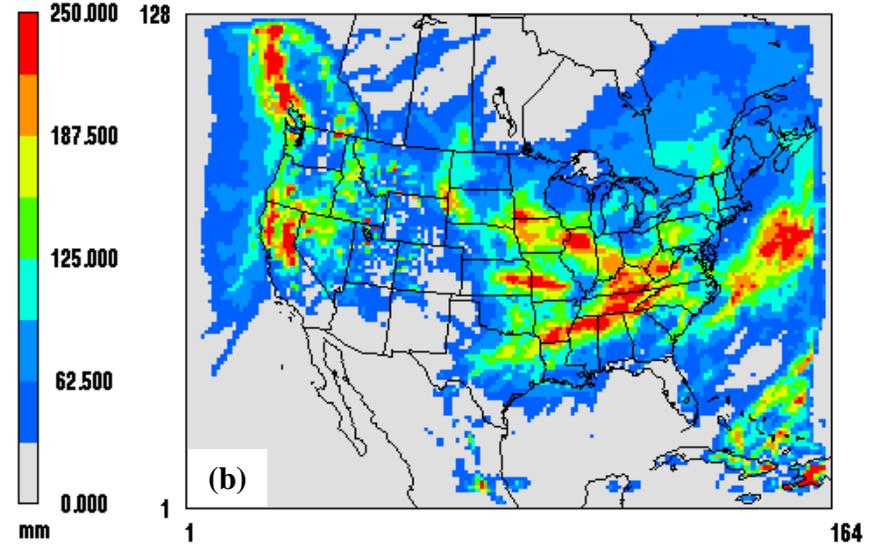
FAVE  
by  
MCNC  
March 1, 2006 0:00:00  
Min= 0.000 at (1,1), Max= 432.308 at (20,75)



FAVE  
by  
MCNC  
April 1, 2006 0:00:00  
Min= 0.000 at (1,1), Max= 386.616 at (27,70)



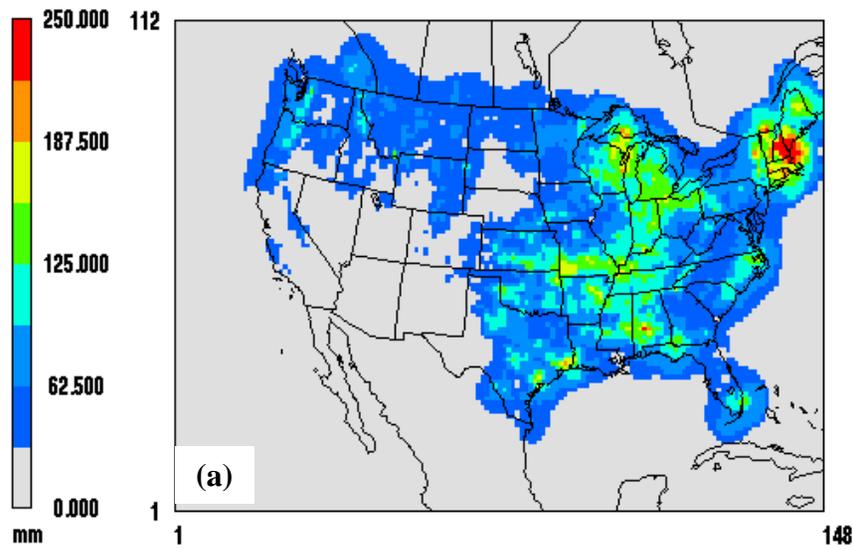
FAVE  
by  
MCNC  
March 1, 2006 0:00:00  
Min= 0.000 at (1,1), Max= 452.118 at (24,103)



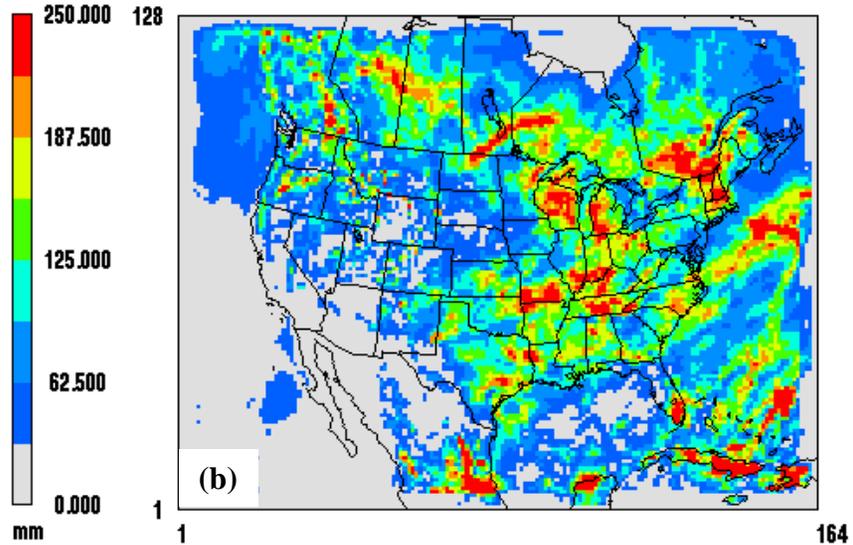
FAVE  
by  
MCNC  
April 1, 2006 0:00:00  
Min= 0.000 at (1,1), Max= 933.673 at (158,7)

Figure 3-4. Precipitation for March 2006 over the 36km domain. (a) CPC analyzed precipitation. (b) MM5 predicted precipitation.

Figure 3-5. Precipitation for April 2006 over the 36km domain. (a) CPC analyzed precipitation. (b) MM5 predicted precipitation.

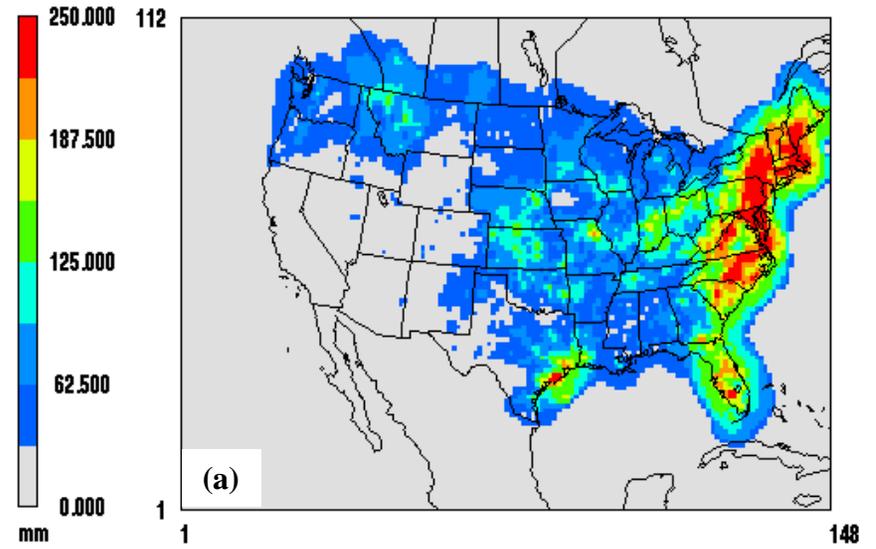


FAVE by MCNC  
**May 1, 2006 0:00:00**  
 Min= 0.000 at (1,1), Max= 415.900 at (141,83)

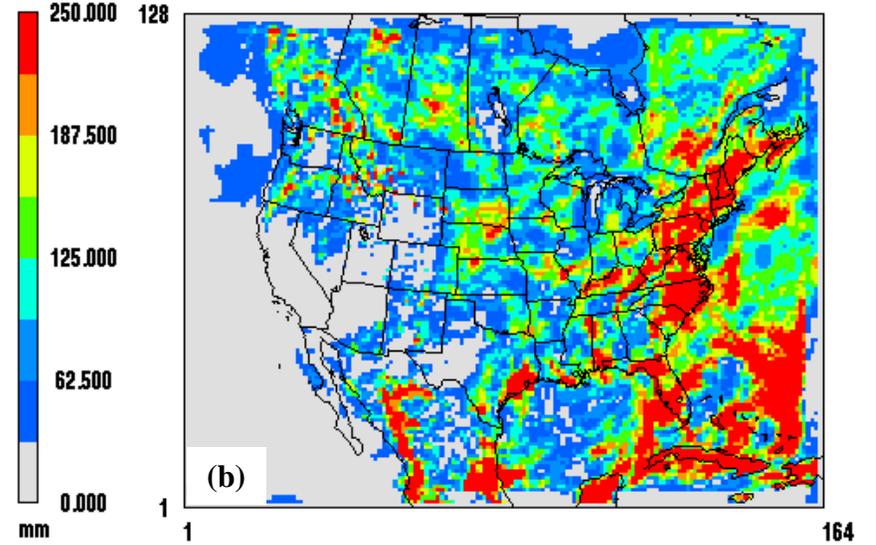


FAVE by MCNC  
**May 1, 2006 0:00:00**  
 Min= 0.000 at (1,1), Max= 932.735 at (158,7)

Figure 3-6. Precipitation for May 2006 over the 36km domain. (a) CPC analyzed precipitation. (b) MM5 predicted precipitation.



FAVE by MCNC  
**June 1, 2006 0:00:00**  
 Min= 0.000 at (1,1), Max= 350.556 at (131,73)



FAVE by MCNC  
**June 1, 2006 0:00:00**  
 Min= 0.000 at (1,1), Max= 1251.234 at (158,7)

Figure 3-7. Precipitation for June 2006 over the 36km domain. (a) CPC analyzed precipitation. (b) MM5 predicted precipitation.

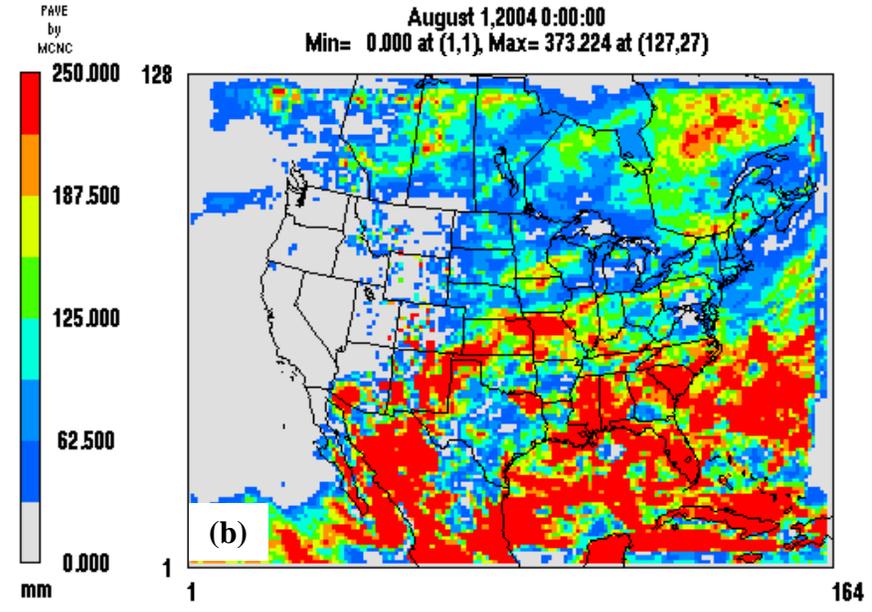
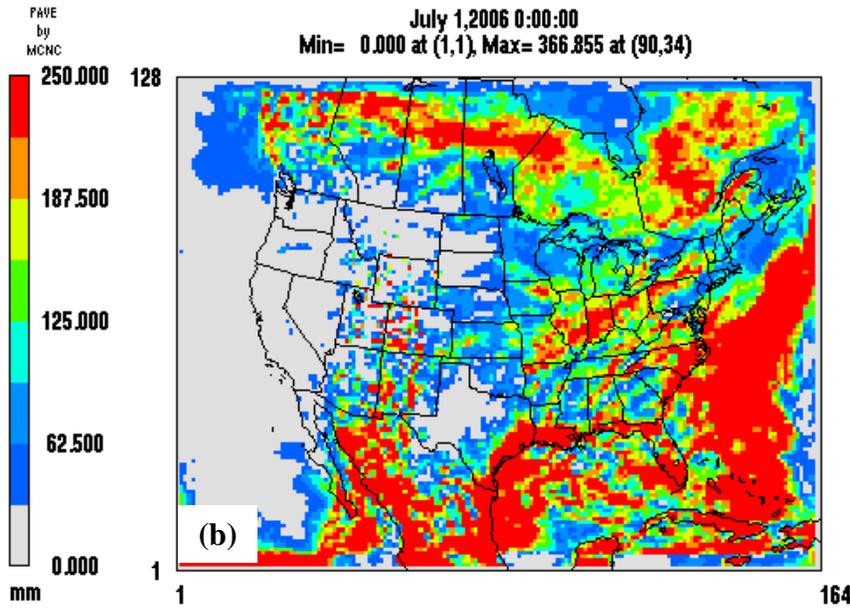
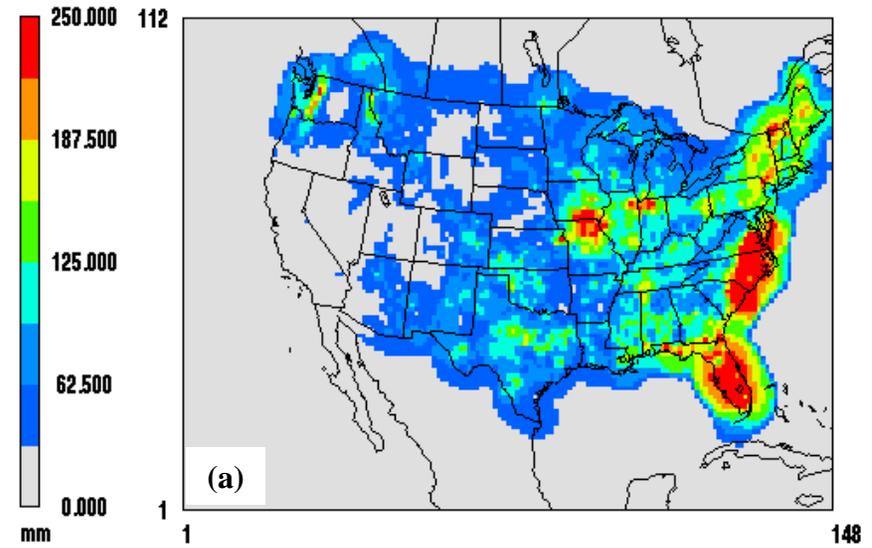
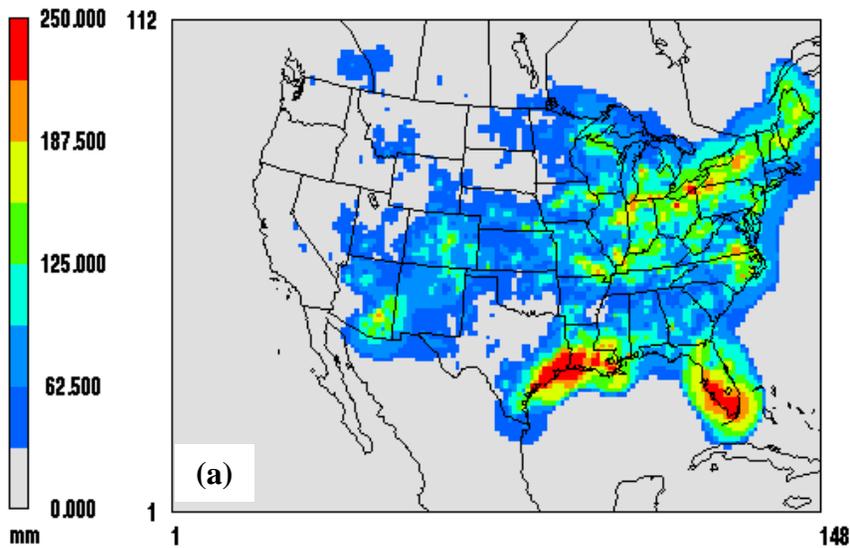
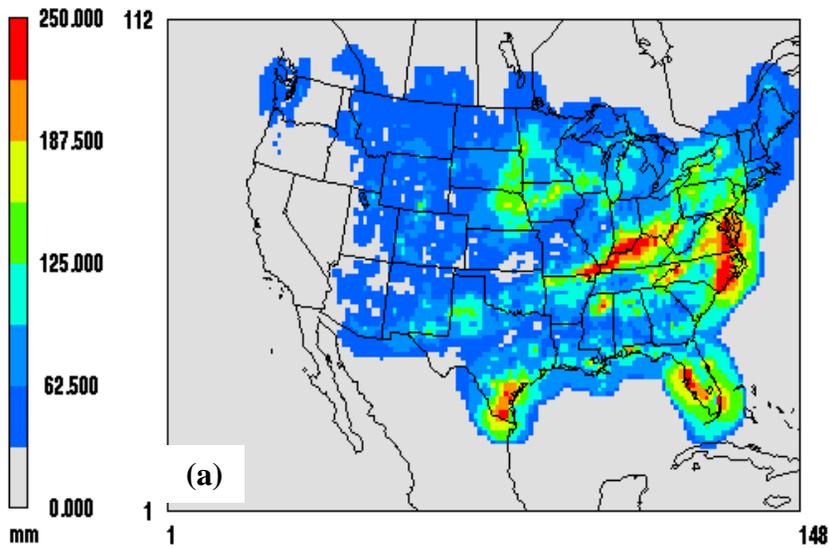
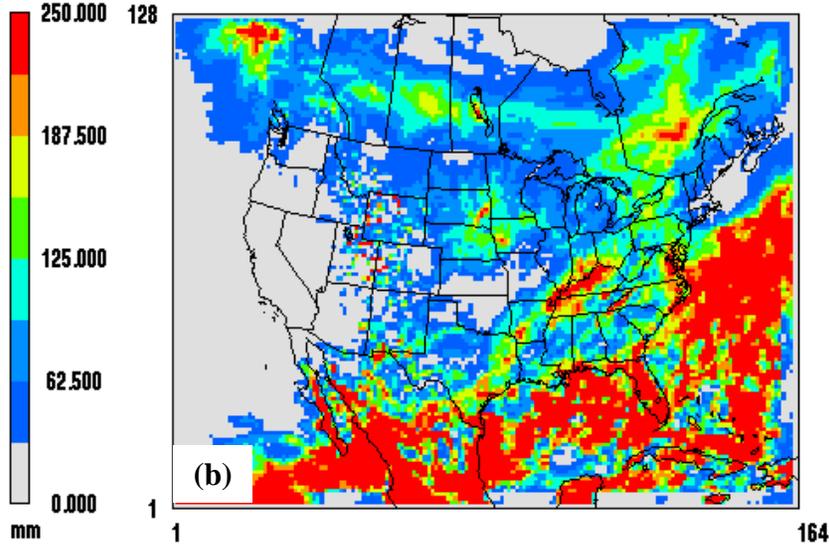


Figure 3-8. Precipitation for July 2006 over the 36km domain. (a) CPC analyzed precipitation. (b) MMS predicted precipitation.

Figure 3-9. Precipitation for August 2006 over the 36km domain. (a) CPC analyzed precipitation. (b) MMS predicted precipitation.

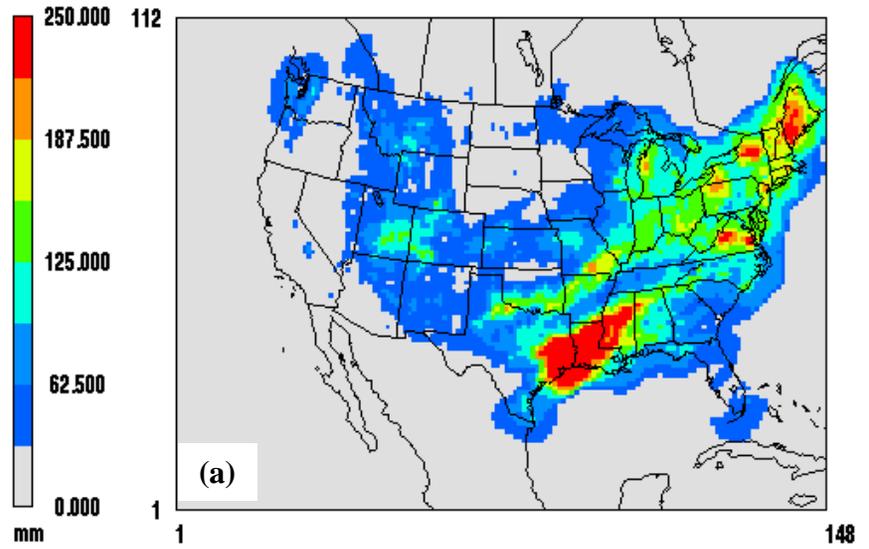


September 1,2006 0:00:00  
Min= 0.000 at (1,1), Max= 325.016 at (131,54)

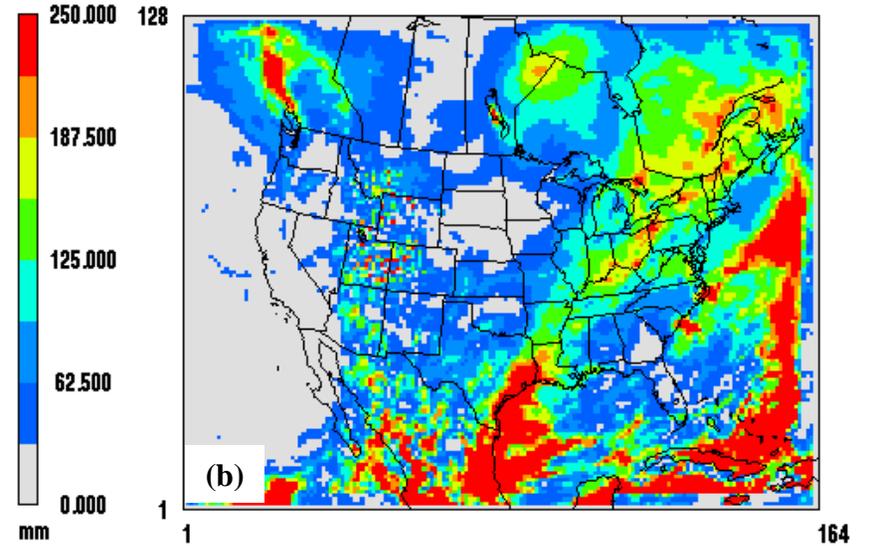


September 1,2006 0:00:00  
Min= 0.000 at (1,1), Max=2468.892 at (45,16)

Figure 3-10. Precipitation for September 2006 over the 36km domain. (a) CPC analyzed precipitation. (b) MMS predicted precipitation.

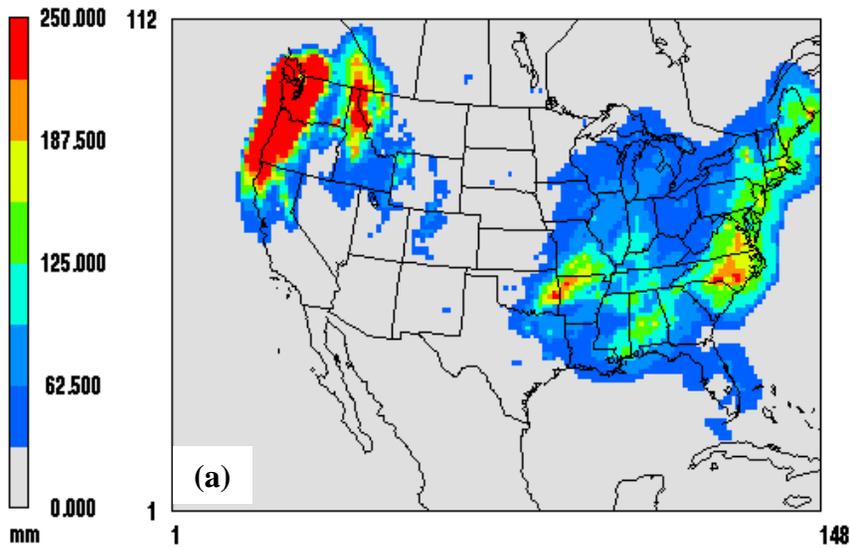


October 1,2006 0:00:00  
Min= 0.000 at (1,1), Max= 610.613 at (90,36)

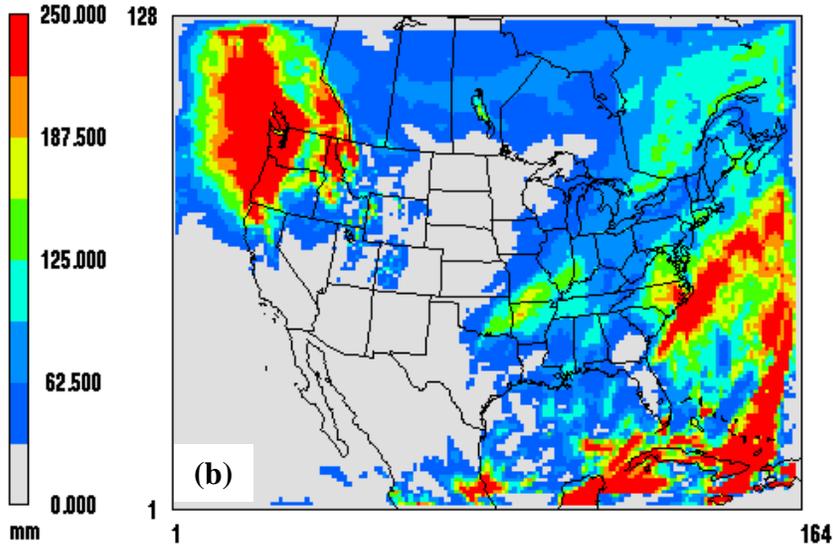


October 1,2006 0:00:00  
Min= 0.000 at (1,1), Max=1592.786 at (161,7)

Figure 3-11. Precipitation for October 2006 over the 36km domain. (a) CPC analyzed precipitation. (b) MMS predicted precipitation.

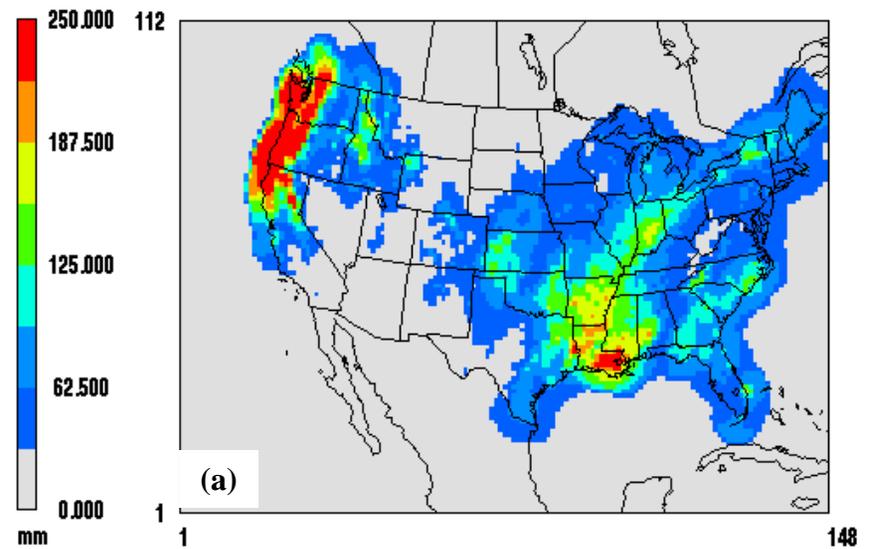


November 1, 2006 0:00:00  
Min= 0.000 at (1,1), Max= 899.532 at (28,96)

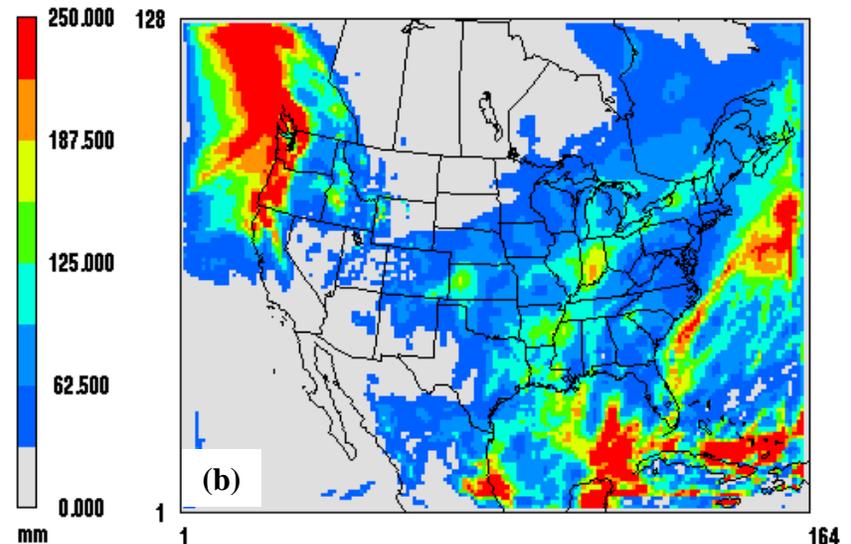


November 1, 2006 0:00:00  
Min= 0.000 at (1,1), Max= 1485.732 at (150,11)

Figure 3-12. Precipitation for November 2006 over the 36km domain. (a) CPC analyzed precipitation. (b) MMS5 predicted precipitation.

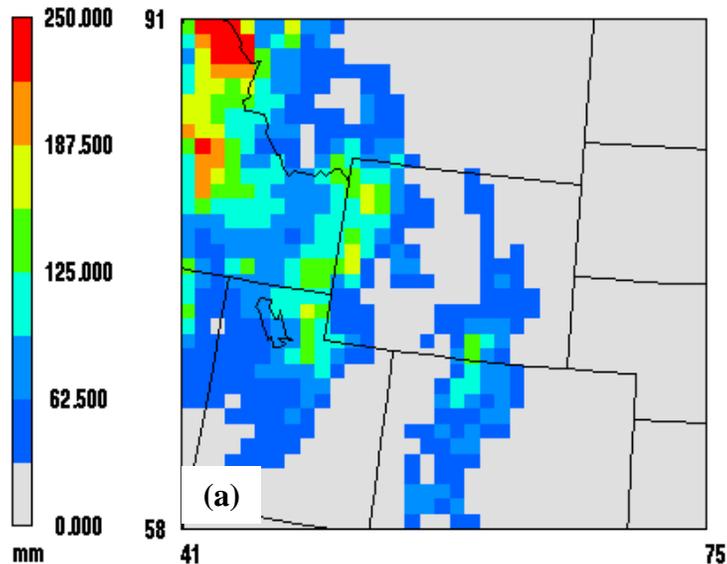


December 1, 2006 0:00:00  
Min= 0.000 at (1,1), Max= 457.773 at (23,80)

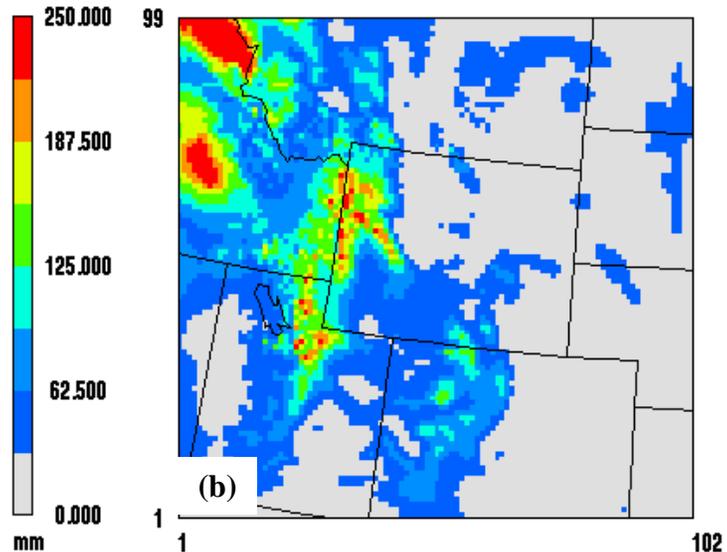


December 1, 2006 0:00:00  
Min= 0.000 at (1,1), Max= 763.734 at (26,108)

Figure 3-13. Precipitation for December 2006 over the 36km domain. (a) CPC analyzed precipitation. (b) MMS5 predicted precipitation.

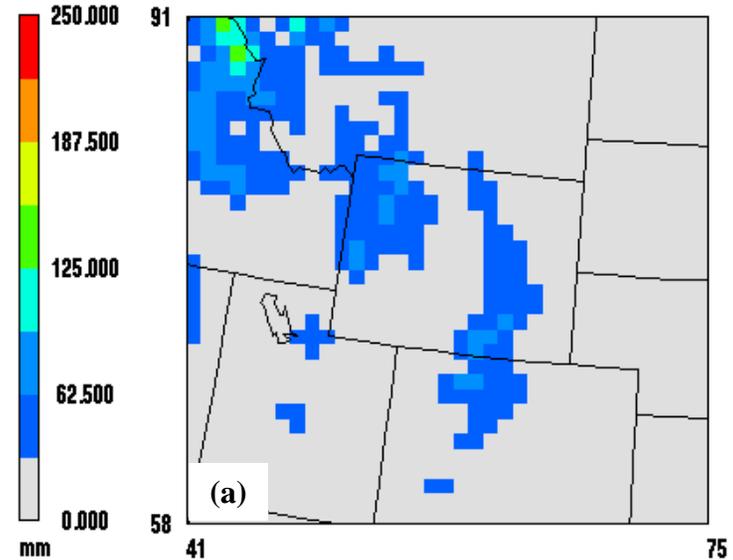


FAVE by MCNC  
**January 1, 2006 0:00:00**  
 Min= 0.620 at (68,65), Max= 337.375 at (44,90)

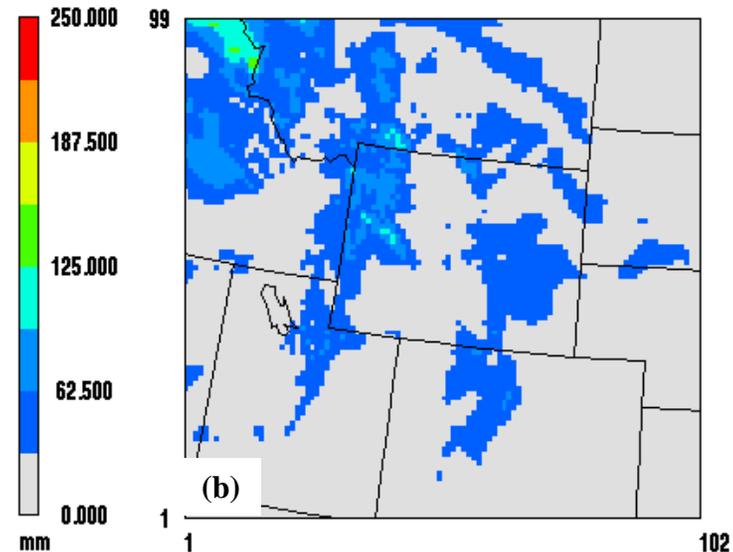


FAVE by MCNC  
**January 1, 2006 0:00:00**  
 Min= 0.666 at (74,28), Max= 351.068 at (9,93)

Figure 3-14. Precipitation for January 2006 over the 12km domain. (a) CPC analyzed precipitation. (b) MMS5 predicted precipitation.

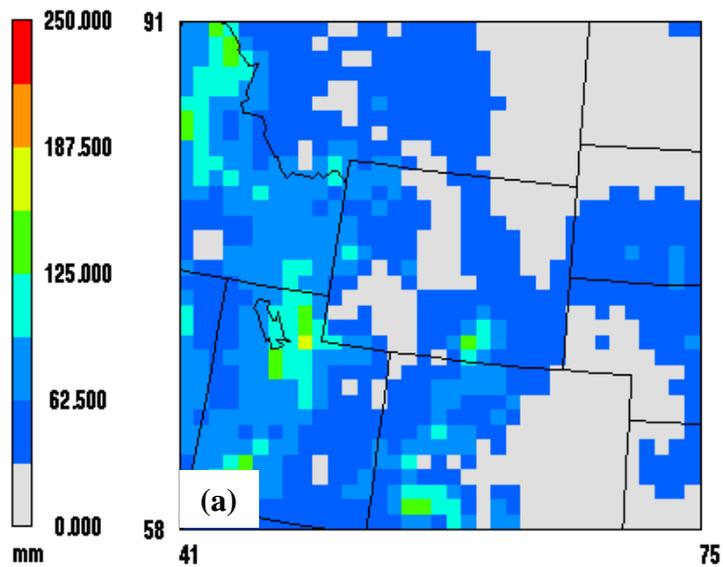


FAVE by MCNC  
**February 1, 2006 0:00:00**  
 Min= 0.013 at (68,61), Max= 145.279 at (43,91)

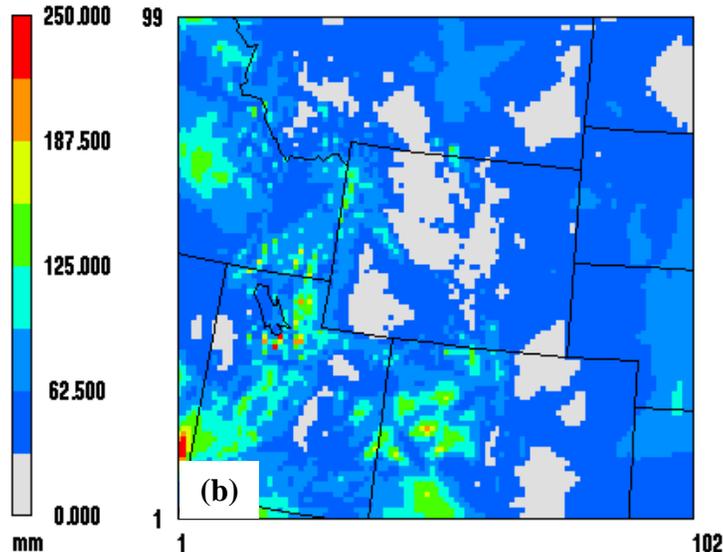


FAVE by MCNC  
**February 1, 2006 0:00:00**  
 Min= 0.067 at (35,2), Max= 140.607 at (14,91)

Figure 3-15. Precipitation for February 2006 over the 12km domain. (a) CPC analyzed precipitation. (b) MMS5 predicted precipitation.

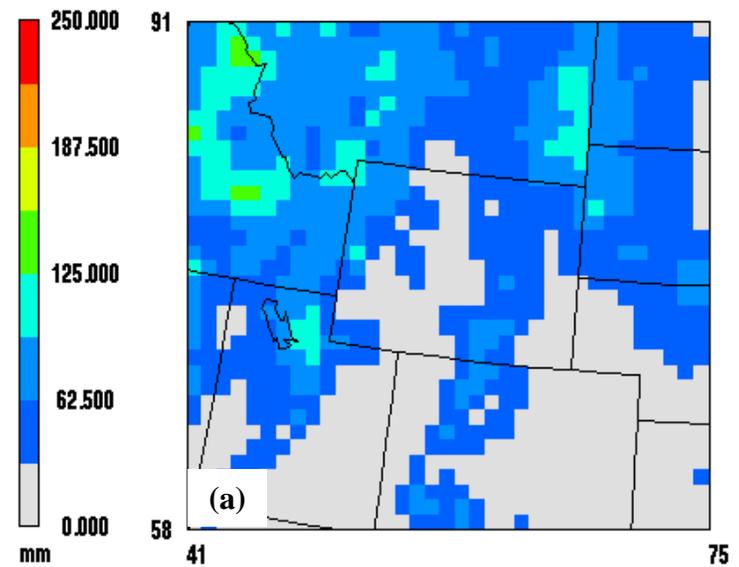


FAVE by MCNC  
**March 1, 2006 0:00:00**  
 Min= 6.036 at (66,85), Max= 157.957 at (49,70)

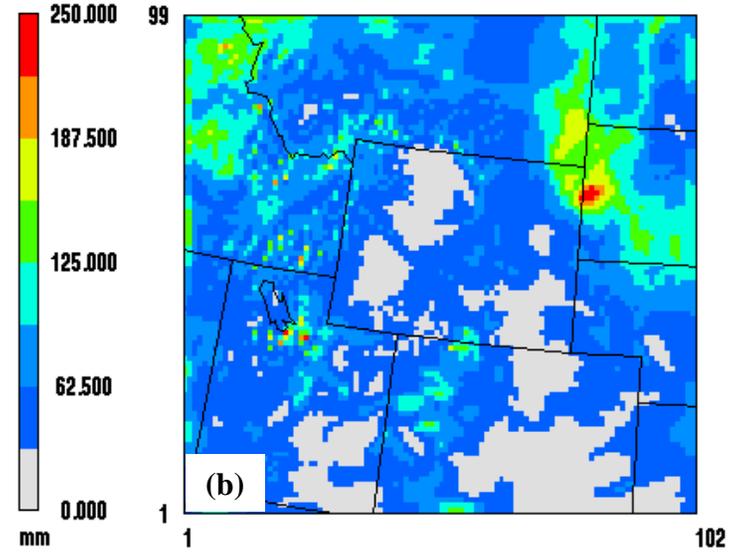


FAVE by MCNC  
**March 1, 2006 0:00:00**  
 Min= 8.898 at (46,68), Max= 254.320 at (2,14)

Figure 3-16. Precipitation for March 2006 over the 12km domain. (a) CPC analyzed precipitation. (b) MMS5 predicted precipitation.

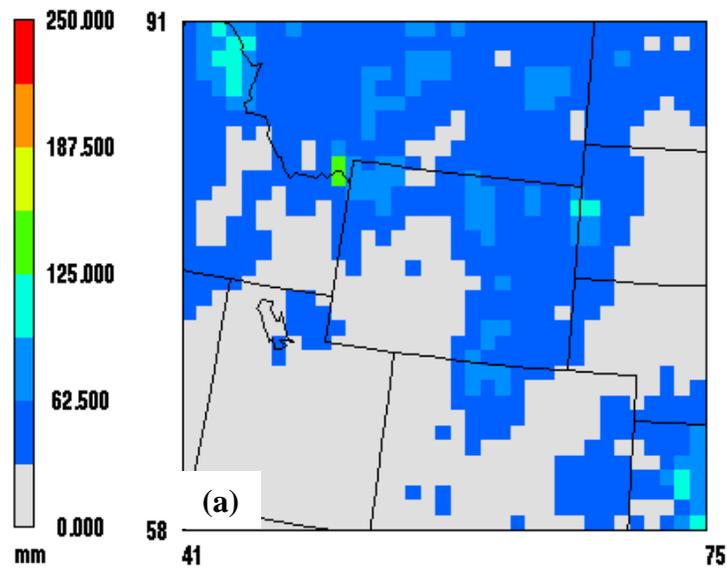


FAVE by MCNC  
**April 1, 2006 0:00:00**  
 Min= 2.586 at (67,61), Max= 148.449 at (44,89)

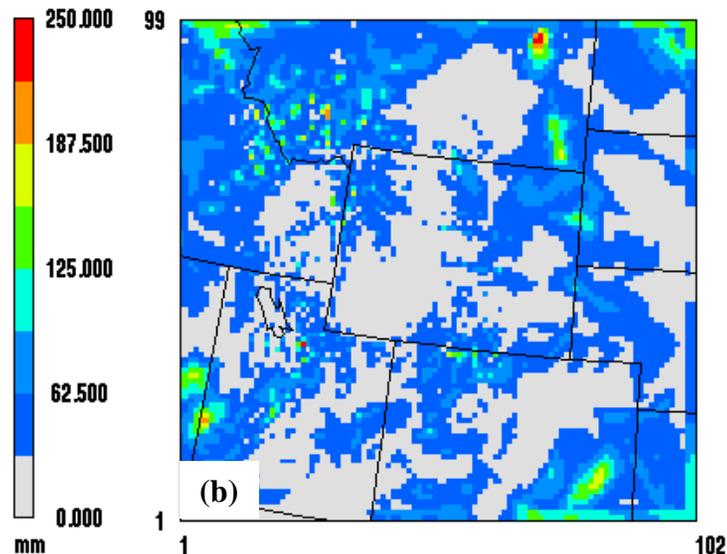


FAVE by MCNC  
**April 1, 2006 0:00:00**  
 Min= 2.494 at (69,10), Max= 263.433 at (82,64)

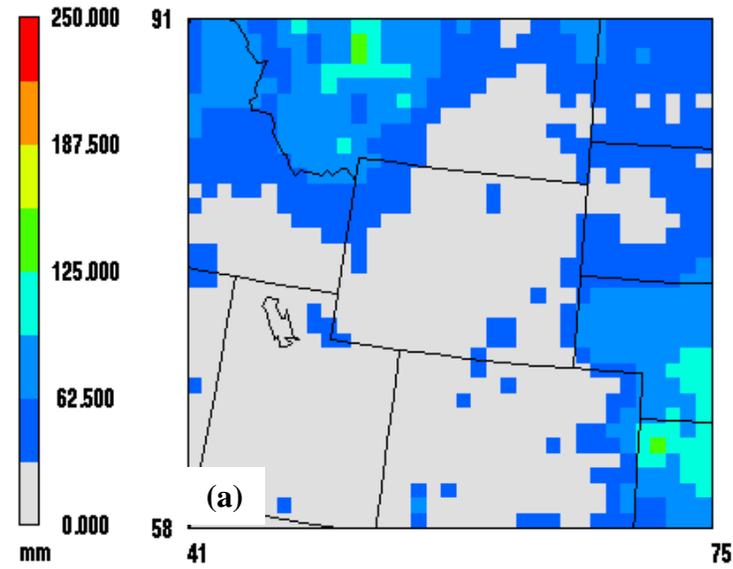
Figure 3-17. Precipitation for April 2006 over the 12km domain. (a) CPC analyzed precipitation. (b) MMS5 predicted precipitation.



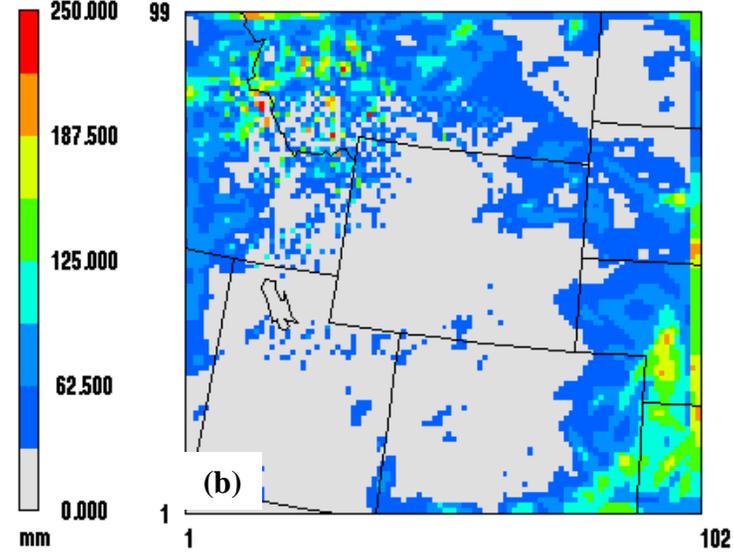
FAVE by MCNC  
 May 1, 2006 0:00:00  
 Min= 0.396 at (41,61), Max= 136.184 at (51,81)



FAVE by MCNC  
 May 1, 2006 0:00:00  
 Min= 0.044 at (29,2), Max= 259.538 at (72,96)



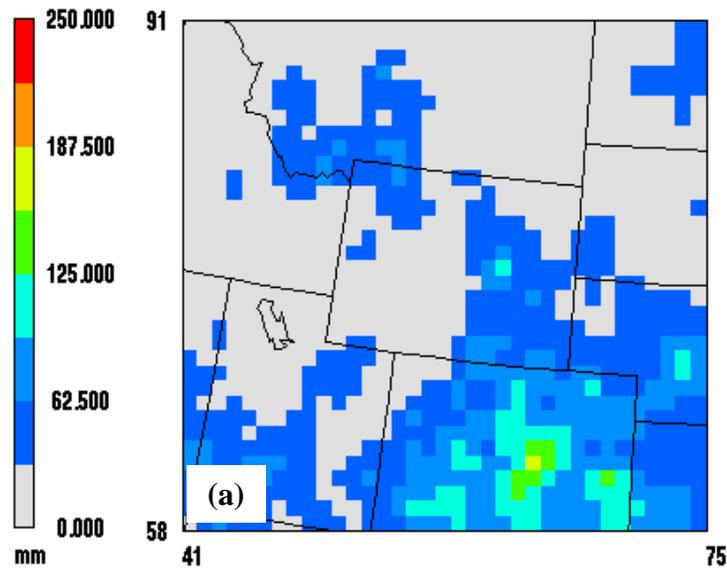
FAVE by MCNC  
 June 1, 2006 0:00:00  
 Min= 1.771 at (57,67), Max= 132.771 at (52,90)



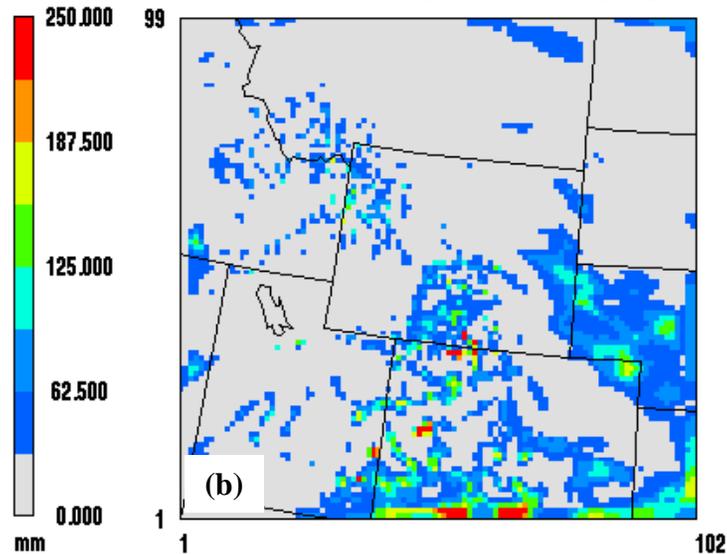
FAVE by MCNC  
 June 1, 2006 0:00:00  
 Min= 0.000 at (47,14), Max= 271.763 at (16,81)

Figure 3-18. Precipitation for May 2006 over the 12km domain. (a) CPC analyzed precipitation. (b) MMS predicted precipitation.

Figure 3-19. Precipitation for June 2006 over the 12km domain. (a) CPC analyzed precipitation. (b) MMS predicted precipitation.

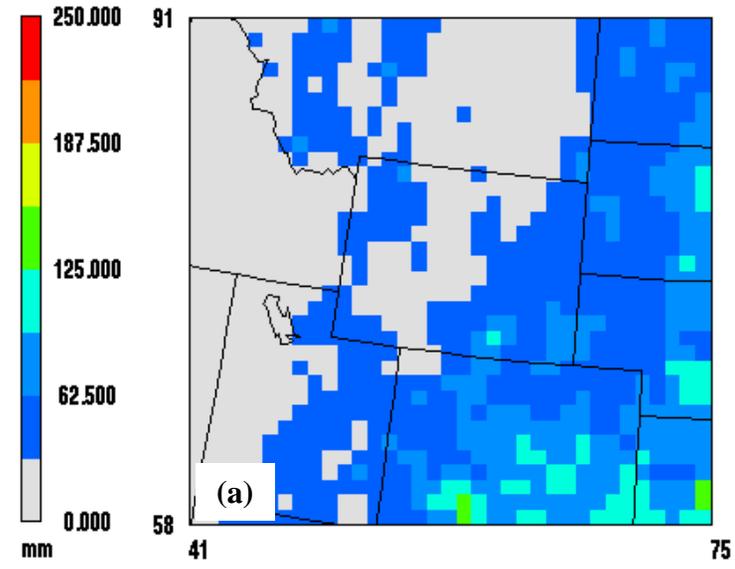


July 1, 2006 0:00:00  
Min= 1.890 at (42,83), Max= 160.567 at (64,62)

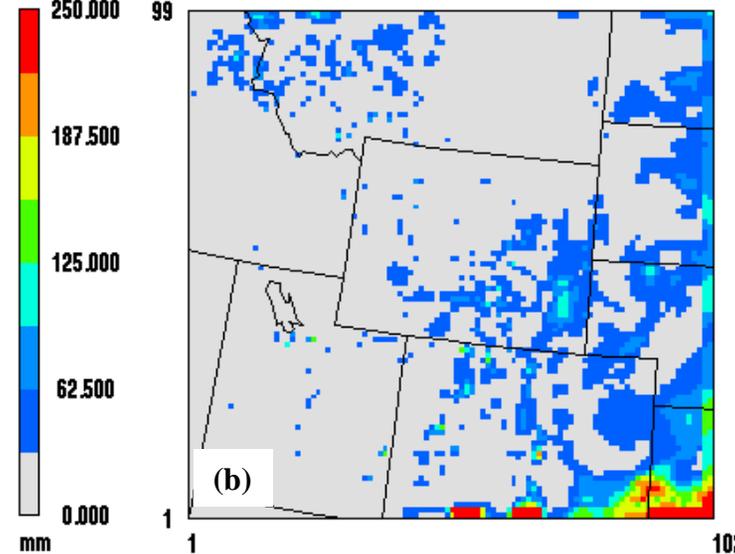


July 1, 2006 0:00:00  
Min= 0.000 at (11,3), Max= 556.743 at (39,14)

Figure 3-20. Precipitation for July 2006 over the 12km domain. (a) CPC analyzed precipitation. (b) MMS predicted precipitation.

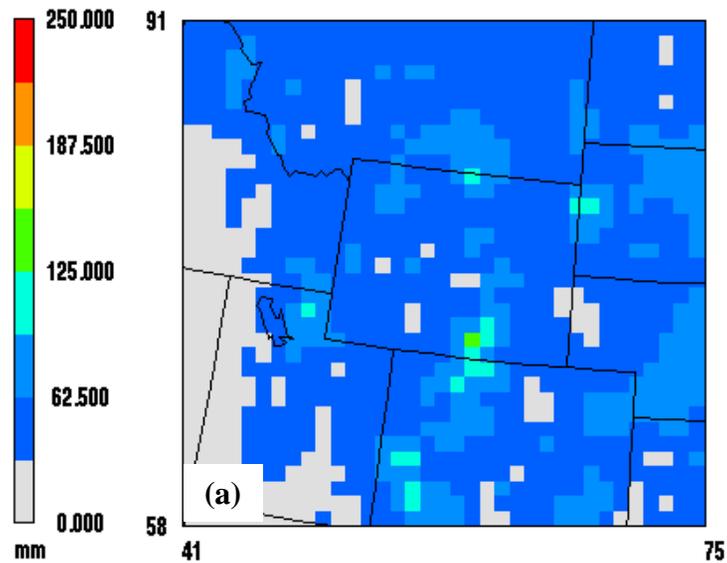


August 1, 2006 0:00:00  
Min= 0.379 at (41,81), Max= 149.482 at (75,59)

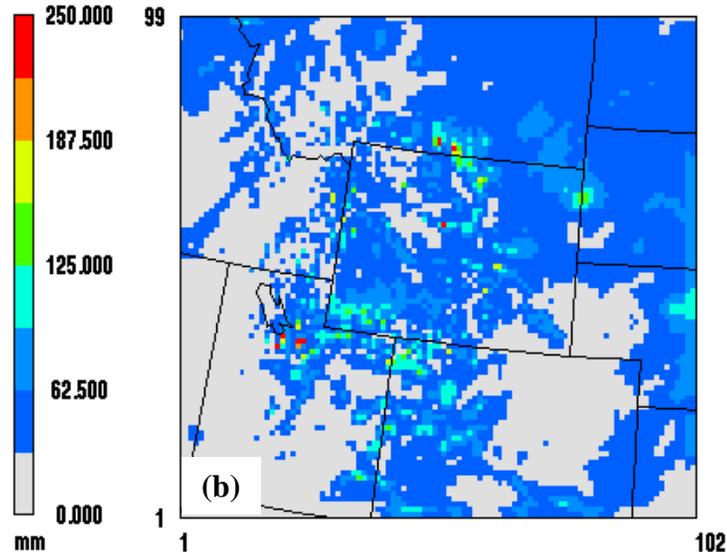


August 1, 2006 0:00:00  
Min= 0.000 at (5,3), Max= 411.546 at (66,2)

Figure 3-21. Precipitation for August 2006 over the 12km domain. (a) CPC analyzed precipitation. (b) MMS predicted precipitation.

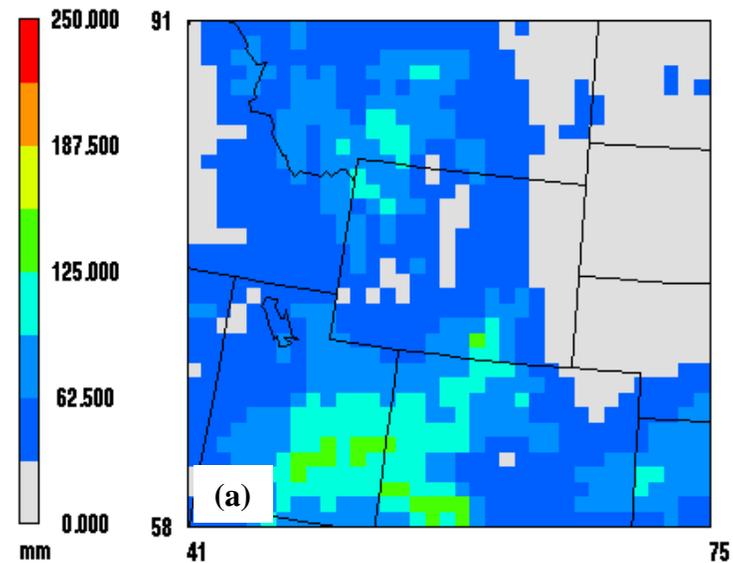


September 1,2006 0:00:00  
Min= 4.645 at (43,71), Max= 125.692 at (60,70)

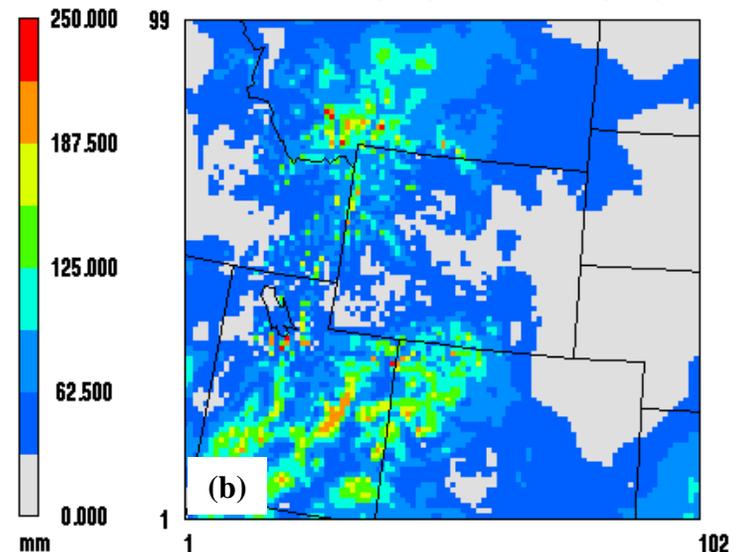


September 1,2006 0:00:00  
Min= 0.000 at (5,2), Max= 281.738 at (21,36)

Figure 3-22. Precipitation for September 2006 over the 12km domain. (a) CPC analyzed precipitation. (b) MM5 predicted precipitation.

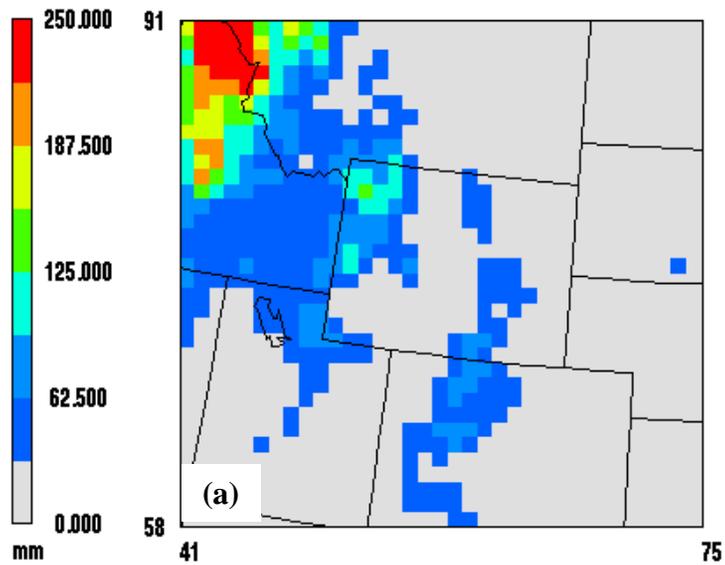


October 1,2006 0:00:00  
Min= 4.211 at (70,74), Max= 151.595 at (57,59)

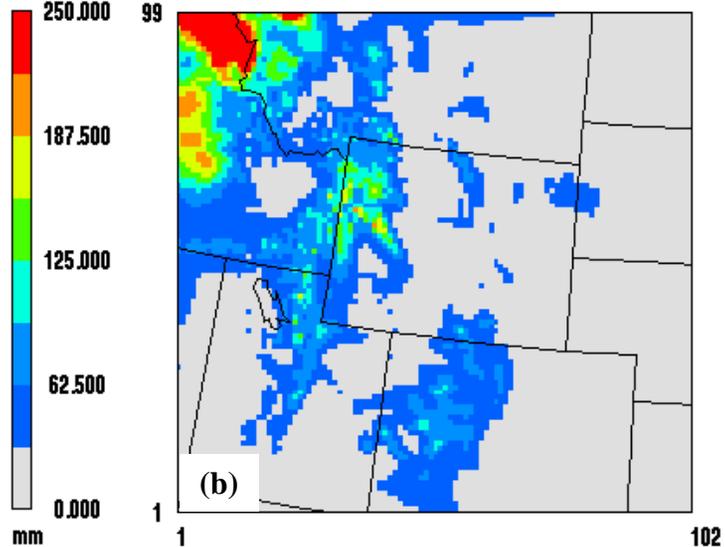


October 1,2006 0:00:00  
Min= 7.254 at (76,28), Max= 321.688 at (21,36)

Figure 3-23. Precipitation for October 2006 over the 12km domain. (a) CPC analyzed precipitation. (b) MM5 predicted precipitation.

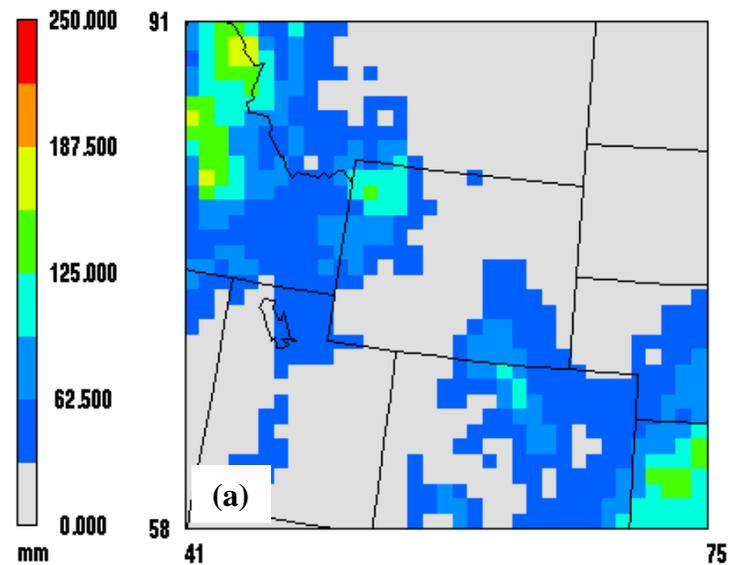


FAVE by MCNC  
**November 1, 2006 0:00:00**  
 Min= 0.001 at (41,59), Max= 477.326 at (43,91)

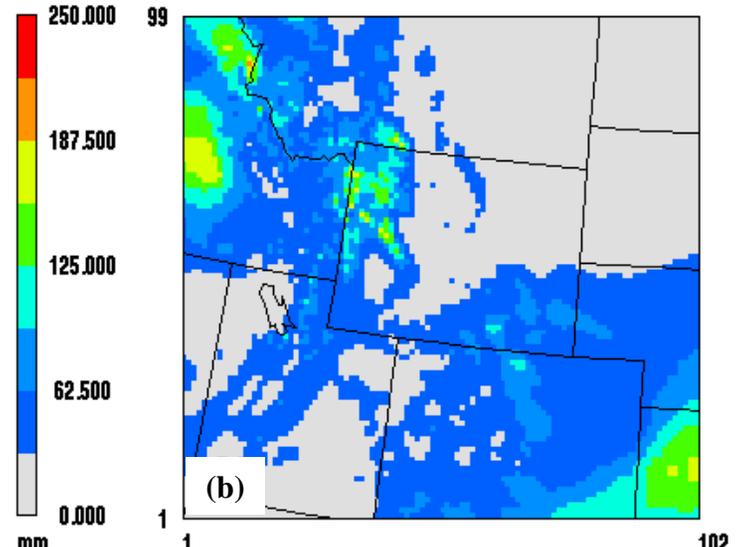


FAVE by MCNC  
**November 1, 2006 0:00:00**  
 Min= 0.105 at (1,5), Max= 502.609 at (9,93)

Figure 3-24. Precipitation for November 2006 over the 12km domain. (a) CPC analyzed precipitation. (b) MM5 predicted precipitation.

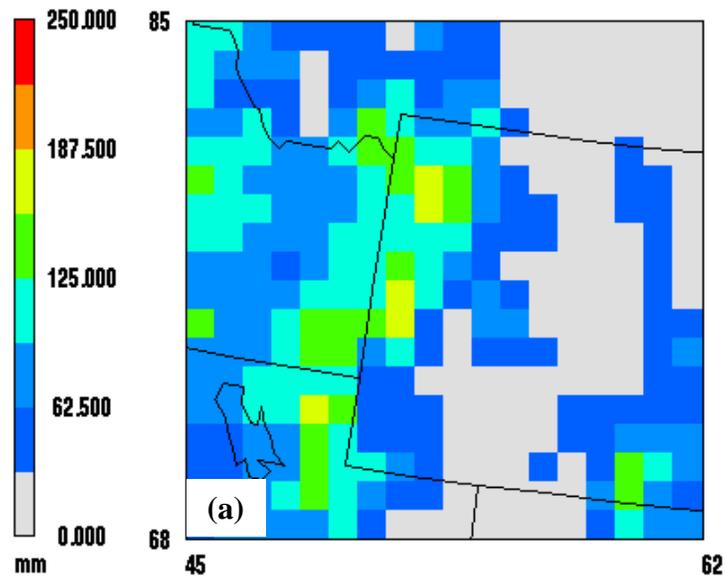


FAVE by MCNC  
**December 1, 2006 0:00:00**  
 Min= 0.841 at (69,82), Max= 186.460 at (44,89)

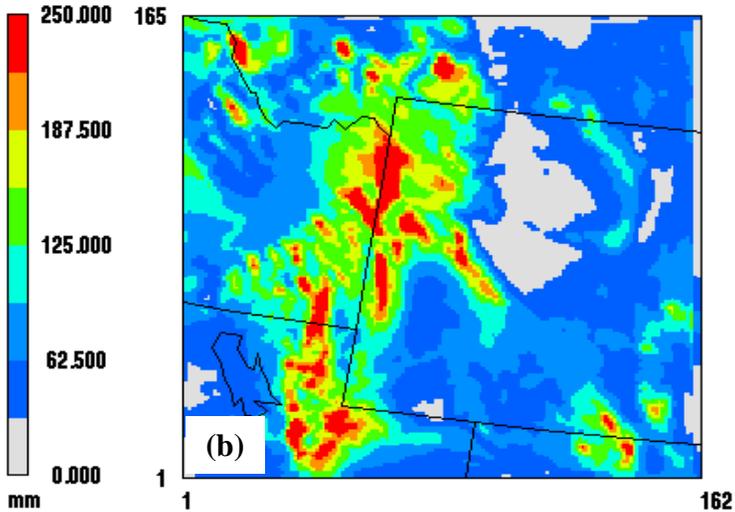


FAVE by MCNC  
**December 1, 2006 0:00:00**  
 Min= 4.875 at (91,82), Max= 189.467 at (14,90)

Figure 3-25. Precipitation for December 2006 over the 12km domain. (a) CPC analyzed precipitation. (b) MM5 predicted precipitation.

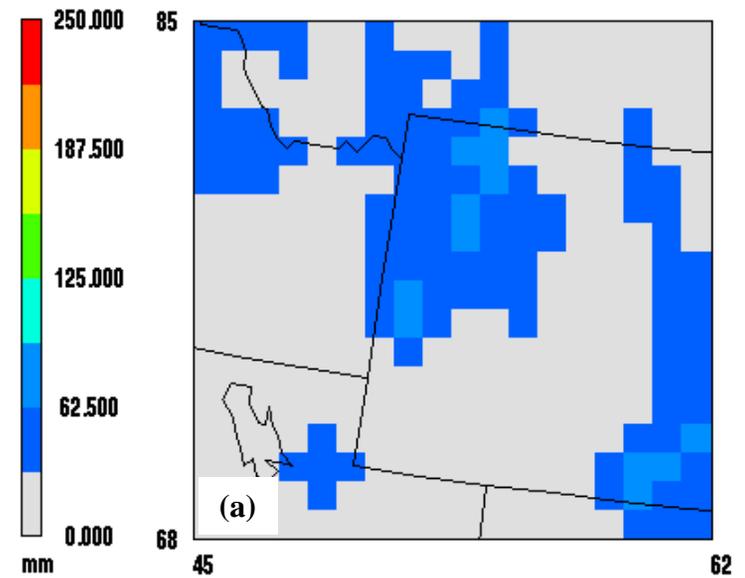


FAVE by MCNC  
**January 1,2006 0:00:00**  
 Min= 3.480 at (58,85), Max= 181.354 at (52,76)

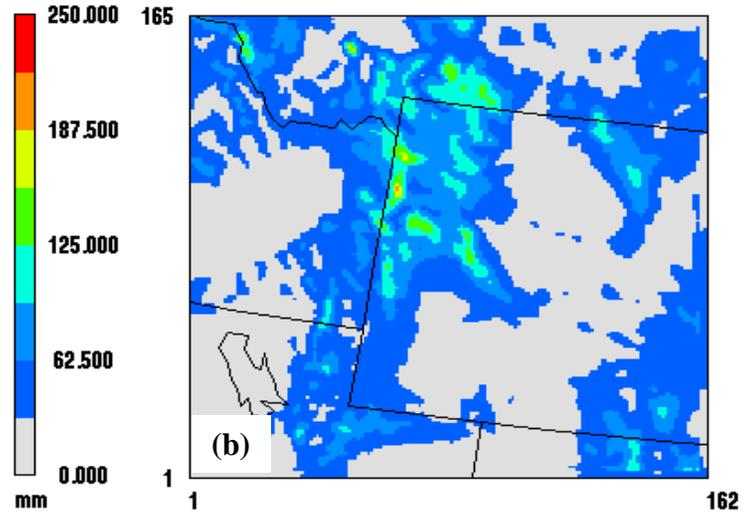


FAVE by MCNC  
**January 1,2006 0:00:00**  
 Min= 6.133 at (98,85), Max= 505.844 at (66,103)

Figure 3-26. Precipitation for January 2006 over the 4km domain. (a) CPC analyzed precipitation. (b) MM5 predicted precipitation.

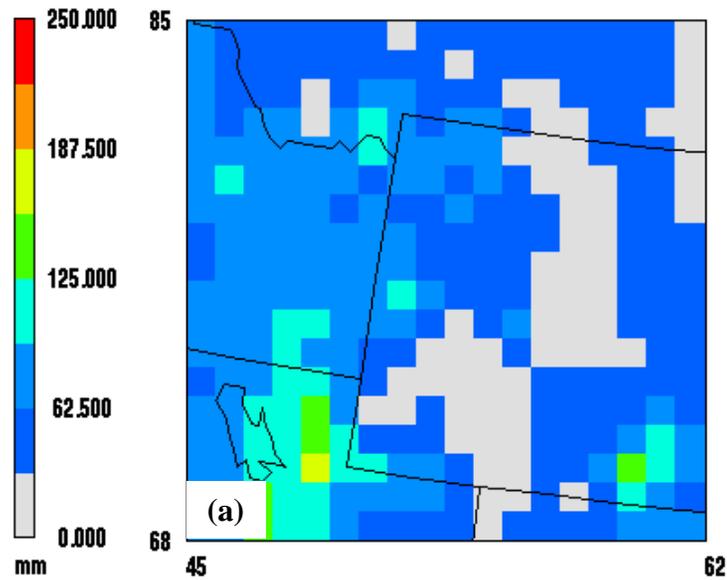


FAVE by MCNC  
**February 1,2006 0:00:00**  
 Min= 1.522 at (53,68), Max= 85.570 at (60,70)

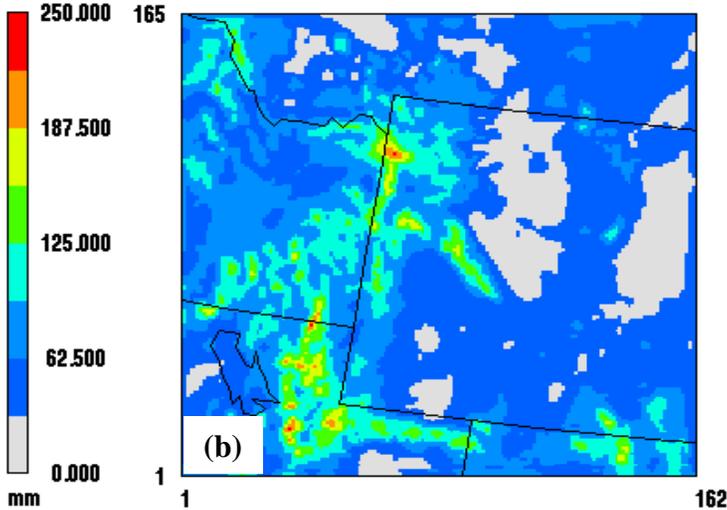


FAVE by MCNC  
**February 1,2006 0:00:00**  
 Min= 1.517 at (76,1), Max= 203.525 at (66,104)

Figure 3-27. Precipitation for February 2006 over the 4km domain. (a) CPC analyzed precipitation. (b) MM5 predicted precipitation.

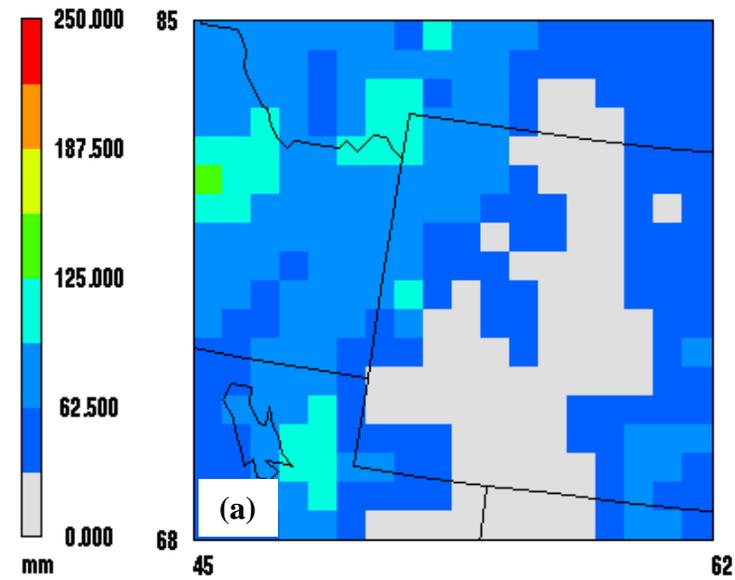


FAVE by MCNC  
**March 1, 2006 0:00:00**  
 Min= 10.093 at (57,81), Max= 157.957 at (49,70)

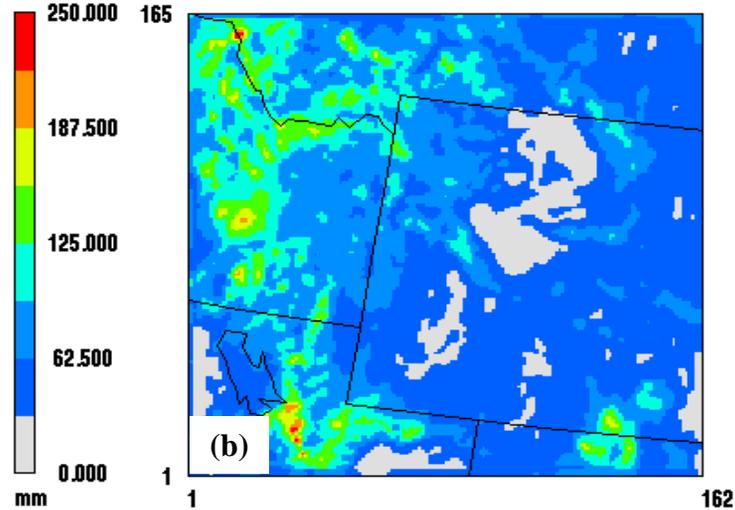


FAVE by MCNC  
**March 1, 2006 0:00:00**  
 Min= 10.419 at (103,83), Max= 225.323 at (68,115)

Figure 3-28. Precipitation for March 2006 over the 4km domain. (a) CPC analyzed precipitation. (b) MM5 predicted precipitation.

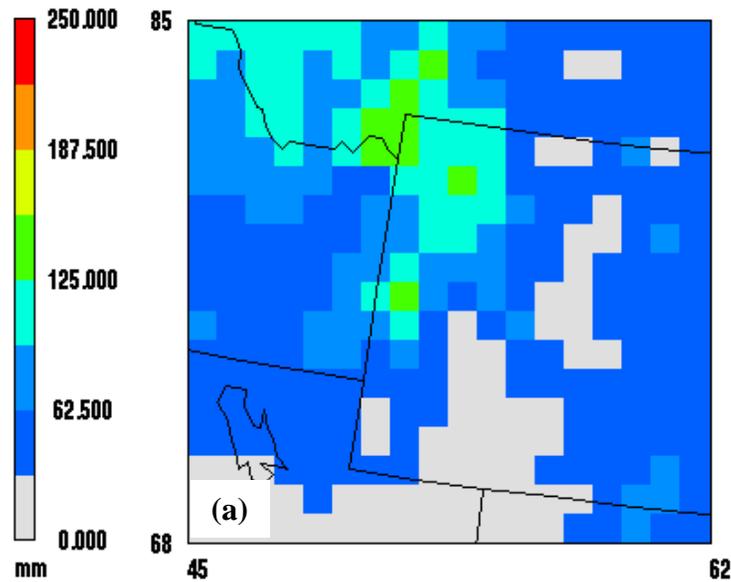


FAVE by MCNC  
**April 1, 2006 0:00:00**  
 Min= 10.449 at (58,81), Max= 147.198 at (45,80)

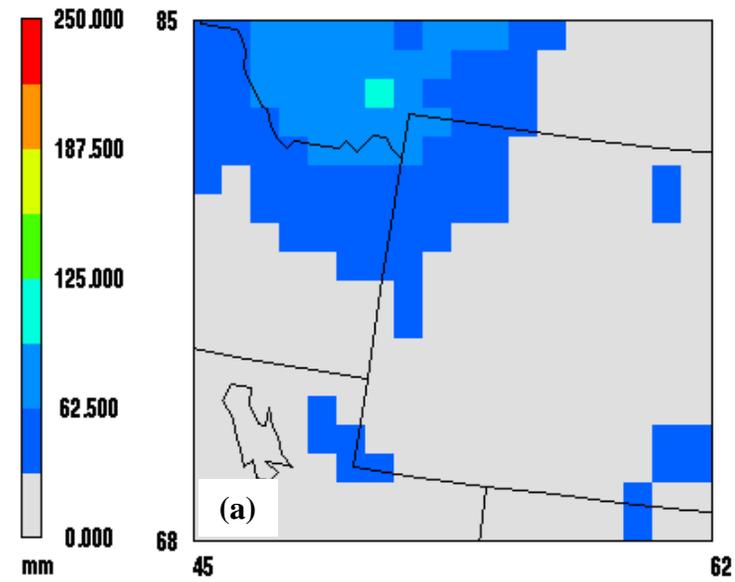


FAVE by MCNC  
**April 1, 2006 0:00:00**  
 Min= 11.715 at (73,3), Max= 263.493 at (24,16)

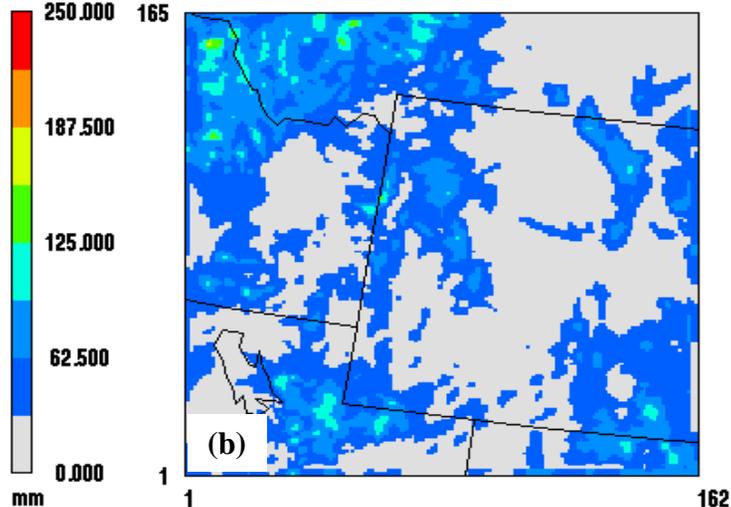
Figure 3-29. Precipitation for April 2006 over the 4km domain. (a) CPC analyzed precipitation. (b) MM5 predicted precipitation.



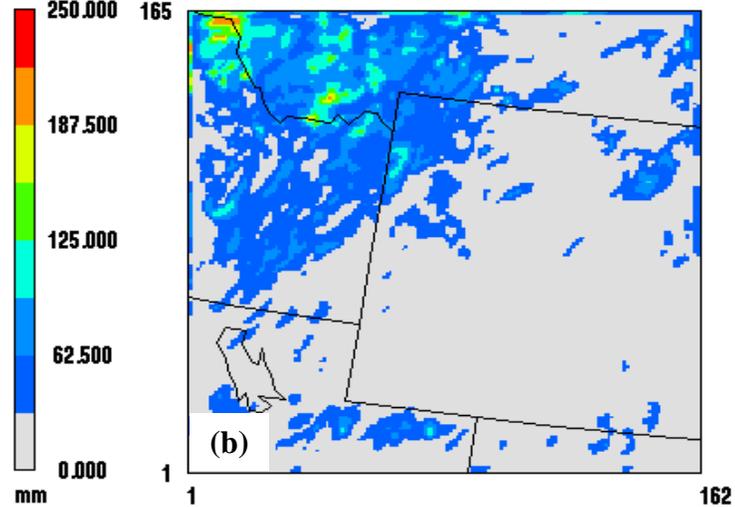
FAVE by MCNC  
**May 1, 2004 0:00:00**  
 Min= 5.585 at (54,68), Max= 155.621 at (51,82)



FAVE by MCNC  
**June 1, 2006 0:00:00**  
 Min= 3.624 at (57,68), Max= 98.585 at (51,83)



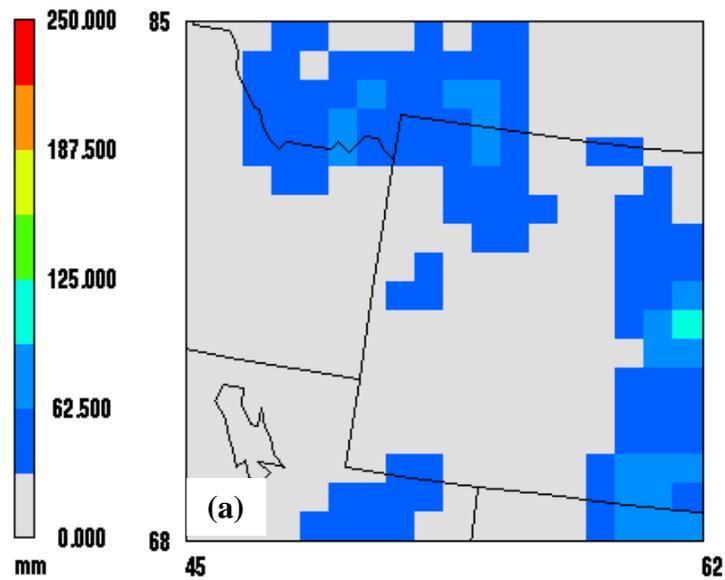
FAVE by MCNC  
**May 1, 2006 0:00:00**  
 Min= 0.261 at (69,3), Max= 177.725 at (9,154)



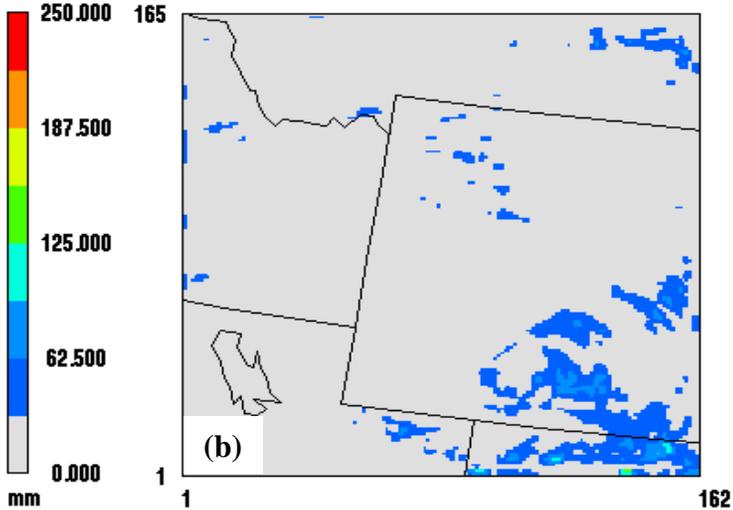
FAVE by MCNC  
**June 1, 2006 0:00:00**  
 Min= 0.000 at (3,28), Max= 210.618 at (16,162)

Figure 3-30. Precipitation for May 2006 over the 4km domain. (a) CPC analyzed precipitation. (b) MM5 predicted precipitation.

Figure 3-31. Precipitation for June 2006 over the 4km domain. (a) CPC analyzed precipitation. (b) MM5 predicted precipitation.

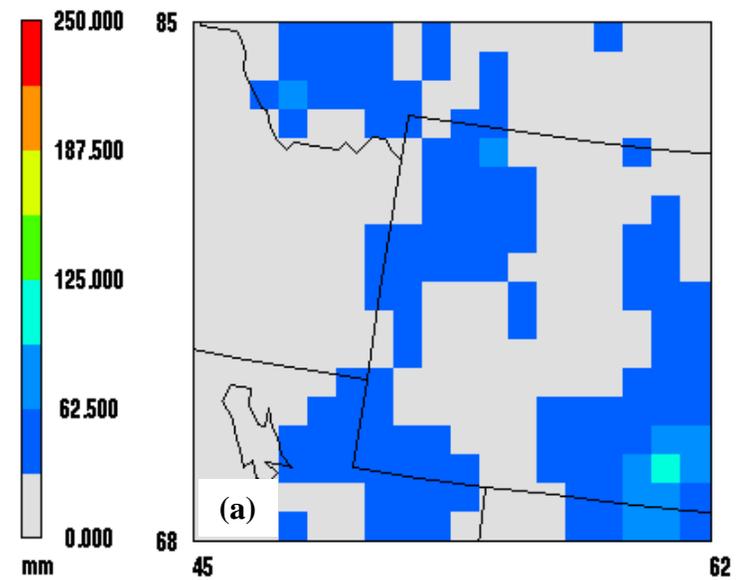


July 1, 2006 0:00:00  
Min= 6.144 at (55,70), Max= 110.877 at (62,75)

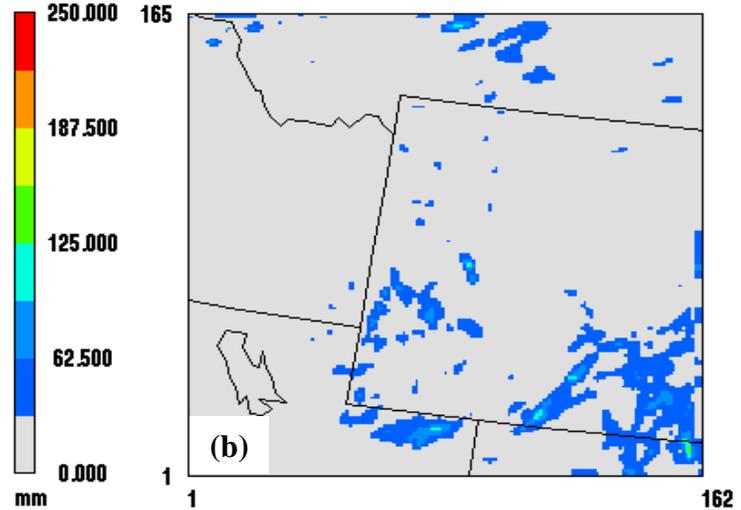


July 1, 2006 0:00:00  
Min= 0.000 at (24,3), Max= 133.866 at (140,2)

Figure 3-32. Precipitation for July 2006 over the 4km domain. (a) CPC analyzed precipitation. (b) MM5 predicted precipitation.

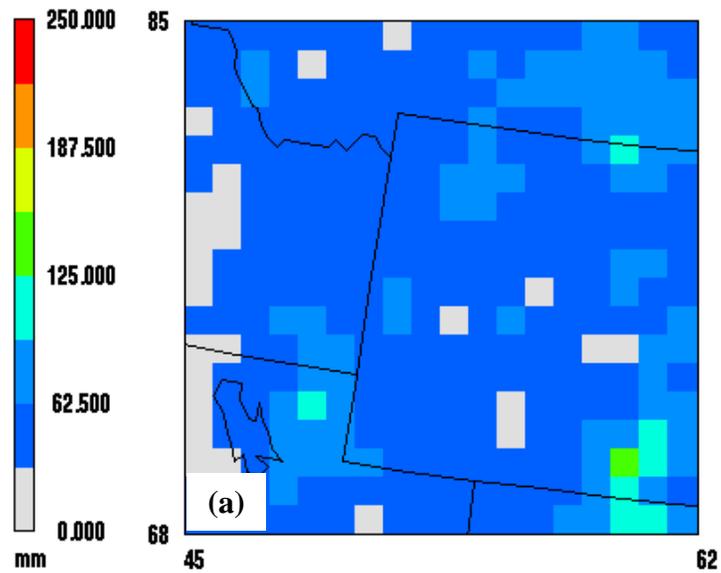


August 1, 2006 0:00:00  
Min= 4.199 at (45,76), Max= 105.185 at (61,70)

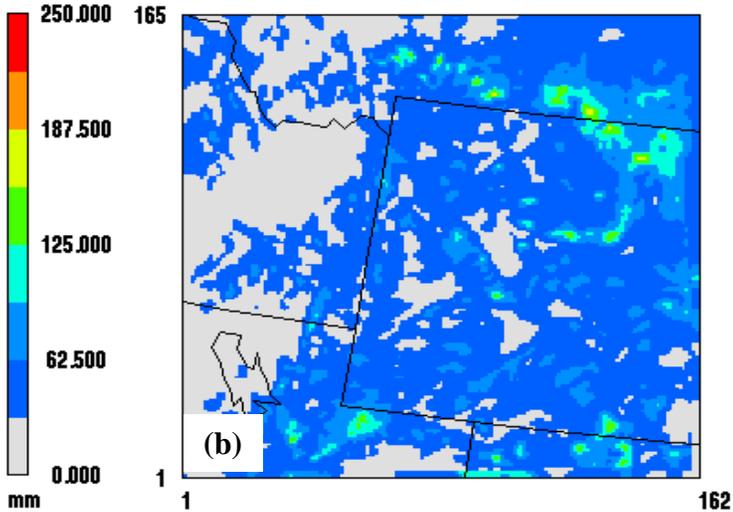


August 1, 2006 0:00:00  
Min= 0.000 at (3,10), Max= 131.120 at (159,9)

Figure 3-33. Precipitation for August 2006 over the 4km domain. (a) CPC analyzed precipitation. (b) MM5 predicted precipitation.

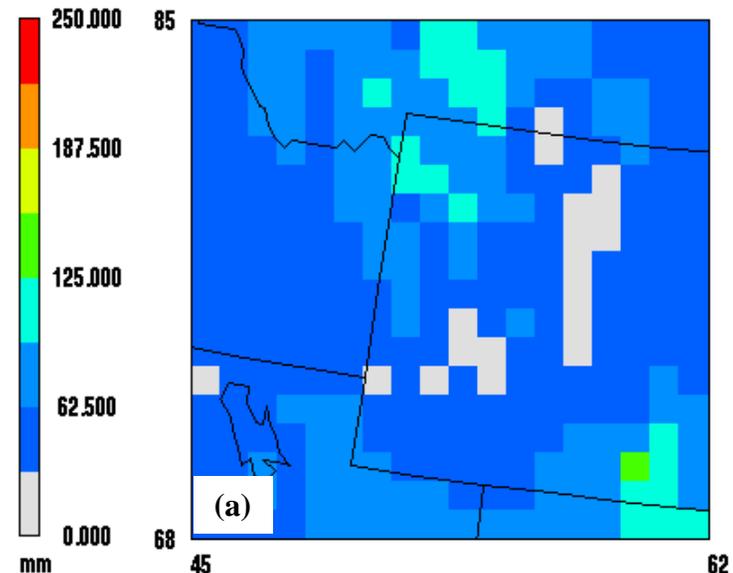


September 1, 2006 0:00:00  
 Min= 20.165 at (45,73), Max= 125.692 at (60,70)

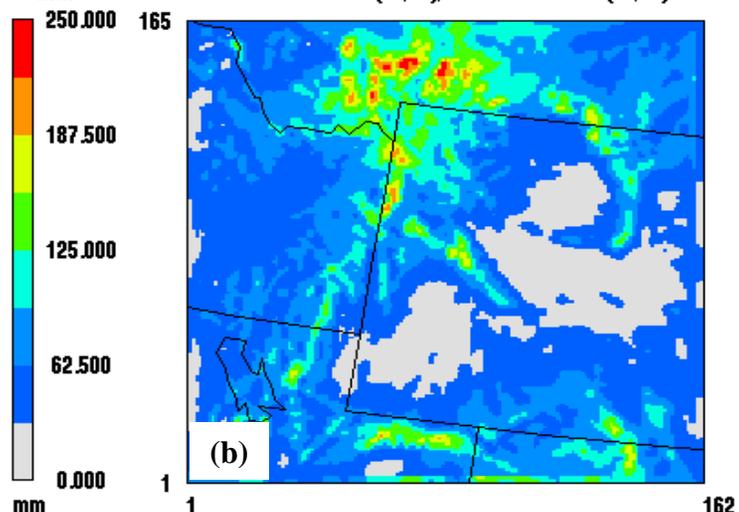


September 1, 2006 0:00:00  
 Min= 0.366 at (3,49), Max= 170.783 at (128,131)

Figure 3-34. Precipitation for September 2006 over the 4km domain. (a) CPC analyzed precipitation. (b) MMS predicted precipitation.

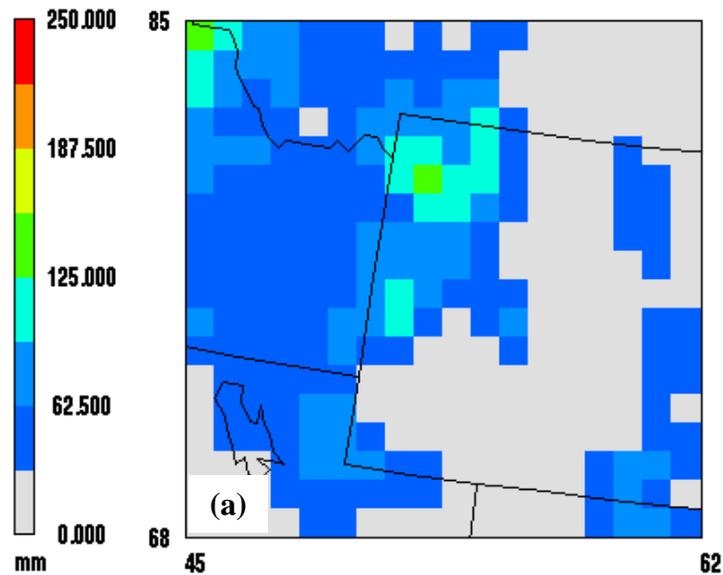


October 1, 2006 0:00:00  
 Min= 20.857 at (57,81), Max= 134.070 at (60,70)

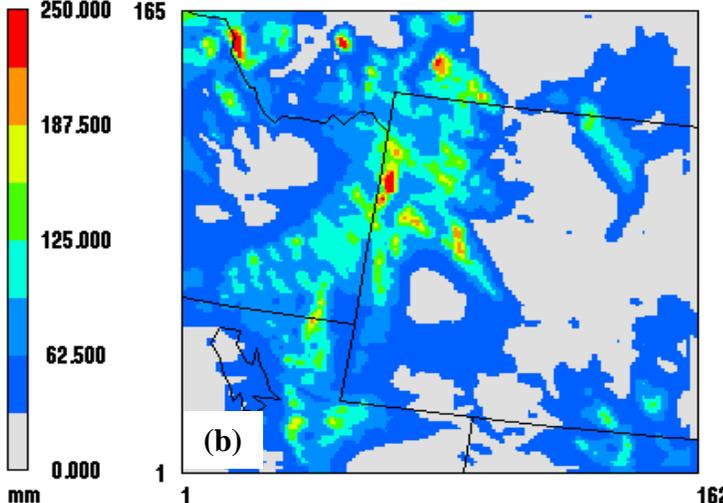


October 1, 2006 0:00:00  
 Min= 9.430 at (117,80), Max= 266.248 at (81,148)

Figure 3-35. Precipitation for October 2006 over the 4km domain. (a) CPC analyzed precipitation. (b) MMS predicted precipitation.

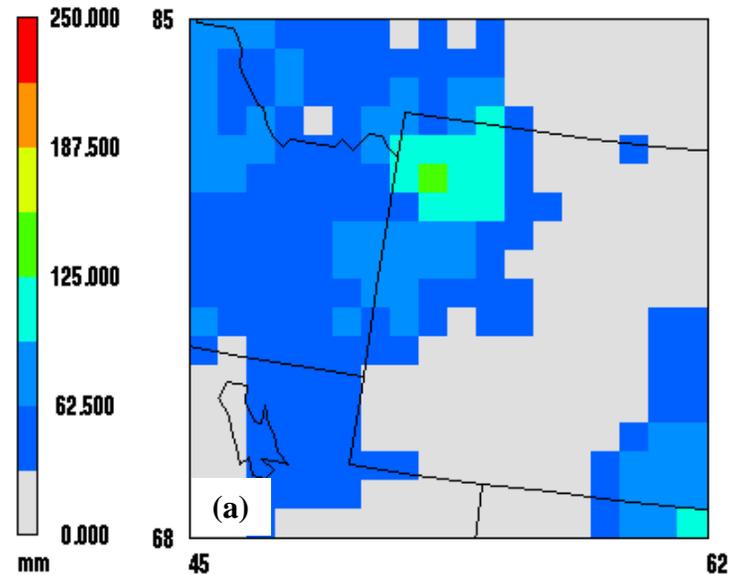


FAVE by MCNC  
**November 1, 2006 0:00:00**  
 Min= 5.557 at (55,69), Max= 128.135 at (53,80)

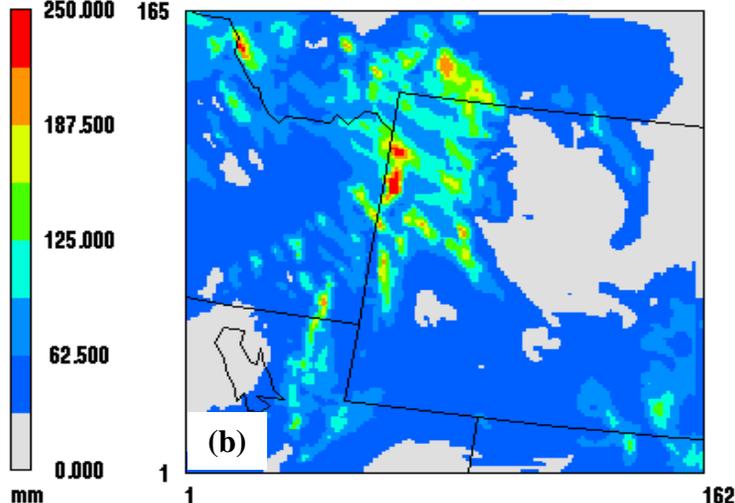


FAVE by MCNC  
**November 1, 2006 0:00:00**  
 Min= 4.694 at (1,12), Max= 317.014 at (66,103)

Figure 3-36. Precipitation for November 2006 over the 4km domain. (a) CPC analyzed precipitation. (b) MM5 predicted precipitation.



FAVE by MCNC  
**December 1, 2006 0:00:00**  
 Min= 5.583 at (55,69), Max= 127.101 at (53,80)



FAVE by MCNC  
**December 1, 2006 0:00:00**  
 Min= 6.113 at (161,99), Max= 379.526 at (66,102)

Figure 3-37. Precipitation for December 2006 over the 4km domain. (a) CPC analyzed precipitation. (b) MM5 predicted precipitation.

## 4 COMPARISON WITH OTHER ANNUAL MM5 SIMULATIONS

This section presents a comparison of the current 36km and 12km MM5 simulations with past 36km and 12km annual meteorological simulations that have been completed during the past several years by Alpine Geophysics and other researchers. Tables 4-1 through 4-5 present the temperature bias, temperature error, mixing ratio bias, mixing ratio error, and wind speed index of agreement comparisons, respectively, for the 36km simulations. Tables 4-6 through 4-10 present the temperature bias, temperature error, mixing ratio bias, mixing ratio error, and wind speed index of agreement comparisons, respectively, for the 12km simulations.

### 4.1 Comparison to Other Annual 36km Simulations

Comparisons between the performance of the current 2006 MM5 36km simulation and the performance of those atmospheric simulations of contemporaneous researchers were conducted. All Alpine MM5 simulations as well as those of the other researchers were performed at a 36km grid resolution using the same horizontal and vertical grid definitions as the 36km grid simulations presented in this report. The simulations that were compared include the following:

- EPA 2001 (McNally and Tesche, 2003);
- WRAP 2002 (Kemball-Cook, Jia, et. al., 2005);
- VISTAS 2002 (Olerud and Sims, 2004);
- MRPO 2003 (Baker and Johnson, 2005);
- NMED 2003, NMED 2004, and NMED 2005 (McNally, 2006);
- ENSR 2006 (McNally and Schewe, 2007);
- MOG 2005 (McNally and Schewe, 2007);
- RAQC 2006 (McNally and Schewe, 2008);
- EPA 2005 (McNally and Wilkinson, 2008a; Wilkinson and McNally, 2008);
- ARWY 2005, ARWY 2004 (McNally and Wilkinson, 2008b,c); and
- ARCO 2006, ARCO 2005, and ARCO 2004 (McNally and Wilkinson, 2008d,e,f).

For purposes of model comparisons, the current study will be referred herein as the ARWY 2006. The analysis of these simulations was subdivided by region (CENRAP, MANE\_VU, MRPO, VISTAS, and WRAP) and used the Alpine Geophysics MAPS analysis package (McNally and Tesche, 1994).

The performance benchmarks for typical meteorological model performance that were used in this comparison were based on the same measures as in Section 3 of this report. As stated before, the purpose of these benchmarks was not to give a passing or failing grade to any one particular meteorological model application, but rather to put its results into the proper context of other derived meteorological data sets. As a reference, the performance benchmarks are repeated here:

- Temperature bias - +/- 0.5 K

- Temperature error - 2.0 K
- Mixing ratio bias - +/- 1.0 g/kg
- Mixing ratio error - 2.0 g/kg
- Wind Speed Index of Agreement – 0 = worst, 0.6=acceptable, 1 = best

Temperature bias model performance statistics for the entire domain and each RPO for the sixteen studies and for the current study (i.e., ARWY 2006) are presented in Table 4-1. The ARWY 2006 MM5 application is within the temperature bias benchmark of +/- 0.5 K with a 0.46 K average over the whole U.S. (ALL in Table 4-1). When comparing ARWY 2006 performance across the RPOs, the simulation has a slightly high temperature bias for the CENRAP, MRPO, and VISTAS subdomains (0.68 K, 0.60 K and 0.72 K respectively) while the MANE-VU and WRAP regions (0.34 K and 0.01 K, respectively) are well within the benchmark range. The ARWY 2006 simulation performs similarly to other researchers' simulations in terms of the temperature bias.

Temperature error is presented in Table 4-2. For the ARWY 2006 application of MM5, the temperature error is comparable to annual simulations conducted by other researchers. As with the other simulations, the MM5 results for ARWY 2006 is somewhat greater than the benchmark of 2.0 K over the entire U.S. (i.e., 2.23 K for ALL). On a RPO subdomain basis, only the MANE-VU (1.93 K) and MRPO (1.89 K) subdomains meet the benchmark. The temperature error in the ARWY 2006 study is consistent across all regions with those as derived from other simulations.

Mixing ratio bias is presented in Table 4-3. The domain-wide bias for the ARWY 2006 MM5 simulation is 0.20 g/kg (ALL in Table 4-3) which is well within the benchmark of +/- 1.0 g/kg. Further, the ARWY 2006 simulation meets the performance benchmark in all subdomains. The ARWY 2006 mixing ratio bias is comparable to the overall performance of the other studies and other years across each RPO.

Table 4-4 presents the mixing ratio error comparisons between the sixteen studies and the ARWY 2006 simulation across the U.S. and the five RPO regions. The domain-wide mixing ratio error of 1.04 g/kg and the range of mixing ratio errors across the RPOs from 0.86 g/kg to 1.26 g/kg for the ARWY 2006 simulation are well under the benchmark error of 2.0 g/kg. The ARWY 2006 MM5 simulation has mixing ratio errors that are comparable with the other annual MM5 applications by other researchers.

Wind speed index of agreement (IA) is presented in Table 4-5. The domain-wide Wind IA for the ARWY 2006 simulation is 0.87 (ALL in Table 4-5) which exceeds the benchmark of 0.6 and is close to the best performing IA statistic of 1.0. Indeed, the IA benchmark for the ARWY 2006 simulation is exceeded in each of the RPO subdomains. The ARWY 2006 simulation is comparable to all other annual simulations.

## **4.2 Comparison to Other 12km Annual Simulations**

Over the past several years, Alpine Geophysics has been involved with a number of 12km Western United States MM5 applications. These studies have simulated 2003

through 2006 for a 12km grid that is comparable to the 12km grid that was used in the current study with the notable exception of EPA 2005, which was a much larger 12km grid. However, these studies have evaluated the MM5 12km simulations on a state-by-state basis for states that were wholly contained in the modeling domain. Thus, a direct comparison between the current study and the previous studies can be performed for the states of Colorado, Utah and Wyoming.

These studies used the most recent versions of MM5 at the time of the study, starting with version 3.7.2. While changes to the MM5 model have occurred since v.3.7.2, these have been only minor model changes.

Tables 4-6 through 4-10 present the model performance evaluation results at 12km from previous studies and the current study. The entries in the “State/Simulation” columns of Tables 4-6 through 4-10 are coded as “SS-Simulation” where “SS” is CO (Colorado), UT (Utah), or WY (Wyoming) and “Simulation” is as follows:

- 2003-NM, 2004-NM, and 2005-NM – 2003, 2004, and 2005 MM5 simulations sponsored by New Mexico Environment Department (McNally, 2006);
- 2006-CO – 2006 RAQC MM5 simulation sponsored by the State of Colorado (McNally and Schewe, 2008);
- 2005-EPA – 2005 MM5 simulation sponsored by the U.S. EPA (McNally and Wilkinson, 2008a; Wilkinson and McNally, 2008);
- 2004-ARWY, 2005-ARWY – 2004 and 2005 MM5 simulations sponsored by Arcadis Environmental (McNally and Wilkinson, 2008b,c); and
- 2004-ARCO, 2005-ARCO, and 2006-ARCO – 2004, 2005, and 2006 MM5 simulations sponsored by Arcadis Environmental (McNally and Wilkinson, 2008d,e,f).

Table 4-6 shows the temperature bias model performance evaluation results for the 12km grid. Examination of Table 4-6 reveals the current simulation has temperature bias performance characteristics that are similar to previous simulations. The current simulation compared to previous simulations appear to have equal mixes of positive and negative biases, and the simulations appear to perform similarly on an annual basis, seasonal basis, and month-by-month basis.

Table 4-7 shows the temperature error model performance evaluation results for the 12km grid. Examination of Table 4-7 reveals that all model simulations had difficulty replicating observed temperatures. No single simulation routinely meets the temperature error benchmark of 2.0 K. Further, the temperature error model performance results are similar across the simulations.

Table 4-8 shows the mixing ratio bias model performance evaluation results for the 12km grid. Examination of Table 4-8 reveals the current simulation has mixing ratio bias performance characteristics that are similar to previous. Monthly, seasonally and annually, all simulations perform similarly.

Table 4-9 shows the mixing ratio error model performance evaluation results for the 12km grid. Examination of Table 4-9 reveals the current simulation has mixing ratio error performance characteristics that are similar to previous simulations. Monthly, seasonally and annually, all simulations perform similarly.

Table 4-10 shows the wind speed index of agreement model performance evaluation results for the 12km grid. Examination of Table 4-10 reveals that all simulations perform similarly. All simulations meet the 0.6 benchmark for this statistic. No single simulation has superior index of agreement performance characteristics.

### **4.3 Summary of Intercomparison of Model Performance Evaluation Results**

Temperature bias and error statistics, mixing ratio bias and error statistics, and wind speed index of agreement statistics were estimated for the model predictions on 04km, 12km and 36km modeling grids for the current simulation. For the 12km and 36km domains, the statistical values were compared with similar model performance evaluation statistics from previous MM5 simulations performed in previous studies upon the same or very similar grid domains.

In regards to the 12km and 36km domains, the current simulation has performance characteristics that are similar to prior studies. Of the simulations examined, no one simulation exhibits consistently superior performance. Therefore, the current MM5 simulation is performing at par with other simulations that are currently being used for air quality planning so the overall performance of the model is judged to be adequate.

**Table 4-1. Temperature Bias (K) for 36km Annual MM5 Simulations.  
Current simulation results are highlighted in blue.**

Simulation	ALL	CENRAP	MANE_VU	MRPO	VISTAS	WRAP
EPA 2001	-0.51	-0.26	-0.40	-0.31	-0.25	-1.10
WRAP 2002	-0.12	0.14	-0.15	-0.11	0.05	-0.49
VISTAS 2002	-0.05	0.14	0.00	0.05	0.24	-0.55
MRPO 2003	-0.15	0.11	-0.17	-0.10	0.18	-0.67
NMED 2005	0.52	0.86	0.15	0.58	0.75	0.13
NMED 2004	0.49	0.79	0.27	0.55	0.73	0.07
NMED 2003	0.27	0.54	0.21	0.28	0.65	-0.26
MOG 2005	0.38	0.75	0.05	0.49	0.61	-0.12
ENSR 2006	0.44	0.68	0.37	0.59	0.72	-0.10
RAQC 2006	0.51	0.72	0.40	0.63	0.75	0.04
EPA 2005	-0.33	-0.05	-0.82	-0.44	-0.09	-0.52
ARWY 2005	0.49	0.81	0.11	0.51	0.76	0.11
ARWY 2004	0.45	0.76	0.24	0.51	0.70	-0.03
ARCO 2006	0.46	0.68	0.33	0.60	0.73	0.00
ARCO 2005	0.50	0.81	0.11	0.51	0.76	0.12
ARCO 2004	0.45	0.76	0.24	0.52	0.70	-0.02
ARWY 2006	0.46	0.68	0.34	0.60	0.72	0.01

**Table 4-2. Temperature Error (K) for 36km Annual MM5 Simulations.  
Current simulation results are highlighted in blue.**

Simulation	ALL	CENRAP	MANE_VU	MRPO	VISTAS	WRAP
EPA 2001	2.04	1.77	1.85	1.63	1.92	2.70
WRAP 2002	2.10	1.85	1.80	1.74	1.93	2.79
VISTAS 2002	2.02	1.76	1.80	1.72	1.84	2.67
MRPO 2003	2.17	1.94	1.86	1.92	1.98	2.82
NMED 2005	2.28	2.20	2.05	2.05	2.10	2.74
NMED 2004	2.26	2.13	1.99	2.01	2.11	2.75
NMED 2003	2.23	2.07	1.97	1.97	2.06	2.73
MOG 2005	2.26	2.16	2.05	2.03	2.07	2.74
ENSR 2006	2.24	2.15	1.95	1.90	2.13	2.75
RAQC 2006	2.25	2.16	1.96	1.92	2.15	2.76
EPA 2005	2.22	2.08	2.11	1.98	2.01	2.72
ARWY 2005	2.28	2.21	2.04	2.01	2.10	2.74
ARWY 2004	2.24	2.12	1.98	1.99	2.08	2.73
ARCO 2006	2.24	2.12	1.94	1.89	2.13	2.77
ARCO 2005	2.28	2.21	2.04	2.01	2.10	2.75
ARCO 2004	2.24	2.11	1.98	1.99	2.09	2.74
ARWY 2006	2.23	2.12	1.93	1.89	2.12	2.76

**Table 4-3. Mixing Ratio Bias (g/kg) for 36km Annual MM5 Simulations.  
Current simulation results are highlighted in blue.**

Simulation	ALL	CENRAP	MANE_VU	MRPO	VISTAS	WRAP
EPA 2001	-0.11	-0.24	-0.06	-0.22	0.06	-0.08
WRAP 2002	-0.09	-0.34	0.08	-0.11	0.20	-0.09
VISTAS 2002	0.01	-0.07	0.19	0.13	0.02	-0.04
MRPO 2003	0.22	0.11	0.30	0.29	0.49	0.05
NMED 2005	0.17	-0.02	0.54	0.24	0.47	-0.08
NMED 2004	0.07	-0.09	0.36	0.19	0.38	-0.20
NMED 2003	0.05	-0.18	0.35	0.17	0.35	-0.13
MOG 2005	0.29	0.11	0.59	0.30	0.67	0.03
ENSR 2006	0.17	-0.04	0.57	0.27	0.46	-0.05
RAQC 2006	0.13	-0.07	0.53	0.23	0.42	-0.09
EPA 2005	0.33	0.13	0.54	0.31	0.75	0.15
ARWY 2005	0.19	-0.01	0.53	0.24	0.48	-0.03
ARWY 2004	0.08	-0.09	0.35	0.18	0.38	-0.17
ARCO 2006	0.20	-0.01	0.59	0.29	0.49	-0.02
ARCO 2005	0.18	-0.01	0.53	0.24	0.48	-0.04
ARCO 2004	0.08	-0.09	0.36	0.19	0.38	-0.18
ARWY 2006	0.20	-0.01	0.58	0.28	0.47	-0.01

**Table 4-4. Mixing Ratio Error (g/kg) for 36km Annual MM5 Simulations.  
Current simulation results are highlighted in blue.**

Simulation	ALL	CENRAP	MANE_VU	MRPO	VISTAS	WRAP
EPA 2001	1.02	1.09	0.80	0.85	1.13	1.04
WRAP 2002	1.03	1.17	0.82	0.93	1.16	0.94
VISTAS 2002	0.94	0.98	0.78	0.82	1.13	0.90
MRPO 2003	0.96	0.98	0.78	0.82	1.14	0.97
NMED 2005	1.12	1.20	0.96	0.97	1.32	1.03
NMED 2004	1.05	1.11	0.89	0.85	1.29	0.99
NMED 2003	1.03	1.09	0.86	0.85	1.22	1.00
MOG 2005	1.16	1.23	0.98	1.00	1.38	1.07
ENSR 2006	1.04	1.10	0.92	0.86	1.24	0.97
RAQC 2006	1.03	1.10	0.91	0.85	1.23	0.97
EPA 2005	1.04	1.10	0.86	0.89	1.31	0.93
ARWY 2005	1.08	1.14	0.92	0.92	1.28	1.00
ARWY 2004	1.06	1.11	0.88	0.85	1.29	1.00
ARCO 2006	1.05	1.11	0.93	0.86	1.26	0.97
ARCO 2005	1.08	1.14	0.92	0.92	1.28	1.00
ARCO 2004	1.06	1.11	0.89	0.86	1.30	0.99
ARWY 2006	1.04	1.10	0.93	0.86	1.26	0.97

**Table 4-5. Wind Index of Agreement for 36km Annual MM5 Simulation.  
Current simulation results are highlighted in blue.**

<b>Simulation</b>	<b>ALL</b>	<b>CENRAP</b>	<b>MANE_VU</b>	<b>MRPO</b>	<b>VISTAS</b>	<b>WRAP</b>
EPA 2001	0.88	0.85	0.69	0.75	0.77	0.86
WRAP 2002	0.93	0.92	0.81	0.84	0.84	0.92
VISTAS 2002	0.90	0.88	0.71	0.78	0.79	0.89
MRPO 2003	0.90	0.88	0.72	0.78	0.80	0.88
NMED 2005	0.87	0.84	0.71	0.73	0.75	0.86
NMED 2004	0.90	0.88	0.76	0.77	0.79	0.88
NMED 2003	0.90	0.88	0.76	0.77	0.79	0.88
MOG 2005	0.87	0.84	0.71	0.73	0.75	0.86
ENSR 2006	0.87	0.85	0.69	0.73	0.75	0.85
RAQC 2006	0.89	0.87	0.74	0.76	0.78	0.87
EPA 2005	0.88	0.85	0.72	0.75	0.77	0.87
ARWY 2005	0.87	0.84	0.71	0.73	0.75	0.85
ARWY 2004	0.88	0.85	0.70	0.74	0.76	0.86
ARCO 2006	0.87	0.84	0.69	0.73	0.76	0.85
ARCO 2005	0.87	0.84	0.71	0.73	0.75	0.85
ARCO 2004	0.88	0.85	0.70	0.74	0.76	0.85
<b>ARWY 2006</b>	<b>0.87</b>	<b>0.84</b>	<b>0.69</b>	<b>0.73</b>	<b>0.76</b>	<b>0.85</b>

**Table 4-6. Temperature bias (K) model performance evaluation (MPE) results by state for 12km annual MM5 simulations. MPE results from prior studies that are within the benchmark of  $\pm 0.5$  K are shaded yellow. Current study MPE results are shaded blue with those MPE results shaded green that are within the benchmark.**

State/Simulation	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Mean
CO-2003-NM	0.55	-0.68	-2.11	-2.20	-0.75	-0.59	-0.75	-0.63	0.33	0.80	-0.14	0.99	-0.43
CO-2004-NM	1.47	-0.04	-1.04	-1.08	-0.17	0.00	0.25	0.22	0.07	-0.17	0.26	0.58	0.03
CO-2005-NM	0.68	-0.06	-1.42	-0.94	-0.30	-0.01	-0.14	0.45	0.38	0.32	0.46		-0.05
CO-2006-CO	-0.46	-0.24	-1.34	-1.39	-0.43	-0.33	0.47	0.56	0.32	-0.04	0.06	0.85	-0.16
CO-2005-EPA	0.27	-0.31	-1.16	-0.99	-0.41	-0.16	-0.39	0.27	0.24	0.12	0.02	0.11	-0.20
CO-2005-ARWY	0.69	0.08	-1.40	-0.97	-0.26	0.00	-0.07	0.53	0.41	0.40	0.44	0.43	0.02
CO-2004-ARWY	1.42	-0.13	-1.20	-1.25	-0.33	-0.11	0.22	0.15	0.05	-0.21	0.20	0.56	-0.05
CO-2006-ARCO	0.57	0.62	-1.01	-1.08	-0.33	-0.22	0.52	0.50	0.55	0.36	0.72	1.76	0.25
CO-2005-ARCO	1.15	0.37	-1.11	-0.71	-0.18	0.08	0.03	0.55	0.49	0.57	0.93	0.98	0.26
CO-2004-ARCO	2.03	0.04	-0.71	-0.96	-0.16	0.09	0.31	0.28	0.14	-0.01	0.66	1.20	0.27
CO-2006-ARWY	0.26	0.24	-1.20	-1.38	-0.43	-0.26	0.52	0.53	0.44	0.00	0.13	1.19	0.00
UT-2003-NM	0.91	-1.04	-1.78	-1.35	-0.61	-1.20	-1.27	-0.70	0.54	1.51	-0.02	0.93	-0.34
UT-2004-NM	1.90	0.14	-0.72	-0.45	-0.53	-0.45	-0.44	-0.16	0.18	0.33	1.03	1.09	0.16
UT-2005-NM	0.76	0.34	-0.63	-0.97	-0.25	-0.32	0.07	0.45	0.87	1.00	1.40		0.25
UT-2006-CO	0.59	-0.14	-1.03	-1.46	-0.37	-0.50	-0.31	-0.11	0.70	0.83	1.57	2.06	0.15
UT-2005-EPA	0.64	0.37	-0.57	-0.92	-0.36	-0.43	-0.32	0.28	0.56	0.74	1.06	0.89	0.16
UT-2005-ARWY	0.97	0.56	-0.58	-0.92	-0.28	-0.37	0.06	0.46	0.78	1.02	1.44	1.29	0.37
UT-2004-ARWY	2.22	0.48	-0.55	-0.52	-0.65	-0.50	-0.48	-0.18	0.07	0.27	1.09	1.27	0.21
UT-2006-ARCO	0.86	0.29	-0.90	-1.22	-0.46	-0.36	-0.38	-0.11	0.93	1.08	1.85	2.56	0.35
UT-2005-ARCO	1.15	0.73	-0.44	-0.83	-0.21	-0.31	0.11	0.47	0.89	1.19	1.63	1.54	0.49
UT-2004-ARCO	2.53	0.62	-0.39	-0.45	-0.57	-0.44	-0.44	-0.17	0.20	0.36	1.28	1.55	0.34
UT-2006-ARWY	0.89	0.06	-0.99	-1.32	-0.54	-0.42	-0.44	-0.18	0.85	0.94	1.68	2.28	0.23
WY-2003-NM	-0.01	-0.08	-1.38	-1.62	-0.64	-0.43	-0.51	-0.61	0.26	0.57	-0.08	0.95	-0.30
WY-2004-NM	1.43	0.56	-0.63	-0.26	-0.34	-0.25	0.20	-0.01	0.14	0.64	1.00	-0.68	0.15
WY-2005-NM	0.73	1.56	-0.80	-0.93	0.09	0.45	0.17	1.05	0.68	0.78	0.20		0.36
WY-2006-CO	-0.49	-0.40	-1.18	-1.35	0.12	-0.14	0.14	0.34	0.61	0.02	-0.22	1.28	-0.11
WY-2005-EPA	0.50	1.42	-0.68	-0.86	-0.05	0.28	-0.12	0.83	0.62	0.54	-0.22	-0.14	0.18
WY-2005-ARWY	1.18	1.98	-0.58	-0.73	0.20	0.55	0.22	1.12	0.84	0.98	0.54	0.62	0.58
WY-2004-ARWY	1.97	1.07	-0.35	-0.17	-0.28	-0.19	0.25	0.06	0.25	0.76	1.33	-0.18	0.38
WY-2006-ARCO	-0.93	-0.66	-1.49	-1.46	-0.01	-0.37	-0.10	0.13	0.59	0.02	-0.34	1.16	-0.29
WY-2005-ARCO	0.83	1.31	-0.96	0.98	0.01	0.35	-0.09	0.90	0.49	0.65	-0.03	0.00	0.21
WY-2004-ARCO	1.42	0.42	-0.76	-0.33	-0.30	-0.42	-0.07	-0.30	-0.04	0.48	0.84	-0.81	0.01
WY-2006-ARWY	0.07	-0.05	-1.01	-1.09	0.17	-0.07	0.18	0.42	0.84	0.30	0.05	1.76	0.13

**Table 4-7. Temperature error (K) MPE results by state for 12km annual MM5 simulations. MPE results from prior studies that meet the benchmark of 2.0 K are shaded yellow. Current study MPE results are shaded blue with those MPE results shaded green that meet the benchmark.**

State/Simulation	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Mean
CO-2003-NM	3.69	2.79	3.50	3.64	2.82	2.73	3.23	2.62	2.86	3.50	2.94	3.53	3.15
CO-2004-NM	3.71	2.92	3.33	2.91	3.04	2.88	2.85	2.78	2.75	2.82	2.73	3.48	3.02
CO-2005-NM	3.26	3.06	3.29	3.17	2.93	2.80	3.11	2.69	2.93	2.90	3.32		3.04
CO-2006-CO	3.19	3.49	3.11	3.56	3.02	2.97	2.66	2.61	2.75	2.77	3.33	3.30	3.06
CO-2005-EPA	2.98	3.00	3.09	3.06	2.79	2.70	3.00	2.56	2.76	2.67	3.09	3.08	2.90
CO-2005-ARWY	3.28	3.09	3.29	3.22	2.95	2.78	3.13	2.72	2.99	2.90	3.23	3.29	3.07
CO-2004-ARWY	3.78	2.88	3.38	2.99	3.02	2.82	2.84	2.80	2.75	2.81	2.75	3.44	3.02
CO-2006-ARCO	3.75	3.60	3.02	3.56	3.07	3.02	2.69	2.56	2.76	2.77	3.44	3.58	3.15
CO-2005-ARCO	3.39	3.13	3.23	3.16	2.96	2.83	3.18	2.75	3.00	2.98	3.42	3.49	3.13
CO-2004-ARCO	3.88	2.92	3.27	2.89	3.04	2.92	2.90	2.82	2.78	2.80	2.77	3.61	3.05
CO-2006-ARWY	3.49	3.47	3.04	3.60	3.04	2.94	2.67	2.56	2.75	2.79	3.44	3.44	3.10
UT-2003-NM	2.93	2.46	2.87	2.85	2.81	3.06	3.52	2.85	3.31	3.62	2.17	2.79	2.94
UT-2004-NM	3.67	2.58	3.42	2.42	2.78	3.02	3.05	2.95	3.04	2.55	2.53	3.04	2.92
UT-2005-NM	2.74	2.70	2.88	2.75	2.46	2.68	3.15	2.90	3.19	2.96	3.11		2.87
UT-2006-CO	2.59	3.21	2.59	3.16	3.03	3.13	2.96	2.95	2.96	2.66	3.15	3.29	2.97
UT-2005-EPA	2.55	2.58	2.63	2.54	2.30	2.61	2.94	2.80	2.96	2.73	2.92	2.81	2.70
UT-2005-ARWY	2.84	2.84	2.99	2.80	2.55	2.82	3.28	3.05	3.34	3.12	3.23	3.13	3.00
UT-2004-ARWY	3.86	2.72	3.48	2.50	2.91	3.11	3.16	3.04	3.17	2.61	2.68	3.14	3.03
UT-2006-ARCO	2.90	3.22	2.52	3.02	2.96	3.22	2.99	3.05	3.12	2.78	3.30	3.54	3.05
UT-2005-ARCO	2.88	2.86	2.96	2.79	2.52	2.77	3.29	3.00	3.33	3.14	3.30	3.23	3.01
UT-2004-ARCO	3.95	2.68	3.46	2.48	2.86	3.10	3.11	3.07	3.14	2.60	2.69	3.23	3.03
UT-2006-ARWY	2.72	3.22	2.56	3.08	3.01	3.25	3.02	3.10	3.14	2.76	3.22	3.39	3.04
WY-2003-NM	3.37	2.87	2.92	3.00	2.50	2.38	3.09	2.74	2.65	3.33	3.07	3.26	2.93
WY-2004-NM	4.36	3.00	3.22	2.53	2.54	2.45	2.70	2.61	2.60	2.46	2.95	3.02	2.87
WY-2005-NM	3.30	3.57	2.81	2.75	2.17	2.36	2.86	2.92	2.90	2.72	2.72		2.83
WY-2006-CO	2.90	3.14	2.73	2.99	2.90	2.78	3.03	2.87	2.66	2.49	2.94	3.65	2.92
WY-2005-EPA	3.04	3.41	2.66	2.58	2.05	2.22	2.71	2.75	2.74	2.56	2.64	3.16	2.71
WY-2005-ARWY	3.34	3.74	2.74	2.70	2.13	2.34	2.89	2.93	2.90	2.78	2.80	3.46	2.90
WY-2004-ARWY	4.48	3.15	3.17	2.51	2.47	2.39	2.66	2.58	2.55	2.46	3.04	2.97	2.87
WY-2006-ARCO	3.23	3.20	2.82	3.13	2.79	2.66	2.91	2.73	2.58	2.47	3.07	3.66	2.94
WY-2005-ARCO	3.36	3.52	2.86	2.85	2.20	2.37	2.82	2.83	2.86	2.69	2.72	3.41	2.87
WY-2004-ARCO	4.34	2.95	3.26	2.57	2.51	2.44	2.64	2.58	2.57	2.40	2.92	3.00	2.85
WY-2006-ARWY	3.02	3.14	2.69	2.88	2.77	2.68	2.92	2.75	2.62	2.42	2.91	3.82	2.92

**Table 4-8. Mixing ratio bias (g/kg) MPE results by state for 12km annual MM5 simulations. MPE results from prior studies that meet the benchmark of  $\pm 1.0$  g/kg are shaded yellow. Current study MPE results are shaded blue with those MPE results shaded green that meet the benchmark.**

State/Simulation	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Mean
CO-2003-NM	0.26	0.04	0.10	0.15	-0.09	-0.14	0.63	-0.05	-0.36	0.04	-0.15	0.01	0.04
CO-2004-NM	-0.09	-0.09	0.26	-0.05	-0.42	-0.13	-0.54	-0.76	-0.60	-0.20	-0.10	0.01	-0.23
CO-2005-NM	0.15	0.08	0.10	0.23	-0.12	-0.46	0.24	-0.57	-0.10	-0.37	-0.08		-0.08
CO-2006-CO	0.14	0.21	0.15	0.27	-0.01	0.22	-0.65	-0.82	-0.54	-0.36	-0.06	0.12	-0.11
CO-2005-EPA	0.21	0.08	0.12	0.34	0.16	0.05	1.08	0.17	0.32	-0.14	0.01	0.15	0.21
CO-2005-ARWY	0.13	0.09	0.06	0.18	-0.21	-0.54	0.14	-0.68	-0.23	-0.41	-0.13	0.12	-0.12
CO-2004-ARWY	-0.10	-0.13	0.19	-0.07	-0.48	-0.17	-0.67	-0.88	-0.67	-0.25	-0.13	0.02	-0.28
CO-2006-ARCO	0.09	0.14	0.07	0.16	-0.15	0.02	-0.89	-0.98	-0.68	-0.43	-0.14	0.10	-0.22
CO-2005-ARCO	0.09	0.00	0.00	0.09	-0.27	-0.71	-0.03	-0.83	-0.37	-0.44	-0.15	0.10	-0.21
CO-2004-ARCO	-0.14	-0.14	0.10	-0.13	-0.55	-0.32	-0.77	-0.99	-0.73	-0.30	-0.17	-0.05	-0.35
CO-2006-ARWY	0.13	0.18	0.09	0.18	-0.15	0.10	-0.84	-0.94	-0.65	-0.38	-0.09	0.14	-0.19
UT-2003-NM	0.15	0.04	0.27	0.25	0.06	0.47	1.24	0.46	0.46	0.42	-0.06	0.13	0.32
UT-2004-NM	0.24	0.10	0.77	0.27	-0.05	0.48	0.84	0.50	0.47	0.26	-0.13	0.08	0.32
UT-2005-NM	0.10	0.04	0.37	0.11	-0.35	-0.13	0.68	0.25	0.22	-0.07	-0.14		0.10
UT-2006-CO	0.02	-0.03	-0.03	0.01	0.11	0.47	0.09	-0.13	0.03	-0.22	0.02	0.16	0.04
UT-2005-EPA	0.27	0.13	0.41	0.27	-0.12	0.21	1.30	0.96	0.55	0.15	0.04	0.23	0.37
UT-2005-ARWY	0.06	-0.04	0.28	0.05	-0.45	-0.21	0.44	-0.07	0.14	-0.11	-0.15	0.09	0.00
UT-2004-ARWY	0.21	0.07	0.60	0.17	-0.14	0.33	0.58	0.27	0.39	0.20	-0.16	0.05	0.21
UT-2006-ARCO	-0.02	-0.04	-0.04	-0.03	0.07	0.30	-0.01	-0.39	-0.11	-0.29	-0.01	0.15	-0.03
UT-2005-ARCO	0.04	-0.04	0.27	0.04	-0.43	-0.23	0.54	0.08	0.11	-0.09	-0.17	0.10	0.02
UT-2004-ARCO	0.20	0.06	0.57	0.18	-0.16	0.34	0.65	0.32	0.36	0.19	-0.17	0.03	0.21
UT-2006-ARWY	0.01	-0.03	-0.05	-0.02	0.07	0.29	-0.07	-0.42	-0.14	-0.27	0.02	0.17	-0.04
WY-2003-NM	0.33	0.09	0.23	0.37	-0.01	-0.33	0.23	0.29	-0.31	0.29	0.11	0.17	0.12
WY-2004-NM	0.22	0.12	0.40	0.16	-0.28	-0.35	-0.41	-0.25	-0.25	-0.08	0.04	0.13	-0.05
WY-2005-NM	0.23	0.22	0.19	0.13	-0.59	-0.89	-0.10	0.00	0.11	-0.23	0.06		-0.08
WY-2006-CO	0.20	0.18	0.00	-0.11	-0.33	-0.06	0.31	-0.21	-0.10	0.05	0.13	0.31	0.03
WY-2005-EPA	0.27	0.28	0.16	0.27	-0.34	-0.42	0.46	0.61	0.35	-0.02	0.09	0.22	0.16
WY-2005-ARWY	0.19	0.16	0.10	0.04	-0.67	-1.04	-0.29	-0.15	-0.07	-0.29	-0.01	0.22	-0.15
WY-2004-ARWY	0.19	0.09	0.23	0.08	-0.37	-0.46	-0.54	-0.37	-0.39	-0.14	-0.03	0.07	-0.14
WY-2006-ARCO	0.19	0.17	-0.01	-0.14	-0.51	-0.11	0.20	-0.41	-0.20	0.02	0.17	0.35	-0.02
WY-2005-ARCO	0.22	0.20	0.13	0.07	-0.64	-1.13	-0.25	-0.15	-0.07	-0.30	0.02	0.25	-0.14
WY-2004-ARCO	0.21	0.11	0.29	0.07	-0.40	-0.37	-0.51	-0.36	-0.36	-0.15	-0.01	0.10	-0.12
WY-2006-ARWY	0.19	0.16	-0.01	-0.16	-0.45	-0.12	0.15	-0.44	-0.17	0.00	0.11	0.31	-0.04

**Table 4-9. Mixing ratio error (g/kg) MPE results by state for 12km annual MM5 simulations. MPE results from prior studies that meet the benchmark of 2.0 g/kg are shaded yellow. Current study MPE results are shaded blue with those MPE results shaded green that meet the benchmark.**

State/Simulation	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Mean
CO-2003-NM	0.55	0.47	0.61	0.85	1.14	1.23	1.73	1.46	1.05	0.79	0.56	0.46	0.91
CO-2004-NM	0.46	0.48	0.77	0.78	1.05	1.27	1.64	1.47	1.15	0.79	0.56	0.45	0.91
CO-2005-NM	0.51	0.58	0.56	0.80	0.95	1.39	1.57	1.46	1.19	0.88	0.62		0.96
CO-2006-CO	0.47	0.45	0.64	0.77	0.99	1.29	1.48	1.46	1.05	0.81	0.55	0.46	0.87
CO-2005-EPA	0.55	0.60	0.59	0.82	1.01	1.47	2.02	1.56	1.27	0.79	0.61	0.43	0.98
CO-2005-ARWY	0.51	0.56	0.54	0.80	0.97	1.43	1.52	1.45	1.19	0.90	0.64	0.43	0.91
CO-2004-ARWY	0.47	0.49	0.76	0.79	1.09	1.26	1.63	1.48	1.21	0.82	0.56	0.44	0.92
CO-2006-ARCO	0.47	0.42	0.63	0.74	0.97	1.20	1.47	1.44	1.06	0.84	0.56	0.45	0.85
CO-2005-ARCO	0.50	0.57	0.54	0.77	0.97	1.46	1.53	1.52	1.20	0.91	0.62	0.41	0.92
CO-2004-ARCO	0.47	0.49	0.72	0.78	1.07	1.27	1.67	1.54	1.20	0.81	0.56	0.45	0.92
CO-2006-ARWY	0.46	0.43	0.62	0.73	0.96	1.17	1.46	1.49	1.08	0.82	0.55	0.47	0.85
UT-2003-NM	0.57	0.51	0.62	0.66	0.99	1.25	2.13	1.64	1.16	0.93	0.61	0.50	0.96
UT-2004-NM	0.45	0.40	1.11	0.78	0.92	1.44	1.74	1.42	1.20	0.77	0.59	0.46	0.94
UT-2005-NM	0.55	0.52	0.71	0.72	1.12	1.38	1.74	1.54	1.16	0.87	0.69		1.00
UT-2006-CO	0.43	0.43	0.60	0.74	1.02	1.29	1.43	1.25	0.91	0.94	0.58	0.43	0.84
UT-2005-EPA	0.60	0.58	0.75	0.78	1.11	1.44	2.12	1.87	1.27	0.86	0.65	0.53	1.05
UT-2005-ARWY	0.55	0.52	0.68	0.71	1.16	1.41	1.63	1.48	1.12	0.86	0.69	0.47	0.94
UT-2004-ARWY	0.45	0.40	0.99	0.75	0.90	1.41	1.63	1.35	1.17	0.78	0.59	0.46	0.91
UT-2006-ARCO	0.47	0.43	0.59	0.74	1.02	1.24	1.39	1.30	0.88	0.92	0.57	0.42	0.83
UT-2005-ARCO	0.54	0.52	0.66	0.69	1.11	1.37	1.66	1.46	1.13	0.85	0.70	0.47	0.93
UT-2004-ARCO	0.44	0.40	0.97	0.75	0.89	1.42	1.65	1.40	1.16	0.77	0.59	0.45	0.91
UT-2006-ARWY	0.45	0.43	0.60	0.74	1.04	1.26	1.41	1.33	0.88	0.92	0.57	0.42	0.84
WY-2003-NM	0.52	0.37	0.50	0.76	0.90	1.20	1.61	1.41	1.01	0.77	0.43	0.43	0.83
WY-2004-NM	0.47	0.43	0.72	0.71	0.90	1.06	1.46	1.08	0.97	0.75	0.53	0.40	0.79
WY-2005-NM	0.46	0.51	0.55	0.73	1.01	1.52	1.39	1.28	1.03	0.75	0.55		0.89
WY-2006-CO	0.43	0.38	0.44	0.69	0.98	1.11	1.25	1.07	0.85	0.67	0.48	0.48	0.74
WY-2005-EPA	0.47	0.53	0.54	0.74	0.86	1.44	1.60	1.57	1.14	0.68	0.51	0.42	0.88
WY-2005-ARWY	0.45	0.47	0.51	0.68	1.03	1.58	1.37	1.24	0.97	0.74	0.54	0.41	0.83
WY-2004-ARWY	0.45	0.42	0.63	0.69	0.90	1.05	1.43	1.09	0.97	0.75	0.52	0.38	0.77
WY-2006-ARCO	0.45	0.38	0.46	0.72	1.02	1.10	1.24	1.09	0.86	0.68	0.49	0.49	0.75
WY-2005-ARCO	0.49	0.50	0.54	0.72	1.06	1.67	1.41	1.27	1.01	0.77	0.57	0.44	0.87
WY-2004-ARCO	0.46	0.42	0.66	0.73	0.94	1.07	1.50	1.13	1.00	0.78	0.52	0.39	0.80
WY-2006-ARWY	0.42	0.36	0.44	0.69	0.98	1.07	1.19	1.07	0.83	0.65	0.47	0.47	0.72

**Table 4-10. Wind speed Index of Agreement MPE results by state for 12km annual MM5 simulations. All areas meet the 0.6 benchmark for the statistic monthly and annually. Current study MPE results are shaded blue.**

State/Simulation	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Mean
CO-2003-NM	0.84	0.83	0.83	0.80	0.83	0.84	0.85	0.84	0.85	0.87	0.84	0.85	0.84
CO-2004-NM	0.84	0.84	0.82	0.8	0.84	0.85	0.83	0.82	0.82	0.82	0.84	0.85	0.83
CO-2005-NM	0.82	0.81	0.79	0.79	0.80	0.81	0.83	0.83	0.81	0.81	0.79		0.81
CO-2006-CO	0.80	0.82	0.81	0.78	0.81	0.83	0.83	0.83	0.83	0.83	0.82	0.82	0.82
CO-2005-EPA	0.82	0.82	0.81	0.82	0.81	0.81	0.80	0.81	0.80	0.80	0.80	0.80	0.81
CO-2005-ARWY	0.82	0.79	0.78	0.82	0.80	0.80	0.79	0.80	0.80	0.78	0.78	0.79	0.80
CO-2004-ARWY	0.81	0.80	0.81	0.80	0.79	0.80	0.79	0.82	0.77	0.78	0.81	0.77	0.80
CO-2006-ARCO	0.81	0.81	0.81	0.77	0.80	0.81	0.77	0.79	0.77	0.75	0.78	0.76	0.79
CO-2005-ARCO	0.83	0.82	0.81	0.83	0.81	0.80	0.77	0.81	0.81	0.79	0.78	0.80	0.81
CO-2004-ARCO	0.81	0.80	0.80	0.80	0.81	0.81	0.80	0.82	0.80	0.78	0.78	0.82	0.80
CO-2006-ARWY	0.80	0.80	0.81	0.77	0.79	0.78	0.80	0.78	0.79	0.76	0.77	0.75	0.78
UT-2003-NM	0.79	0.76	0.77	0.80	0.79	0.81	0.78	0.80	0.81	0.81	0.78	0.80	0.79
UT-2004-NM	0.72	0.78	0.78	0.81	0.81	0.79	0.77	0.79	0.79	0.79	0.78	0.77	0.78
UT-2005-NM	0.72	0.71	0.74	0.76	0.76	0.78	0.77	0.74	0.78	0.77	0.76		0.75
UT-2006-CO	0.77	0.75	0.76	0.77	0.78	0.78	0.76	0.79	0.78	0.77	0.76	0.73	0.77
UT-2005-EPA	0.70	0.74	0.71	0.77	0.76	0.73	0.75	0.78	0.75	0.74	0.76	0.78	0.75
UT-2005-ARWY	0.70	0.72	0.69	0.76	0.76	0.75	0.73	0.78	0.76	0.73	0.75	0.78	0.74
UT-2004-ARWY	0.67	0.74	0.72	0.72	0.75	0.76	0.77	0.75	0.78	0.76	0.78	0.78	0.75
UT-2006-ARCO	0.71	0.74	0.76	0.72	0.75	0.73	0.73	0.76	0.75	0.75	0.74	0.75	0.74
UT-2005-ARCO	0.71	0.73	0.70	0.77	0.76	0.73	0.74	0.77	0.75	0.74	0.76	0.78	0.75
UT-2004-ARCO	0.67	0.74	0.74	0.73	0.76	0.75	0.76	0.76	0.76	0.76	0.77	0.78	0.75
UT-2006-ARWY	0.70	0.74	0.72	0.76	0.74	0.74	0.72	0.77	0.76	0.76	0.73	0.75	0.74
WY-2003-NM	0.82	0.82	0.80	0.82	0.82	0.82	0.84	0.83	0.82	0.81	0.82	0.84	0.82
WY-2004-NM	0.82	0.84	0.81	0.82	0.82	0.81	0.81	0.81	0.82	0.83	0.84	0.82	0.82
WY-2005-NM	0.78	0.79	0.75	0.77	0.80	0.78	0.79	0.78	0.78	0.79	0.80		0.78
WY-2006-CO	0.84	0.84	0.82	0.81	0.80	0.82	0.82	0.84	0.83	0.83	0.82	0.83	0.83
WY-2005-EPA	0.79	0.80	0.78	0.78	0.81	0.80	0.80	0.78	0.81	0.79	0.79	0.81	0.80
WY-2005-ARWY	0.79	0.80	0.79	0.78	0.81	0.80	0.80	0.79	0.80	0.78	0.79	0.81	0.80
WY-2004-ARWY	0.79	0.78	0.81	0.81	0.79	0.81	0.80	0.79	0.80	0.79	0.80	0.78	0.80
WY-2006-ARCO	0.78	0.79	0.77	0.78	0.76	0.77	0.75	0.78	0.75	0.76	0.76	0.76	0.77
WY-2005-ARCO	0.77	0.76	0.78	0.76	0.77	0.77	0.78	0.78	0.75	0.76	0.77	0.78	0.77
WY-2004-ARCO	0.77	0.76	0.78	0.78	0.77	0.78	0.77	0.75	0.78	0.78	0.75	0.76	0.77
WY-2006-ARWY	0.79	0.80	0.79	0.81	0.78	0.80	0.78	0.81	0.79	0.80	0.79	0.81	0.80

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**Attachment B**

**List of Surface and Upper Air Monitoring Stations  
used for CALMET**

**Table B-1. List of Surface Meteorological Stations in CALPUFF Domain**

Station Name	USAF (ISH/NWS) or AIRS ( SCAQMD )	WBAN (ISH/NWS) or ARB (SCAQMD)	Latitude	Longitude	Station ID (USAF-WBAN for ISH/NWS and AIRS-ARB for SCAQMD data)	Data Source	Years Available
TWENTYNINE PALMS	690150	93121	34.3	-116.167	690150-93121	ISH/NWS	2006-2008
NEWHALL	720046	99999	34.367	-118.567	720046-99999	ISH/NWS	2006-2008
BIG BEAR CITY	720165	99999	34.264	-116.854	720165-99999	ISH/NWS	2007-2008
CORONA MUNI	720333	99999	33.9	-117.6	720333-99999	ISH/NWS	2006-2008
PALM SPRINGS INTL	722868	93138	33.833	-116.5	722868-93138	ISH/NWS	2006- 2008
RIVERSIDE MUNI	722869	99999	33.95	-117.433	722869-99999	ISH/NWS	2006-2008
LA USC DOWNTOWN CAM	722874	99999	34.024	-118.291	722874-99999	ISH/NWS	2006-2008
BURBANK/GLENDALE	722880	03171	34.201	-118.358	722880-03171	ISH/NWS	2006-2008
SANTA MONICA MUNI	722885	93134	34.017	-118.45	722885-93134	ISH/NWS	2006-2008
VAN NUYS	722886	23152	34.21	-118.489	722886-23152	ISH/NWS	2006-2008
BRACKETT FLD	722887	93197	34.083	-117.783	722887-93197	ISH/NWS	2006-2008
MOUNT WILSON	722890	99999	34.226	118.066	722890-99999	ISH/NWS	2006
CHINO	722899	23130	33.967	-117.633	722899-23130	ISH/NWS	2006-2008
BROWN FLD MUNI	722904	99999	32.567	-116.967	722904-99999	ISH/NWS	2006-2008
NORTH ISLAND NAS	722906	03180	32.7	-117.2	722906-03180	ISH/NWS	2006-2008
GILLESPIE FLD	722907	93136	32.833	-116.967	722907-93136	ISH/NWS	2006-2008
AVALON/CATALINA	722920	99999	33.405	-118.416	722920-99999	ISH/NWS	2006-2008
SAN CLEMENTE ISLAND	722925	03179	33.023	-118.588	722925-03179	ISH/NWS	2006-2008
CAMP PENDLETON MCAS	722926	99999	33.3	-117.35	722926-99999	ISH/NWS	2006, 2007
MC CLELLAN PALOMAR	722927	93112	33.128	-117.28	722927-93112	ISH/NWS	2006-2008
OCEANSIDE MUNI	722934	53143	33.217	-117.35	722934-53143	ISH/NWS	2006-2008
LOS ANGELES INTL	722950	99999	33.938	-118.389	722950-99999	ISH/NWS	2006-2008
ZAMPERINI FLD	722955	23191	33.8	-118.333	722955-23191	ISH/NWS	2006-2008
JACK NORTHROP FLD H	722956	93117	33.917	-118.333	722956-93117	ISH/NWS	2006-2008
LONG BEACH/LB AIRP.	722970	03154	33.812	-118.146	722970-03154	ISH/NWS	2006-2008
LOS ALAMITOS AAF	722975	99999	33.783	-118.05	722975-99999	ISH/NWS	2006-2008
FULLERTON MUNICIPAL	722976	03177	33.867	117.983	722976-03177	ISH/NWS	2006-2008

Station Name	USAF (ISH/NWS) or AIRS ( SCAQMD )	WBAN (ISH/NWS) or ARB (SCAQMD)	Latitude	Longitude	Station ID (USAF-WBAN for ISH/NWS and AIRS-ARB for SCAQMD data)	Data Source	Years Available
JOHN WAYNE ARPT ORA	722977	99999	33.68	-117.866	722977-99999	ISH/NWS	2006-2008
EDWARDS AF AUX NORTH	723171	99999	34.983	-117.867	723171-99999	ISH/NWS	2006-2008
PALMDALE PRODUCTION	723820	03174	34.629	-118.084	723820-03174	ISH/NWS	2006-2008
SANDBURG (AUT)	723830	99999	34.744	-118.724	723830-99999	ISH/NWS	2006-2008
SANTA BARBARA MUNI	723925	03167	34.426	119.843	723925-03167	ISH/NWS	2006-2008
OXNARD AIRPORT	723927	23129	34.201	119.206	723927-23129	ISH/NWS	2006-2008
RAMONA	745056	99999	33.038	-116.916	745056-99999	ISH/NWS	2008
RAMONA	745056	53141	33.039	-116.915	745056-53141	ISH/NWS	2006-2007
WHITEMAN	745057	99999	34.267	-118.417	745057-99999	ISH/NWS	2006-2008
EL MONTE	747043	93184	34.086	-118.035	747043-93184	ISH/NWS	2006-2008
CAMPO	747186	99999	32.633	-116.467	747186-99999	ISH/NWS	2006-2008
SAN DIEGO	994027	53144	32.717	-117.167	994027-53144	ISH/NWS	2006-2008
SANTA MONICA	994028	99999	34.008	-118.5	994028-99999	ISH/NWS	2006-2008
LOS ANGELES	994035	03159	33.717	-118.267	994035-03159	ISH/NWS	2006-2008
TIJUANA RIVER RESERV	998013	23182	32.573	-117.127	998013-23182	ISH/NWS	2008
ANAHEIM	60590007	30178	33.829	-117.939	60590007-30178	SCAQMD	2006-2008
AZUSA	60370002	70060	34.135	-117.924	60370002-70060	SCAQMD	2008
BANNING AIRPORT	60650012	33164	33.919	-116.858	60650012-33164	SCAQMD	2008
BURBANK	60371002	70069	34.174	-118.317	60371002-70069	SCAQMD	2008
CENTRAL LA	60710025	70087	34.065	-118.227	60710025-70087	SCAQMD	2006-2007
COSTA MESA	60591003	30195	33.672	-117.926	60591003-30195	SCAQMD	2007-2008
CRESTLINE	60710005	36181	34.240	-117.276	60710005-36181	SCAQMD	2006-2008
FONTANA	60712002	36197	34.099	-117.492	60712002-36197	SCAQMD	2008
INDIO	60652002	33157	33.707	-116.216	60652002-33157	SCAQMD	2007-2008
LA HABRA	60595001	30177	33.923	-117.952	60595001-30177	SCAQMD	2008
LAKE ELSINORE	60659001	33158	33.675	-117.331	60659001-33158	SCAQMD	2008
LAX	60375005	70111	33.952	-118.430	60375005-70111	SCAQMD	2007-2008
LONG BEACH	60374002	70072	33.822	-118.189	60374002-70072	SCAQMD	2007-2008
MISSION VIEJO	60592022	30002	33.628	-117.675	60592022-30002	SCAQMD	2007-2008

Station Name	USAF (ISH/NWS) or AIRS ( SCAQMD )	WBAN (ISH/NWS) or ARB (SCAQMD)	Latitude	Longitude	Station ID (USAF-WBAN for ISH/NWS and AIRS-ARB for SCAQMD data)	Data Source	Years Available
PALM SPRINGS	60655001	33137	33.851	-116.541	60655001-33137	SCAQMD	2008
PERRIS	60656001	33149	33.787	-117.228	60656001-33149	SCAQMD	2007-2008
PICO RIVERA	60371602	70185	34.008	-118.069	60371602-70185	SCAQMD	2008
POMONA	60371701	70075	34.065	-117.750	60371701-70075	SCAQMD	2008
REDLANDS	60714003	36204	34.057	-117.148	60714003-36204	SCAQMD	2007-2008
RESEDA	60371201	70074	34.197	-118.533	60371201-70074	SCAQMD	2008
RIVERSIDE	60658001	33144	33.999	-117.415	60658001-33144	SCAQMD	2007-2008
SAB BERNADINO	60719004	36203	34.105	-117.274	60719004-36203	SCAQMD	2007-2008
SANTA CLARA	60376012	70090	34.382	-118.528	60376012-70090	SCAQMD	2006-2008
UPLAND	60711004	36175	34.102	-117.629	60711004-36175	SCAQMD	2008
WEST LA	60370113	70091	34.049	-118.457	60370113-70091	SCAQMD	2006, 2008

**Table B-2. Upper Air Meteorological Station in CALPUFF Domain**

Station Name	USAF	WBAN	Lat	Long	Station ID (USAF-WBAN)	Data Source	Years Available
MIRMAR	722930	03190	32.87	117.15	722930-03190	NOAA/ESRL	2005-2008

Attachment C

# Sample CALPUFF Input File

## CALPUFF Demonstration Run

----- Run title (3 lines) -----

CALPUFF MODEL CONTROL FILE  
-----

INPUT GROUP: 0 -- Input and Output File Names

Default Name	Type	File Name
CALMET. DAT	input	! METDAT =CMET. DAT !
or		
ISCMET. DAT	input	* ISCDAT = *
or		
PLMMET. DAT	input	* PLMDAT = *
or		
PROFILE. DAT	input	* PRFDAT = *
SURFACE. DAT	input	* SFCDAT = *
RESTARTB. DAT	input	! RSTARTB=CPUF. out!
-----		
CALPUFF. LST	output	! PUFLST =CPUF. LST !
CONC. DAT	output	! CONDAT =CPUF. CON !
DFLX. DAT	output	! DFDAT =CPUF. DRY !
WFLX. DAT	output	! WFDAT =CPUF. WET !
-----		
VISB. DAT	output	! VISDAT =CPUF. VIS !
TK2D. DAT	output	* T2DDAT = *
RHO2D. DAT	output	* RHODAT = *
RESTARTE. DAT	output	! RSTARTE= CPUF. rst !
-----		
Emission Files		
-----		
PTEMARB. DAT	input	* PTDAT = *
VOLEMARB. DAT	input	* VOLDAT = *
BAEMARB. DAT	input	* ARDAT = *
LNEMARB. DAT	input	* LNDAT = *
-----		
Other Files		
-----		
OZONE. DAT	input	! OZDAT =OZONE. DAT !
VD. DAT	input	* VDDAT = *
CHEM. DAT	input	* CHEMDAT= *
H2O2. DAT	input	* H2O2DAT= *
HILL. DAT	input	* HILLDAT= *
HILLRCT. DAT	input	* RCTDAT= *
COASTLN. DAT	input	* CSTDAT= *
FLUXBDY. DAT	input	* BDYDAT= *
BCON. DAT	input	* BCNDAT= *
DEBUG. DAT	output	* DEBUG = *
MASSFLX. DAT	output	* FLXDAT= *
MASSBAL. DAT	output	* BALDAT= *
FOG. DAT	output	* FOGDAT= *

All file names will be converted to lower case if LCFILES = T  
 Otherwise, if LCFILES = F, file names will be converted to UPPER CASE  
 T = lower case ! LCFILES = F !  
 F = UPPER CASE

NOTE: (1) file/path names can be up to 70 characters in length

APPENDIX\_C

Provision for multiple input files

```

-----
Number of CALMET.DAT files for run (NMETDAT)
Default: 1          ! NMETDAT = 12 !

Number of PTEMARB.DAT files for run (NPTDAT)
Default: 0          ! NPTDAT = 0 !

Number of BAEMARB.DAT files for run (NARDAT)
Default: 0          ! NARDAT = 0 !

Number of VOLEMARB.DAT files for run (NVOLDAT)
Default: 0          ! NVOLDAT = 0 !

```

! END!

-----  
Subgroup (0a)  
-----

The following CALMET.DAT filenames are processed in sequence if NMETDAT>1

Default	Name	Type	File Name		
none		input	! METDAT= ~\CALMET\cal puff_jan08.met	!	! END!
none		input	! METDAT= ~\CALMET\cal puff_feb08.met	!	! END!
none		input	! METDAT= ~\CALMET\cal puff_mar08.met	!	! END!
none		input	! METDAT= ~\CALMET\cal puff_apr08.met	!	! END!
none		input	! METDAT= ~\CALMET\cal puff_may08.met	!	! END!
none		input	! METDAT= ~\CALMET\cal puff_jun08.met	!	! END!
none		input	! METDAT= ~\CALMET\cal puff_jul08.met	!	! END!
none		input	! METDAT= ~\CALMET\cal puff_aug08.met	!	! END!
none		input	! METDAT= ~\CALMET\cal puff_sep08.met	!	! END!
none		input	! METDAT= ~\CALMET\cal puff_oct08.met	!	! END!
none		input	! METDAT= ~\CALMET\cal puff_nov08.met	!	! END!
none		input	! METDAT= ~\CALMET\cal puff_dec08.met	!	! END!

-----  
INPUT GROUP: 1 -- General run control parameters  
-----

```

Option to run all periods found
in the met. file (METRUN) Default: 0          ! METRUN = 0 !

```

```

METRUN = 0 - Run period explicitly defined below
METRUN = 1 - Run all periods in met. file

```

```

Starting date:  Year (IBYR) -- No default      ! IBYR = 2008 !
                Month (IBMO) -- No default     ! IBMO = 1 !
                Day (IBDY)  -- No default     ! IBDY = 1 !
                Hour (IBHR) -- No default     ! IBHR = 0 !
(METRUN = 0)

```

Note: IBHR is the time at the END of the first hour of the simulation  
(IBHR=1, the first hour of a day, runs from 00:00 to 01:00)

```

Base time zone      (XBTZ) -- No default      ! XBTZ = 8.0 !
The zone is the number of hours that must be
ADDED to the time to obtain UTC (or GMT)

```

APPENDIX\_C

Examples: PST = 8., MST = 7.  
 CST = 6., EST = 5.

Length of run (hours) (IRLG) -- No default ! IRLG = 8784 !

Number of chemical species (NSPEC)  
 Default: 5 ! NSPEC = 9 !

Number of chemical species  
 to be emitted (NSE) Default: 3 ! NSE = 7 !

Flag to stop run after  
 SETUP phase (ITEST) Default: 2 ! ITEST = 2 !

(Used to allow checking  
 of the model inputs, files, etc.)

- ITEST = 1 - STOPS program after SETUP phase
- ITEST = 2 - Continues with execution of program  
 after SETUP

Restart Configuration:

Control flag (MRESTART) Default: 0 ! MRESTART = 0 !

- 0 = Do not read or write a restart file
- 1 = Read a restart file at the beginning of  
 the run
- 2 = Write a restart file during run
- 3 = Read a restart file at beginning of run  
 and write a restart file during run

Number of periods in Restart  
 output cycle (NRESPD) Default: 0 ! NRESPD = 0 !

- 0 = File written only at last period
- >0 = File updated every NRESPD periods

Meteorological Data Format (METFM)  
 Default: 1 ! METFM = 1 !

- METFM = 1 - CALMET binary file (CALMET.MET)
- METFM = 2 - ISC ASCII file (ISCMET.MET)
- METFM = 3 - AUSPLUME ASCII file (PLMMET.MET)
- METFM = 4 - CTDM plus tower file (PROFILE.DAT) and  
 surface parameters file (SURFACE.DAT)
- METFM = 5 - AERMET tower file (PROFILE.DAT) and  
 surface parameters file (SURFACE.DAT)

Meteorological Profile Data Format (MPRFFM)  
 (used only for METFM = 1, 2, 3)  
 Default: 1 ! MPRFFM = 1 !

- MPRFFM = 1 - CTDM plus tower file (PROFILE.DAT)
- MPRFFM = 2 - AERMET tower file (PROFILE.DAT)

PG sigma-y is adjusted by the factor (AVET/PGTIME)\*\*0.2  
 Averaging Time (minutes) (AVET) Default: 60.0 ! AVET = 60. !

PG Averaging Time (minutes) (PGTIME)  
 Default: 60.0 ! PGTIME = 60. !

! END!

APPENDIX C

-----  
INPUT GROUP: 2 -- Technical options  
-----

Vertical distribution used in the  
near field (MGAUSS) Default: 1 ! MGAUSS = 1 !  
0 = uniform  
1 = Gaussian

Terrain adjustment method  
(MCTADJ) Default: 3 ! MCTADJ = 3 !  
0 = no adjustment  
1 = ISC-type of terrain adjustment  
2 = simple, CALPUFF-type of terrain  
adjustment  
3 = partial plume path adjustment

Subgrid-scale complex terrain  
flag (MCTSG) Default: 0 ! MCTSG = 0 !  
0 = not modeled  
1 = modeled

Near-field puffs modeled as  
elongated slugs? (MSLUG) Default: 0 ! MSLUG = 0 !  
0 = no  
1 = yes (slug model used)

Transitional plume rise modeled?  
(MTRANS) Default: 1 ! MTRANS = 1 !  
0 = no (i.e., final rise only)  
1 = yes (i.e., transitional rise computed)

Stack tip downwash? (MTIP) Default: 1 ! MTIP = 1 !  
0 = no (i.e., no stack tip downwash)  
1 = yes (i.e., use stack tip downwash)

Method used to simulate building  
downwash? (MBDW) Default: 1 ! MBDW = 1 !  
1 = ISC method  
2 = PRIME method

Vertical wind shear modeled above  
stack top? (MSHEAR) Default: 0 ! MSHEAR = 0 !  
0 = no (i.e., vertical wind shear not modeled)  
1 = yes (i.e., vertical wind shear modeled)

Puff splitting allowed? (MSPLIT) Default: 0 ! MSPLIT = 0 !  
0 = no (i.e., puffs not split)  
1 = yes (i.e., puffs are split)

Chemical mechanism flag (MCHEM) Default: 1 ! MCHEM = 1 !  
0 = chemical transformation not  
modeled  
1 = transformation rates computed  
internally (MESOPUFF II scheme)  
2 = user-specified transformation  
rates used  
3 = transformation rates computed  
internally (RI VAD/ARM3 scheme)  
4 = secondary organic aerosol formation

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computed (MESOPUFF II scheme for OH)

Aqueous phase transformation flag (MAQCHEM)  
 (Used only if MCHEM = 1, or 3) Default: 0 ! MAQCHEM = 0 !  
 0 = aqueous phase transformation not modeled  
 1 = transformation rates adjusted for aqueous phase reactions

Wet removal modeled ? (MWET) Default: 1 ! MWET = 1 !  
 0 = no  
 1 = yes

Dry deposition modeled ? (MDRY) Default: 1 ! MDRY = 1 !  
 0 = no  
 1 = yes  
 (dry deposition method specified for each species in Input Group 3)

Gravitational settling (plume tilt) modeled ? (MTILT) Default: 0 ! MTILT = 0 !  
 0 = no  
 1 = yes  
 (puff center falls at the gravitational settling velocity for 1 particle species)

Restrictions:  
 - MDRY = 1  
 - NSPEC = 1 (must be particle species as well)  
 - sg = 0 GEOMETRIC STANDARD DEVIATION in Group 8 is set to zero for a single particle diameter

Method used to compute dispersion coefficients (MDISP) Default: 3 ! MDISP = 3 !  
 1 = dispersion coefficients computed from measured values of turbulence, sigma v, sigma w  
 2 = dispersion coefficients from internally calculated sigma v, sigma w using micrometeorological variables (u\*, w\*, L, etc.)  
 3 = PG dispersion coefficients for RURAL areas (computed using the ISCST multi-segment approximation) and MP coefficients in urban areas  
 4 = same as 3 except PG coefficients computed using the MESOPUFF II eqns.  
 5 = CTDM sigmas used for stable and neutral conditions. For unstable conditions, sigmas are computed as in MDISP = 3, described above. MDISP = 5 assumes that measured values are read

Sigma-v/sigma-theta, sigma-w measurements used? (MTURBVW)  
 (Used only if MDISP = 1 or 5) Default: 3 ! MTURBVW = 3 !  
 1 = use sigma-v or sigma-theta measurements from PROFILE.DAT to compute sigma-y (valid for METFM = 1, 2, 3, 4, 5)  
 2 = use sigma-w measurements from PROFILE.DAT to compute sigma-z (valid for METFM = 1, 2, 3, 4, 5)  
 3 = use both sigma-(v/theta) and sigma-w from PROFILE.DAT to compute sigma-y and sigma-z (valid for METFM = 1, 2, 3, 4, 5)  
 4 = use sigma-theta measurements

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from PLMMET.DAT to compute sigma-y  
(valid only if METFM = 3)

Back-up method used to compute dispersion  
when measured turbulence data are  
missing (MDISP2) Default: 3 ! MDISP2 = 3 !  
(used only if MDISP = 1 or 5)  
2 = dispersion coefficients from internally calculated  
sigma v, sigma w using micrometeorological variables  
(u\*, w\*, L, etc.)  
3 = PG dispersion coefficients for RURAL areas (computed using  
the ISCST multi-segment approximation) and MP coefficients in  
urban areas  
4 = same as 3 except PG coefficients computed using  
the MESOPUFF II eqns.

[DIAGNOSTIC FEATURE]

Method used for Lagrangian timescale for Sigma-y  
(used only if MDISP=1, 2 or MDISP2=1, 2)  
(MTAULY) Default: 0 ! MTAULY = 0 !  
0 = Draxler default 617.284 (s)  
1 = Computed as Lag. Length / (.75 q) -- after SCIPUFF  
10 < Direct user input (s) -- e.g., 306.9

[DIAGNOSTIC FEATURE]

Method used for Advective-Decay timescale for Turbulence  
(used only if MDISP=2 or MDISP2=2)  
(MTAUADV) Default: 0 ! MTAUADV = 0 !  
0 = No turbulence advection  
1 = Computed (OPTION NOT IMPLEMENTED)  
10 < Direct user input (s) -- e.g., 300

Method used to compute turbulence sigma-v &  
sigma-w using micrometeorological variables  
(Used only if MDISP = 2 or MDISP2 = 2)  
(MCTURB) Default: 1 ! MCTURB = 1 !  
1 = Standard CALPUFF subroutines  
2 = AERMOD subroutines

PG sigma-y, z adj. for roughness? Default: 0 ! MROUGH = 0 !  
(MROUGH)  
0 = no  
1 = yes

Partial plume penetration of  
elevated inversion? Default: 1 ! MPARTL = 1 !  
(MPARTL)  
0 = no  
1 = yes

Strength of temperature inversion Default: 0 ! MTINV = 0 !  
provided in PROFILE.DAT extended records?  
(MTINV)  
0 = no (computed from measured/default gradients)  
1 = yes

PDF used for dispersion under convective conditions?  
Default: 0 ! MPDF = 0 !  
(MPDF)  
0 = no  
1 = yes

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Sub-Grid TIBL module used for shore line? Default: 0 ! MSGTIBL = 0 !

(MSGTIBL)  
 0 = no  
 1 = yes

Boundary conditions (concentration) modeled? Default: 0 ! MBCON = 0 !

(MBCON)  
 0 = no  
 1 = yes, using formatted BCON.DAT file  
 2 = yes, using unformatted CONC.DAT file

Note: MBCON > 0 requires that the last species modeled be 'BCON'. Mass is placed in species BCON when generating boundary condition puffs so that clean air entering the modeling domain can be simulated in the same way as polluted air. Specify zero emission of species BCON for all regular sources.

Individual source contributions saved? Default: 0 ! MSOURCE = 0 !

(MSOURCE)  
 0 = no  
 1 = yes

Analyses of fogging and icing impacts due to emissions from arrays of mechanically-forced cooling towers can be performed using CALPUFF in conjunction with a cooling tower emissions processor (CTEMISS) and its associated postprocessors. Hourly emissions of water vapor and temperature from each cooling tower cell are computed for the current cell configuration and ambient conditions by CTEMISS. CALPUFF models the dispersion of these emissions and provides cloud information in a specialized format for further analysis. Output to FOG.DAT is provided in either 'plume mode' or 'receptor mode' format.

Configure for FOG Model output? Default: 0 ! MFOG = 0 !

(MFOG)  
 0 = no  
 1 = yes - report results in PLUME Mode format  
 2 = yes - report results in RECEPTOR Mode format

Test options specified to see if they conform to regulatory values? (MREG) Default: 1 ! MREG = 1 !

0 = NO checks are made  
 1 = Technical options must conform to USEPA Long Range Transport (LRT) guidance

METFM	1 or 2
AVET	60. (mi n)
PGTIME	60. (mi n)
MGAUSS	1
MCTADJ	3
MTRANS	1
MTIP	1
MCHEM	1 or 3 (if modeling SOx, NOx)
MWET	1

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```

MDRY      1
MDI SP    2 or 3
MPDF      0 if MDI SP=3
           1 if MDI SP=2
MROUGH    0
MPARTL    1
SYTDEP    550. (m)
MHFTSZ    0
SVMIN     0.5 (m/s)
    
```

! END!

-----

INPUT GROUP: 3a, 3b -- Species List

-----

-----

Subgroup (3a)

-----

The following species are modeled:

```

! CSPEC =      SO2 !      ! END!
! CSPEC =      SO4 !      ! END!
! CSPEC =      NOX !      ! END!
! CSPEC =      HNO3!      ! END!
! CSPEC =      NO3 !      ! END!
! CSPEC =      PMC !      ! END!
! CSPEC =      SOA !      ! END!
! CSPEC =      PMF !      ! END!
! CSPEC =      EC  !      ! END!
    
```

GROUP	SPECIES NAME (Limit: 12 Characters in length)	MODELED (0=NO, 1=YES)	EMI TTED (0=NO, 1=YES)	Dry DEPOSITED (0=NO, 1=COMPUTED-GAS 2=COMPUTED-PARTI CLE 3=USER-SPECI FIED)	OUTPUT NUMBER (0=NONE, 1=1st 2=2nd 3= etc.)
!	SO2 =	1,	1,	1,	0 !
!	SO4 =	1,	1,	2,	0 !
!	NOX =	1,	1,	1,	0 !
!	HNO3 =	1,	0,	1,	0 !
!	NO3 =	1,	0,	2,	0 !
!	PMC =	1,	1,	2,	0 !
!	SOA =	1,	1,	2,	0 !
!	PMF =	1,	1,	2,	0 !
!	EC =	1,	1,	2,	0 !

! END!

Note: The last species in (3a) must be 'BCON' when using the boundary condition option (MBCON > 0). Species BCON should typically be modeled as inert (no chem transformation or removal).

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-----  
Subgroup (3b)  
-----

The following names are used for Species-Groups in which results for certain species are combined (added) prior to output. The CGRUP name will be used as the species name in output files. Use this feature to model specific particle-size distributions by treating each size-range as a separate species. Order must be consistent with 3(a) above.

-----  
INPUT GROUP: 4 -- Map Projection and Grid control parameters  
-----

Projection  
-----

Map projection for all X, Y (km)  
(PMAP) Default: UTM ! PMAP = LCC !

UTM : Universal Transverse Mercator  
TTM : Tangential Transverse Mercator  
LCC : Lambert Conformal Conic  
PS : Polar Stereographic  
EM : Equatorial Mercator  
LAZA: Lambert Azimuthal Equal Area

False Easting and Northing (km) at the projection origin  
(Used only if PMAP= TTM, LCC, or LAZA)  
(FEAST) Default=0.0 ! FEAST = 0.0 !  
(FNORTH) Default=0.0 ! FNORTH = 0.0 !

UTM zone (1 to 60)  
(Used only if PMAP=UTM)  
(IUTMZN) No Default ! IUTMZN = 11 !

Hemisphere for UTM projection?  
(Used only if PMAP=UTM)  
(UTMHEM) Default: N ! UTMHEM = N !  
N : Northern hemisphere projection  
S : Southern hemisphere projection

Latitude and Longitude (decimal degrees) of projection origin  
(Used only if PMAP= TTM, LCC, PS, EM, or LAZA)  
(RLATO) No Default ! RLATO = 34.06179N !  
(RLONO) No Default ! RLONO = 117.8192W !

TTM : RLONO identifies central (true N/S) meridian of projection  
RLATO selected for convenience  
LCC : RLONO identifies central (true N/S) meridian of projection  
RLATO selected for convenience  
PS : RLONO identifies central (grid N/S) meridian of projection  
RLATO selected for convenience  
EM : RLONO identifies central meridian of projection  
RLATO is REPLACED by 0.0N (Equator)  
LAZA: RLONO identifies longitude of tangent-point of mapping plane  
RLATO identifies latitude of tangent-point of mapping plane

Matching parallel(s) of latitude (decimal degrees) for projection

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(Used only if PMAP= LCC or PS)  
 (RLAT1) No Default ! RLAT1 = 33.0N !  
 (RLAT2) No Default ! RLAT2 = 35.0N !

LCC : Projection cone slices through Earth's surface at RLAT1 and RLAT2  
 PS : Projection plane slices through Earth at RLAT1  
 (RLAT2 is not used)

-----  
 Note: Latitudes and Longitudes should be positive, and include a letter N, S, E, or W indicating north or south latitude, and east or west longitude. For example,  
 35.9 N Latitude = 35.9N  
 118.7 E Longitude = 118.7E

Output Datum-Region  
 -----

The Datum-Region for the output coordinates is identified by a character string. Many mapping products currently available use the model of the Earth known as the World Geodetic System 1984 (WGS-84). Other local models may be in use, and their selection in TERREL will make its output consistent with local mapping products. The list of Datum-Regions with official transformation parameters is provided by the National Imagery and Mapping Agency (NIMA).

Datum-region for output coordinates  
 (DATUM) Default: WGS-84 ! DATUM = WGS-84 !

Grid  
 -----

Reference coordinates X, Y (km) assigned to the southwest corner of grid cell (1, 1) (lower left corner of grid)  
 (XREFKM) No Default ! XREFKM = -78 !  
 (YREFKM) No Default ! YREFKM = -84 !

Cartesian grid definition  
 No. X grid cells (NX) No default ! NX = 39 !  
 No. Y grid cells (NY) No default ! NY = 42 !  
 Grid Spacing (DGRI DKM) No default ! DGRI DKM = 4 !  
 in kilometers

! END!

-----  
 -----  
 INPUT GROUP: 5 -- Output Options  
 -----

FILE	DEFAULT VALUE*	VALUE THIS RUN*
----	-----	-----
Concentrations (ICON)	1	! ICON = 1 !
Dry Fluxes (IDRY)	1	! IDRY = 1 !
Wet Fluxes (IWET)	1	! IWET = 1 !

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2D Temperature (IT2D)	0	! IT2D = 0 !
2D Density (IRHO)	0	! IRHO = 0 !
Relative Humidity (IVIS) (relative humidity file is required for visibility analysis)	1	! IVIS = 1 !
Use data compression option in output file? (LCOMPRS)	Default: T	! LCOMPRS = T !

\*

0 = Do not create file, 1 = create file

#### QA PLOT FILE OUTPUT OPTION:

Create a standard series of output files (e.g. locations of sources, receptors, grids ...) suitable for plotting?  
(IQAPLOT) Default: 1 ! IQAPLOT = 1 !  
0 = no  
1 = yes

#### DIAGNOSTIC MASS FLUX OUTPUT OPTIONS:

Mass flux across specified boundaries for selected species reported?  
(IMFLX) Default: 0 ! IMFLX = 0 !  
0 = no  
1 = yes (FLUXBDY.DAT and MASSFLX.DAT filenames are specified in Input Group 0)

Mass balance for each species reported?  
(IMBAL) Default: 0 ! IMBAL = 0 !  
0 = no  
1 = yes (MASSBAL.DAT filename is specified in Input Group 0)

#### LINE PRINTER OUTPUT OPTIONS:

Print concentrations (ICPRT) Default: 0 ! ICPRT = 1 !  
Print dry fluxes (IDPRT) Default: 0 ! IDPRT = 0 !  
Print wet fluxes (IWPRT) Default: 0 ! IWPRT = 0 !  
(0 = Do not print, 1 = Print)

Concentration print interval (ICFRQ) in timesteps Default: 1 ! ICFRQ = 1 !  
Dry flux print interval (IDFRQ) in timesteps Default: 1 ! IDFRQ = 1 !  
Wet flux print interval (IWFRQ) in timesteps Default: 1 ! IWFRQ = 1 !

Units for Line Printer Output (IPRTU) Default: 1 ! IPRTU = 3 !

	for	for
	Concentration	Deposition
1 =	g/m**3	g/m**2/s
2 =	mg/m**3	mg/m**2/s
3 =	ug/m**3	ug/m**2/s
4 =	ng/m**3	ng/m**2/s
5 =	Odour Units	

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Messages tracking progress of run  
written to the screen ?

(IMESG) Default: 2 ! IMESG = 2 !  
0 = no  
1 = yes (advection step, puff ID)  
2 = yes (YYYYJJJHH, # old puffs, # emitted puffs)

SPECIES (or GROUP for combined species) LIST FOR OUTPUT OPTIONS

FLUXES ----- SPECIES /GROUP SAVED ON DISK?	----- CONCENTRATIONS ----- -- MASS FLUX -- PRINTED? SAVED ON DISK? SAVED ON DISK?	----- DRY FLUXES ----- PRINTED? SAVED ON DISK?	----- WET PRINTED?
! 1, S02 = 0, 1, 0, 1, 0,	! 0, 1, 0, 1, 0,	! 0, 1, 0, 1, 0,	! 0, 1, 0, 1, 0,
! 1, S04 = 0, 1, 0, 1, 0,	! 0, 1, 0, 1, 0,	! 0, 1, 0, 1, 0,	! 0, 1, 0, 1, 0,
! 1, NOX = 0, 1, 0, 1, 0,	! 0, 1, 0, 1, 0,	! 0, 1, 0, 1, 0,	! 0, 1, 0, 1, 0,
! 1, HNO3 = 0, 1, 0, 1, 0,	! 0, 1, 0, 1, 0,	! 0, 1, 0, 1, 0,	! 0, 1, 0, 1, 0,
! 1, NO3 = 0, 1, 0, 1, 0,	! 0, 1, 0, 1, 0,	! 0, 1, 0, 1, 0,	! 0, 1, 0, 1, 0,
! 1, PMC = 0, 1, 0, 1, 0,	! 0, 1, 0, 1, 0,	! 0, 1, 0, 1, 0,	! 0, 1, 0, 1, 0,
! 1, SOA = 0, 1, 0, 1, 0,	! 0, 1, 0, 1, 0,	! 0, 1, 0, 1, 0,	! 0, 1, 0, 1, 0,
! 1, PMF = 0, 1, 0, 1, 0,	! 0, 1, 0, 1, 0,	! 0, 1, 0, 1, 0,	! 0, 1, 0, 1, 0,
! 1, EC = 0, 1, 0, 1, 0,	! 0, 1, 0, 1, 0,	! 0, 1, 0, 1, 0,	! 0, 1, 0, 1, 0,

Note: Species BCON (for MBCON > 0) does not need to be saved on disk.

OPTIONS FOR PRINTING "DEBUG" QUANTITIES (much output)

Logical for debug output (LDEBUG) Default: F ! LDEBUG = F !  
First puff to track (IPFDEB) Default: 1 ! IPFDEB = 1 !  
Number of puffs to track (NPFDEB) Default: 1 ! NPFDEB = 1 !  
Met. period to start output (NN1) Default: 1 ! NN1 = 1 !  
Met. period to end output (NN2) Default: 10 ! NN2 = 10 !

! END!

-----  
INPUT GROUP: 6a, 6b, & 6c -- Subgrid scale complex terrain inputs



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XC, YC = Coordinates of center of hill  
 THETAH = Orientation of major axis of hill (clockwise from North)  
 ZGRID = Height of the 0 of the grid above mean sea level  
 RELIEF = Height of the crest of the hill above the grid elevation  
 EXPO 1 = Hill-shape exponent for the major axis  
 EXPO 2 = Hill-shape exponent for the major axis  
 SCALE 1 = Horizontal length scale along the major axis  
 SCALE 2 = Horizontal length scale along the minor axis  
 AMAX = Maximum allowed axis length for the major axis  
 BMAX = Maximum allowed axis length for the major axis  
 XRCT, YRCT = Coordinates of the complex terrain receptors  
 ZRCT = Height of the ground (MSL) at the complex terrain Receptor  
 XHH = Hill number associated with each complex terrain receptor  
 (NOTE: MUST BE ENTERED AS A REAL NUMBER)

\*\*

NOTE: DATA for each hill and CTSG receptor are treated as a separate input subgroup and therefore must end with an input group terminator.

-----  
 INPUT GROUP: 7 -- Chemical parameters for dry deposition of gases  
 -----

RESISTANCE	SPECIES NAME (dimensionless)	DIFFUSIVITY HENRY'S LAW COEFFICIENT (cm**2/s)	ALPHA STAR COEFFICIENT	REACTIVITY	MESOPHYLL (s/cm)
!	S02 = .04 !	.1509,	1000.0,	8.0,	.0,
!	NO = 18.0 !	.1345,	1.0,	2.0,	25.0,
!	NO2 = 3.5 !	.1656,	1.0,	8.0,	5.0,
!	HNO3 = .0000001 !	.1628,	1.0,	18.0,	.0,

! END!

-----  
 INPUT GROUP: 8 -- Size parameters for dry deposition of particles  
 -----

For SINGLE SPECIES, the mean and standard deviation are used to compute a deposition velocity for NINT (see group 9) size-ranges, and these are then averaged to obtain a mean deposition velocity.

For GROUPED SPECIES, the size distribution should be explicitly specified (by the 'species' in the group), and the standard deviation for each should be entered as 0. The model will then use the deposition velocity for the stated mean diameter.

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SPECIES NAME	GEOMETRIC MASS MEAN DIAMETER (microns)	GEOMETRIC STANDARD DEVIATION (microns)
! S04 =	0.48,	2. !
! NO3 =	0.48,	2. !
! PMC =	6.0,	6. !
! SOA =	0.48,	2. !
! PMF =	1.0,	1.5 !
! EC =	1.0,	1.5 !

! END!

INPUT GROUP: 9 -- Miscellaneous dry deposition parameters

Reference cuticle resistance (s/cm) (RCUTR) Default: 30 ! RCUTR = 30.0 !  
 Reference ground resistance (s/cm) (RGR) Default: 10 ! RGR = 10.0 !  
 Reference pollutant reactivity (REACTR) Default: 8 ! REACTR = 8.0 !  
 Number of particle-size intervals used to evaluate effective particle deposition velocity (NINT) Default: 9 ! NINT = 9 !  
 Vegetation state in unirrigated areas (IVEG) Default: 1 ! IVEG = 1 !  
 IVEG=1 for active and unstressed vegetation  
 IVEG=2 for active and stressed vegetation  
 IVEG=3 for inactive vegetation

! END!

INPUT GROUP: 10 -- Wet Deposition Parameters

Pollutant	Scavenging Coefficient -- Units: (sec)**(-1)	
	Liquid Precip.	Frozen Precip.
! S02 =	3.0E-05,	0.0E00 !
! S04 =	1.0E-04,	3.0E-05 !
! HNO3 =	6.0E-05,	0.0E00 !
! NO3 =	1.0E-04,	3.0E-05 !
! PMC =	1.0E-04,	3.0E-05 !
! SOA =	1.0E-04,	3.0E-05 !
! PMF =	1.0E-04,	3.0E-05 !
! EC =	1.0E-04,	3.0E-05 !

! END!

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-----  
INPUT GROUP: 11 -- Chemistry Parameters  
-----

Ozone data input option (MOZ)      Default: 1                      ! MOZ = 1 !  
(Used only if MCHEM = 1, 3, or 4)  
0 = use a monthly background ozone value  
1 = read hourly ozone concentrations from  
the OZONE.DAT data file

Monthly ozone concentrations  
(Used only if MCHEM = 1, 3, or 4 and  
MOZ = 0 or MOZ = 1 and all hourly O3 data missing)  
(BCKO3) in ppb                      Default: 12\*80.  
! BCKO3 = 40.00, 40.00, 40.00, 40.00, 40.00, 40.00, 40.00, 40.00, 40.00, 40.00,  
40.00, 40.00, 40.00 !

Monthly ammonia concentrations  
(Used only if MCHEM = 1, or 3)  
(BCKNH3) in ppb                      Default: 12\*10.  
! BCKNH3 = 2.00, 2.00, 2.00, 2.00, 2.00, 2.00, 2.00, 2.00, 2.00, 2.00, 2.00,  
2.00 !

Nighttime SO2 loss rate (RNITE1)  
in percent/hour                      Default: 0.2                      ! RNITE1 = .2 !

Nighttime NOx loss rate (RNITE2)  
in percent/hour                      Default: 2.0                      ! RNITE2 = 2.0 !

Nighttime HNO3 formation rate (RNITE3)  
in percent/hour                      Default: 2.0                      ! RNITE3 = 2.0 !

H2O2 data input option (MH2O2)      Default: 1                      ! MH2O2 = 1 !  
(Used only if MAQCHEM = 1)  
0 = use a monthly background H2O2 value  
1 = read hourly H2O2 concentrations from  
the H2O2.DAT data file

Monthly H2O2 concentrations  
(Used only if MAQCHEM = 1 and  
MH2O2 = 0 or MH2O2 = 1 and all hourly H2O2 data missing)  
(BCKH2O2) in ppb                      Default: 12\*1.  
! BCKH2O2 = 1.00, 1.00, 1.00, 1.00, 1.00, 1.00, 1.00, 1.00, 1.00, 1.00, 1.00,  
1.00 !

--- Data for SECONDARY ORGANIC AEROSOL (SOA) Option  
(used only if MCHEM = 4)

The SOA module uses monthly values of:  
Fine particulate concentration in ug/m^3 (BCKPMF)  
Organic fraction of fine particulate (OFRAC)  
VOC / NOX ratio (after reaction) (VCNX)  
to characterize the air mass when computing  
the formation of SOA from VOC emissions.  
Typical values for several distinct air mass types are:

Month	1	2	3	4	5	6	7	8	9	10	11	12
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec

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BCKPMF	1.	1.	1.	1.	1.	1.	1.	1.	1.	1.	1.	1.
OFRAC	.15	.15	.20	.20	.20	.20	.20	.20	.20	.20	.20	.15
VCNX	50.	50.	50.	50.	50.	50.	50.	50.	50.	50.	50.	50.

Clean Marine (surface)

BCKPMF	.5	.5	.5	.5	.5	.5	.5	.5	.5	.5	.5	.5
OFRAC	.25	.25	.30	.30	.30	.30	.30	.30	.30	.30	.30	.25
VCNX	50.	50.	50.	50.	50.	50.	50.	50.	50.	50.	50.	50.

Urban - low biogenic (controls present)

BCKPMF	30.	30.	30.	30.	30.	30.	30.	30.	30.	30.	30.	30.
OFRAC	.20	.20	.25	.25	.25	.25	.25	.25	.20	.20	.20	.20
VCNX	4.	4.	4.	4.	4.	4.	4.	4.	4.	4.	4.	4.

Urban - high biogenic (controls present)

BCKPMF	60.	60.	60.	60.	60.	60.	60.	60.	60.	60.	60.	60.
OFRAC	.25	.25	.30	.30	.30	.55	.55	.55	.35	.35	.35	.25
VCNX	15.	15.	15.	15.	15.	15.	15.	15.	15.	15.	15.	15.

Regional Plume

BCKPMF	20.	20.	20.	20.	20.	20.	20.	20.	20.	20.	20.	20.
OFRAC	.20	.20	.25	.35	.25	.40	.40	.40	.30	.30	.30	.20
VCNX	15.	15.	15.	15.	15.	15.	15.	15.	15.	15.	15.	15.

Urban - no controls present

BCKPMF	100.	100.	100.	100.	100.	100.	100.	100.	100.	100.	100.	100.
OFRAC	.30	.30	.35	.35	.35	.55	.55	.55	.35	.35	.35	.30
VCNX	2.	2.	2.	2.	2.	2.	2.	2.	2.	2.	2.	2.

Default: Clean Continental

! BCKPMF = 1.00, 1.00, 1.00, 1.00, 1.00, 1.00, 1.00, 1.00, 1.00, 1.00, 1.00, 1.00, 1.00  
 ! OFRAC = 0.15, 0.15, 0.20, 0.20, 0.20, 0.20, 0.20, 0.20, 0.20, 0.20, 0.20, 0.20, 0.20  
 ! VCNX = 50.00, 50.00, 50.00, 50.00, 50.00, 50.00, 50.00, 50.00, 50.00, 50.00, 50.00, 50.00, 50.00

! END!

INPUT GROUP: 12 -- Misc. Dispersion and Computational Parameters

Horizontal size of puff (m) beyond which  
 time-dependent dispersion equations (Heffter)  
 are used to determine sigma-y and  
 sigma-z (SYTDEP)

Default: 550. ! SYTDEP = 5.5E02 !

Switch for using Heffter equation for sigma z  
 as above (0 = Not use Heffter; 1 = use Heffter  
 (MHFTSZ)

Default: 0 ! MHFTSZ = 0 !

Stability class used to determine plume  
 growth rates for puffs above the boundary  
 layer (JSUP)

Default: 5 ! JSUP = 5 !

Vertical dispersion constant for stable  
 conditions (k1 in Eqn. 2.7-3) (CONK1)

Default: 0.01 ! CONK1 = .01 !

APPENDIX C

Vertical dispersion constant for neutral/  
unstable conditions (k2 in Eqn. 2.7-4)  
(CONK2)

Default: 0.1 ! CONK2 = .1 !

Factor for determining Transition-point from  
Schulman-Sci re to Huber-Snyder Building Downwash  
scheme (SS used for Hs < Hb + TBD \* HL)  
(TBD)

Default: 0.5 ! TBD = .5 !

TBD < 0 ==> always use Huber-Snyder  
TBD = 1.5 ==> always use Schulman-Sci re  
TBD = 0.5 ==> ISC Transition-point

Range of Land use categories for which  
urban dispersion is assumed  
(IURB1, IURB2)

Default: 10 ! IURB1 = 10 !  
19 ! IURB2 = 19 !

Site characterization parameters for single-point Met data files -----  
(needed for METFM = 2, 3, 4, 5)

Land use category for modeling domain  
(ILANDUIN)

Default: 20 ! ILANDUIN = 20 !

Roughness length (m) for modeling domain  
(ZOIN)

Default: 0.25 ! ZOIN = .25 !

Leaf area index for modeling domain  
(XLAIIN)

Default: 3.0 ! XLAIIN = 3.0 !

Elevation above sea level (m)  
(ELEVIN)

Default: 0.0 ! ELEVIN = .0 !

Latitude (degrees) for met location  
(XLATIN)

Default: -999. ! XLATIN = .0 !

Longitude (degrees) for met location  
(XLONIN)

Default: -999. ! XLONIN = .0 !

Specialized information for interpreting single-point Met data files -----

Anemometer height (m) (Used only if METFM = 2, 3)  
(ANEMHT)

Default: 10. ! ANEMHT = 10.0 !

Form of lateral turbulence data in PROFILE.DAT file  
(Used only if METFM = 4, 5 or MTURBVW = 1 or 3)  
(ISIGMAV)

Default: 1 ! ISIGMAV = 1 !

0 = read sigma-theta  
1 = read sigma-v

Choice of mixing heights (Used only if METFM = 4)  
(IMIXCTDM)

Default: 0 ! IMIXCTDM = 0 !

0 = read PREDICTED mixing heights  
1 = read OBSERVED mixing heights

Maximum length of a slug (met. grid units)  
(XMXLEN)

Default: 1.0 ! XMXLEN = 1.0 !

Maximum travel distance of a puff/slug (in  
grid units) during one sampling step  
(XSAMLEN)

Default: 1.0 ! XSAMLEN = 1.0 !

Maximum Number of slugs/puffs release from  
one source during one time step

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(MXNEW) Default t: 99 ! MXNEW = 99 !

Maximum Number of sampling steps for one puff/slug during one time step (MXSAM) Default t: 99 ! MXSAM = 99 !

Number of iterations used when computing the transport wind for a sampling step that includes gradual rise (for CALMET and PROFILE winds) (NCOUNT) Default t: 2 ! NCOUNT = 2 !

Minimum sigma y for a new puff/slug (m) (SYMIN) Default t: 1.0 ! SYMIN = 1.0 !

Minimum sigma z for a new puff/slug (m) (SZMIN) Default t: 1.0 ! SZMIN = 1.0 !

Default minimum turbulence velocities sigma-v and sigma-w for each stability class over land and over water (m/s) (SVMIN(12) and SWMIN(12))

Stab Class :	LAND						WATER					
	A	B	C	D	E	F	A	B	C	D	E	F
Default SVMIN :	.50,	.50,	.50,	.50,	.50,	.50,	.37,	.37,	.37,	.37,	.37,	.37
Default SWMIN :	.20,	.12,	.08,	.06,	.03,	.016,	.20,	.12,	.08,	.06,	.03,	

.016

! SVMIN = 0.500, 0.500, 0.500, 0.500, 0.500, 0.500, 0.500, 0.500, 0.500, 0.500, 0.500, 0.500 !  
 ! SWMIN = 0.200, 0.120, 0.080, 0.060, 0.030, 0.016, 0.200, 0.120, 0.080, 0.060, 0.030, 0.016 !

Divergence criterion for dw/dz across puff used to initiate adjustment for horizontal convergence (1/s) Partial adjustment starts at CDIV(1), and full adjustment is reached at CDIV(2) (CDIV(2))

Default t: 0.0,0.0 ! CDIV = .0, .0 !

Minimum wind speed (m/s) allowed for non-calm conditions. Also used as minimum speed returned when using power-law extrapolation toward surface (WSCALM)

Default t: 0.5 ! WSCALM = .5 !

Maximum mixing height (m) (XMAXZI)

Default t: 3000. ! XMAXZI = 3000.0 !

Minimum mixing height (m) (XMINZI)

Default t: 50. ! XMINZI = 50.0 !

Default wind speed classes -- 5 upper bounds (m/s) are entered; the 6th class has no upper limit (WSCAT(5))

Default t :  
 ISC RURAL : 1.54, 3.09, 5.14, 8.23, 10.8

(10.8+)

Wind Speed Class : 1 2 3 4 5  
 ! WSCAT = 1.54, 3.09, 5.14, 8.23, 10.80 !  
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Default wind speed profile power-law  
exponents for stabilities 1-6  
(PLX0(6))

Default : ISC RURAL values  
ISC RURAL : .07, .07, .10, .15, .35, .55  
ISC URBAN : .15, .15, .20, .25, .30, .30

Stability Class : A B C D E F  
-----  
! PLX0 = 0.07, 0.07, 0.10, 0.15, 0.35, 0.55

!

Default potential temperature gradient  
for stable classes E, F (degK/m)  
(PTGO(2))

Default: 0.020, 0.035  
! PTGO = 0.020, 0.035 !

Default plume path coefficients for  
each stability class (used when option  
for partial plume height terrain adjustment  
is selected -- MCTADJ=3)  
(PPC(6))

Stability Class : A B C D E F  
Default PPC : .50, .50, .50, .50, .35, .35  
-----  
! PPC = 0.50, 0.50, 0.50, 0.50, 0.35, 0.35

!

Slug-to-puff transition criterion factor  
equal to sigma-y/length of slug  
(SL2PF)

Default: 10. ! SL2PF = 10.0 !

Puff-splitting control variables -----

VERTICAL SPLIT  
-----

Number of puffs that result every time a puff  
is split - nsplit=2 means that 1 puff splits  
into 2  
(NSPLIT)

Default: 3 ! NSPLIT = 3 !

Time(s) of a day when split puffs are eligible to  
be split once again; this is typically set once  
per day, around sunset before nocturnal shear devel ops.  
24 values: 0 is midnight (00:00) and 23 is 11 PM (23:00)  
0=do not re-split 1=eligible for re-split  
(IRESPLIT(24))

Default: Hour 17 = 1  
! IRESPLIT = 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 1, 0, 0, 0, 0, 0, 0 !

Split is allowed only if last hour's mixing  
height (m) exceeds a minimum value  
(ZISPLIT)

Default: 100. ! ZISPLIT = 100.0 !

Split is allowed only if ratio of last hour's  
mixing ht to the maximum mixing ht experienced  
by the puff is less than a maximum value (this  
postpones a split until a nocturnal layer devel ops)  
(ROLDMAX)

Default: 0.25 ! ROLDMAX = 0.25 !

HORIZONTAL SPLIT  
-----

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Number of puffs that result every time a puff is split - nsplith=5 means that 1 puff splits into 5  
(NSPLITH) Default: 5 ! NSPLITH = 5 !

Minimum sigma-y (Grid Cells Units) of puff before it may be split  
(SYSPLITH) Default: 1.0 ! SYSPLITH = 1.0 !

Minimum puff elongation rate (SYSPLITH/hr) due to wind shear, before it may be split  
(SHSPLITH) Default: 2. ! SHSPLITH = 2.0 !

Minimum concentration (g/m<sup>3</sup>) of each species in puff before it may be split  
Enter array of NSPEC values; if a single value is entered, it will be used for ALL species  
(CNSPLITH) Default: 1.0E-07 ! CNSPLITH = 1.0E-07

!

Integration control variables -----

Fractional convergence criterion for numerical SLUG sampling integration  
(EPSSLUG) Default: 1.0e-04 ! EPSSLUG = 1.0E-04 !

Fractional convergence criterion for numerical AREA source integration  
(EPSAREA) Default: 1.0e-06 ! EPSAREA = 1.0E-06 !

Trajectory step-length (m) used for numerical rise integration  
(DSRISE) Default: 1.0 ! DSRISE = 1.0 !

Boundary Condition (BC) Puff control variables -----

Minimum height (m) to which BC puffs are mixed as they are emitted (MBCON=2 ONLY). Actual height is reset to the current mixing height at the release point if greater than this minimum.  
(HTMINBC) Default: 500. ! HTMINBC = 500.0 !

Search radius (km) about a receptor for sampling nearest BC puff. BC puffs are typically emitted with a spacing of one grid cell length, so the search radius should be greater than DGRI DKM.  
(RSAMPBC) Default: 10. ! RSAMPBC = 10.0 !

Near-Surface depletion adjustment to concentration profile used when sampling BC puffs?  
(MDEPBC) Default: 1 ! MDEPBC = 1 !  
0 = Concentration is NOT adjusted for depletion  
1 = Adjust Concentration for depletion

! END!

-----  
INPUT GROUPS: 13a, 13b, 13c, 13d -- Point source parameters  
-----

-----  
Subgroup (13a)

APPENDIX\_C

-----  
 Number of point sources with parameters provided below (NPT1) No default ! NPT1 = TBD !

Units used for point source emissions below (IPTU) Default: 1 ! IPTU = 1 !

- 1 = g/s
- 2 = kg/hr
- 3 = lb/hr
- 4 = tons/yr
- 5 = Odour Unit \* m<sup>3</sup>/s (vol. flux of odour compound)
- 6 = Odour Unit \* m<sup>3</sup>/min
- 7 = metric tons/yr

Number of source-species combinations with variable emissions scaling factors provided below in (13d) (NSPT1) Default: 0 ! NSPT1 = 0 !

Number of point sources with variable emission parameters provided in external file (NPT2) No default ! NPT2 = 0 !

(If NPT2 > 0, these point source emissions are read from the file: PTEMARB.DAT)

! END!

-----  
 Subgroup (13b)  
 -----

a  
 POINT SOURCE: CONSTANT DATA  
 -----

c Source Emission No. Rates	X	Y	Stack Height	Base Elevation	Stack Diameter	Exit Vel.	Exit Temp.	b Bl dg. Dwash
	Coordinate	Coordinate	(m)	(m)	(m)	(m/s)	(deg. K)	
	(km)	(km)						

-----  
 1 ! SRCNAM = TBD !  
 1 ! X = TBD !  
 1 ! ZPLTFM = .0 !  
 1 ! FMFAC = 1.0 ! !END!  
 -----

a  
 Data for each source are treated as a separate input subgroup and therefore must end with an input group terminator.

- SRCNAM is a 12-character name for a source (No default)
- X is an array holding the source data listed by the column headings (No default)
- SIGYZI is an array holding the initial sigma-y and sigma-z (m) (Default: 0., 0.)
- FMFAC is a vertical momentum flux factor (0. or 1.0) used to represent

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the effect of rain-caps or other physical configurations that reduce momentum rise associated with the actual exit velocity. (Default: 1.0 -- full momentum used)

ZPLTFM is the platform height (m) for sources influenced by an isolated structure that has a significant open area between the surface and the bulk of the structure, such as an offshore oil platform. The Base Elevation is that of the surface (ground or ocean), and the Stack Height is the release height above the Base (not above the platform). Building heights entered in Subgroup 13c must be those of the buildings on the platform, measured from the platform deck. ZPLTFM is used only with MBDW=1 (ISC downwash method) for sources with building downwash. (Default: 0.0)

b

- 0. = No building downwash modeled
  - 1. = Downwash modeled for buildings resting on the surface
  - 2. = Downwash modeled for buildings raised above the surface (ZPLTFM > 0.)
- NOTE: must be entered as a REAL number (i.e., with decimal point)

c

An emission rate must be entered for every pollutant modeled. Enter emission rate of zero for secondary pollutants that are modeled, but not emitted. Units are specified by IPTU (e.g. 1 for g/s).

-----  
Subgroup (13c)  
-----

BUILDING DIMENSION DATA FOR SOURCES SUBJECT TO DOWNWASH  
-----

Source No. a  
Effective building height, width, length and X/Y offset (in meters) every 10 degrees. LENGTH, XBADJ, and YBADJ are only needed for MBDW=2 (PRIME downwash option)

-----  
1 ! SRCNAM =     TDB !  
1 ! HEIGHT =     TBD !  
1 ! WIDTH =     TBD!  
! END!  
-----

a

Building height, width, length, and X/Y offset from the source are treated as a separate input subgroup for each source and therefore must end with an input group terminator. The X/Y offset is the position, relative to the stack, of the center of the upwind face of the projected building, with the x-axis pointing along the flow direction.

-----  
Subgroup (13d)  
-----

POINT SOURCE: VARIABLE EMISSIONS DATA a  
-----

Use this subgroup to describe temporal variations in the emission rates given in 13b. Factors entered multiply the rates in 13b. Skip sources here that have constant emissions. For more elaborate variation in source parameters, use PTEMARB.DAT and NPT2 > 0.

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IVARY determines the type of variation, and is source-specific:  
 (IVARY) Default: 0

- 0 = Constant
- 1 = Diurnal cycle (24 scaling factors: hours 1-24)
- 2 = Monthly cycle (12 scaling factors: months 1-12)
- 3 = Hour & Season (4 groups of 24 hourly scaling factors, where first group is DEC-JAN-FEB)
- 4 = Speed & Stab. (6 groups of 6 scaling factors, where first group is Stability Class A, and the speed classes have upper bounds (m/s) defined in Group 12)
- 5 = Temperature (12 scaling factors, where temperature classes have upper bounds (C) of: 0, 5, 10, 15, 20, 25, 30, 35, 40, 45, 50, 50+)

-----  
 a  
 Data for each species are treated as a separate input subgroup and therefore must end with an input group terminator.

-----  
 INPUT GROUPS: 14a, 14b, 14c, 14d -- Area source parameters  
 -----

-----  
 Subgroup (14a)  
 -----

Number of polygon area sources with parameters specified below (NAR1) No default ! NAR1 = 0 !

Units used for area source emissions below (IARU) Default: 1 ! IARU = 1 !

- 1 = g/m\*\*2/s
- 2 = kg/m\*\*2/hr
- 3 = lb/m\*\*2/hr
- 4 = tons/m\*\*2/yr
- 5 = Odour Unit \* m/s (vol. flux/m\*\*2 of odour compound)
- 6 = Odour Unit \* m/min
- 7 = metric tons/m\*\*2/yr

Number of source-species combinations with variable emissions scaling factors provided below in (14d) (NSAR1) Default: 0 ! NSAR1 = 0 !

Number of buoyant polygon area sources with variable location and emission parameters (NAR2) No default ! NAR2 = 0 !  
 (If NAR2 > 0, ALL parameter data for these sources are read from the file: BAEMARB.DAT)

! END!

-----  
 Subgroup (14b)  
 -----

APPENDIX C

a

AREA SOURCE: CONSTANT DATA

Source No.	Effect. Height (m)	Base Elevation (m)	Initial Sigma z (m)	Emission Rates
------------	--------------------	--------------------	---------------------	----------------

b

a

Data for each source are treated as a separate input subgroup and therefore must end with an input group terminator.

b

An emission rate must be entered for every pollutant modeled. Enter emission rate of zero for secondary pollutants that are modeled, but not emitted. Units are specified by IARU (e.g. 1 for g/m\*\*2/s).

Subgroup (14c)

COORDINATES (km) FOR EACH VERTEX(4) OF EACH POLYGON

Source No.	Ordered list of X followed by list of Y, grouped by source
------------	------------------------------------------------------------

a

a

Data for each source are treated as a separate input subgroup and therefore must end with an input group terminator.

Subgroup (14d)

AREA SOURCE: VARIABLE EMISSIONS DATA

a

Use this subgroup to describe temporal variations in the emission rates given in 14b. Factors entered multiply the rates in 14b. Skip sources here that have constant emissions. For more elaborate variation in source parameters, use BAEMARB.DAT and NAR2 > 0.

IVARY determines the type of variation, and is source-specific:  
(IVARY) Default: 0

- 0 = Constant
- 1 = Diurnal cycle (24 scaling factors: hours 1-24)
- 2 = Monthly cycle (12 scaling factors: months 1-12)
- 3 = Hour & Season (4 groups of 24 hourly scaling factors, where first group is DEC-JAN-FEB)
- 4 = Speed & Stab. (6 groups of 6 scaling factors, where first group is Stability Class A, and the speed classes have upper bounds (m/s) defined in Group 12)
- 5 = Temperature (12 scaling factors, where temperature classes have upper bounds (C) of: 0, 5, 10, 15, 20, 25, 30, 35, 40,

APPENDIX C  
45, 50, 50+)

a  
Data for each species are treated as a separate input subgroup and therefore must end with an input group terminator.

-----  
INPUT GROUPS: 15a, 15b, 15c -- Line source parameters  
-----

-----  
Subgroup (15a)  
-----

Number of buoyant line sources  
with variable location and emission  
parameters (NLN2) No default ! NLN2 = 0 !

(If NLN2 > 0, ALL parameter data for  
these sources are read from the file: LNEMARB.DAT)

Number of buoyant line sources (NLINES) No default ! NLINES = 0 !

Units used for line source  
emissions below (ILNU) Default: 1 ! ILNU = 1 !

- 1 = g/s
- 2 = kg/hr
- 3 = lb/hr
- 4 = tons/yr
- 5 = Odour Unit \* m<sup>3</sup>/s (vol. flux of odour compound)
- 6 = Odour Unit \* m<sup>3</sup>/min
- 7 = metric tons/yr

Number of source-species  
combinations with variable  
emissions scaling factors  
provided below in (15c) (NSLN1) Default: 0 ! NSLN1 = 0 !

Maximum number of segments used to model  
each line (MXNSEG) Default: 7 ! MXNSEG = 7 !

The following variables are required only if NLINES > 0. They are  
used in the buoyant line source plume rise calculations.

Number of distances at which  
transitional rise is computed Default: 6 ! NLRISE = 6 !

Average building length (XL) No default ! XL = .0 !  
(in meters)

Average building height (HBL) No default ! HBL = .0 !  
(in meters)

Average building width (WBL) No default ! WBL = .0 !  
(in meters)

Average line source width (WML) No default ! WML = .0 !  
(in meters)

APPENDIX C

Average separation between buildings (DXL) No default ! DXL = .0 !  
 (in meters)

Average buoyancy parameter (FPRIMEL) No default ! FPRIMEL = .0 !  
 (in  $m^{**4}/s^{**3}$ )

! END!

-----  
 Subgroup (15b)  
 -----

BUOYANT LINE SOURCE: CONSTANT DATA  
 -----

<sup>a</sup> Source Emission No. Rates	Beg. X Coordinate (km)	Beg. Y Coordinate (km)	End. X Coordinate (km)	End. Y Coordinate (km)	Release Height (m)	Base Elevation (m)
-----	-----	-----	-----	-----	-----	-----
-----	-----	-----	-----	-----	-----	-----

<sup>a</sup>  
 Data for each source are treated as a separate input subgroup and therefore must end with an input group terminator.

<sup>b</sup>  
 An emission rate must be entered for every pollutant modeled. Enter emission rate of zero for secondary pollutants that are modeled, but not emitted. Units are specified by ILNTU (e.g. 1 for g/s).

-----  
 Subgroup (15c)  
 -----

BUOYANT LINE SOURCE: VARIABLE EMISSIONS DATA <sup>a</sup>  
 -----

Use this subgroup to describe temporal variations in the emission rates given in 15b. Factors entered multiply the rates in 15b. Skip sources here that have constant emissions.

IVARY determines the type of variation, and is source-specific:  
 (IVARY) Default: 0

- 0 = Constant
- 1 = Diurnal cycle (24 scaling factors: hours 1-24)
- 2 = Monthly cycle (12 scaling factors: months 1-12)
- 3 = Hour & Season (4 groups of 24 hourly scaling factors, where first group is DEC-JAN-FEB)
- 4 = Speed & Stab. (6 groups of 6 scaling factors, where first group is Stability Class A, and the speed classes have upper bounds (m/s) defined in Group 12)
- 5 = Temperature (12 scaling factors, where temperature classes have upper bounds (C) of: 0, 5, 10, 15, 20, 25, 30, 35, 40, 45, 50, 50+)

APPENDIX\_C

-----  
 a  
 Data for each species are treated as a separate input subgroup  
 and therefore must end with an input group terminator.  
 -----

INPUT GROUPS: 16a, 16b, 16c -- Volume source parameters  
 -----

-----  
 Subgroup (16a)  
 -----

Number of volume sources with  
 parameters provided in 16b,c (NVL1)      No default !    NVL1 = 0 !

Units used for volume source  
 emissions below in 16b      (IVLU)      Default: 1 !    IVLU = 1 !

- 1 =            g/s
- 2 =            kg/hr
- 3 =            lb/hr
- 4 =            tons/yr
- 5 =      Odour Unit \* m\*\*3/s (vol. flux of odour compound)
- 6 =      Odour Unit \* m\*\*3/min
- 7 =            metric tons/yr

Number of source-species  
 combinations with variable  
 emissions scaling factors  
 provided below in (16c)      (NSVL1)      Default: 0 !    NSVL1 = 0 !

Number of volume sources with  
 variable location and emission  
 parameters      (NVL2)      No default !    NVL2 = 0 !

(If NVL2 > 0, ALL parameter data for  
 these sources are read from the VOLEMARB.DAT file(s) )

! END!

-----  
 Subgroup (16b)  
 -----

a  
 VOLUME SOURCE: CONSTANT DATA  
 -----

X Coordinate (km)	Y Coordinate (km)	Effect. Height (m)	Base Elevation (m)	Initial Sigma y (m)	Initial Sigma z (m)	Emission Rates

-----  
 a  
 Data for each source are treated as a separate input subgroup  
 and therefore must end with an input group terminator.

APPENDIX C

b

An emission rate must be entered for every pollutant modeled. Enter emission rate of zero for secondary pollutants that are modeled, but not emitted. Units are specified by IVLU (e.g. 1 for g/s).

-----  
Subgroup (16c)  
-----

VOLUME SOURCE: VARIABLE EMISSIONS DATA<sup>a</sup>  
-----

Use this subgroup to describe temporal variations in the emission rates given in 16b. Factors entered multiply the rates in 16b. Skip sources here that have constant emissions. For more elaborate variation in source parameters, use VOLEMARB.DAT and NVL2 > 0.

IVARY determines the type of variation, and is source-specific:  
(IVARY) Default: 0

- 0 = Constant
- 1 = Diurnal cycle (24 scaling factors: hours 1-24)
- 2 = Monthly cycle (12 scaling factors: months 1-12)
- 3 = Hour & Season (4 groups of 24 hourly scaling factors, where first group is DEC-JAN-FEB)
- 4 = Speed & Stab. (6 groups of 6 scaling factors, where first group is Stability Class A, and the speed classes have upper bounds (m/s) defined in Group 12)
- 5 = Temperature (12 scaling factors, where temperature classes have upper bounds (C) of: 0, 5, 10, 15, 20, 25, 30, 35, 40, 45, 50, 50+)

a

Data for each species are treated as a separate input subgroup and therefore must end with an input group terminator.

-----  
INPUT GROUPS: 17a & 17b -- Non-gridded (discrete) receptor information  
-----

-----  
Subgroup (17a)  
-----

Number of non-gridded receptors (NREC) No default ! NREC = 0 !

! END!

-----  
Subgroup (17b)  
-----

NON-GRIDDED (DISCRETE) RECEPTOR DATA<sup>a</sup>  
-----

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Receptor No.	X Coordinate (km)	Y Coordinate (km)	Ground Elevation (m)	Height Above Ground (m)	b
1! X =	TBD,	TBD,	TBD!	! END!	name

a  
Data for each receptor are treated as a separate input subgroup and therefore must end with an input group terminator.

b  
Receptor height above ground is optional. If no value is entered, the receptor is placed on the ground.

Attachment D

# Sample CALPOST and POSTUTIL Input Files

## CALPUFF Demonstration

----- Run title (3 lines) -----

CALPOST MODEL CONTROL FILE  
-----

INPUT GROUP: 0 -- Input and Output File Names  
-----

Input Files  
-----

File	Default File Name	
Conc/Dep Flux File	MODEL.DAT	! MODDAT =CALPUFF.CON !
Relative Humidity File	VISB.DAT	! VISDAT = ..\..\CPUF.VIS! *
Background Data File	BACK.DAT	* BACKDAT = *
Transmissometer or Nephelometer Data File	VSRN.DAT or	* VSRDAT = *
DATSAV Weather Data File	or	
Prognostic Weather File		
Single-point Met File	SURFACE.DAT	* MET1DAT = *
(Used ONLY to identify CALM hours for plume model output averaging when MCALMPRO option is used)		

Output Files  
-----

File	Default File Name	
List File	CALPOST.LST	! PSTLST =CALPOST.LST !
Pathname for Timeseries Files (blank) (activate with exclamation points only if providing NON-BLANK character string)		* TSPATH = *
Pathname for Plot Files (blank) (activate with exclamation points only if providing NON-BLANK character string)		* PLPATH = *
User Character String (U) to augment default filenames (activate with exclamation points only if providing NON-BLANK character string)		
Timeseries Peak Value	TSERIES_ASPEC_tTHR_CONC_TSUNAM.DAT PEAKVAL_ASPEC_tTHR_CONC_TSUNAM.DAT	* TSUNAM = *
Top Nth Rank Plot or	RANK(ALL)_ASPEC_tTHR_CONC_TUNAM.DAT RANK(i)_ASPEC_tTHR_CONC_TUNAM.GRD	* TUNAM = *
Exceedance Plot or	EXCEED_ASPEC_tTHR_CONC_XUNAM.DAT EXCEED_ASPEC_tTHR_CONC_XUNAM.GRD	



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Ending time: Hour (IEHR) -- No default ! IEHR = 23 !  
 Minute (IEMIN) -- No default ! IEMIN = 0 !  
 Second (IESEC) -- No default ! ISEC = 0 !

(These are only used if METRUN = 0)

All times are in the base time zone of the CALPUFF simulation. CALPUFF Dataset Version 2.1 contains the zone, but earlier versions do not, and the zone must be specified here. The zone is the number of hours that must be ADDED to the time to obtain UTC (or GMT). Identify the Base Time Zone for the CALPUFF simulation  
 (BTZONE) -- No default ! BTZONE = 8.0 !

Process every period of data?  
 (NREP) -- Default: 1 ! NREP = 1 !  
 (1 = every period processed,  
 2 = every 2nd period processed,  
 5 = every 5th period processed, etc.)

Species & Concentration/Deposition Information

Species to process (ASPEC) -- No default ! ASPEC = VISIB !  
 (ASPEC = VISIB for visibility processing)

Layer/deposition code (ILAYER) -- Default: 1 ! ILAYER = 1 !  
 '1' for CALPUFF concentrations,  
 '-1' for dry deposition fluxes,  
 '-2' for wet deposition fluxes,  
 '-3' for wet+dry deposition fluxes.

Scaling factors of the form: -- Defaults: ! A = 0.0 !  
 $X(\text{new}) = X(\text{old}) * A + B$  A = 0.0 ! B = 0.0 !  
 (NOT applied if A = B = 0.0) B = 0.0

Add Hourly Background Concentrations/Fluxes?  
 (LBACK) -- Default: F ! LBACK = F !

Source of NO2 when ASPEC=NO2 (above) or LVNO2=T (Group 2) may be from CALPUFF NO2 concentrations OR from a fraction of CALPUFF NOx concentrations. Specify the fraction of NOx that is treated as NO2 either as a constant or as a table of fractions that depend on the magnitude of the NOx concentration:

(NO2CALC) -- Default: 1 ! NO2CALC = 1 !  
 0 = Use NO2 directly (NO2 must be in file)  
 1 = Specify a single NO2/NOx ratio (RNO2NOX)  
 2 = Specify a table NO2/NOx ratios (TNO2NOX)  
 (NOTE: Scaling Factors must NOT be used with NO2CALC=2)

Single NO2/NOx ratio (0.0 to 1.0) for treating some or all NOx as NO2, where [NO2] = [NOx] \* RNO2NOX (used only if NO2CALC = 1)  
 (RNO2NOX) -- Default: 1.0 ! RNO2NOX = 1.0 !

Table of NO2/NOx ratios that vary with NOx concentration. Provide 14 NOx concentrations (ug/m\*\*3) and the corresponding NO2/NOx ratio, with NOx increasing in magnitude. The ratio used for a particular NOx concentration is interpolated from the values provided in the table. The ratio for the smallest tabulated NOx concentration (the first) is used for all NOx concentrations less than the smallest tabulated value, and the ratio for the largest tabulated NOx concentration (the last) is used for all NOx

## APPENDIX\_D1

concentrations greater than the largest tabulated value.  
(used only if NO2CALC = 2)

NOx concentration(ug / m3)  
(CNOX) -- No default  
! CNOX = 1.0, 2.0, 3.0, 4.0, 5.0, 6.0, 7.0,  
8.0, 9.0, 10.0, 11.0, 12.0, 13.0, 14.0 !

NO2/NOx ratio for each NOx concentration:  
(TNO2NOX) -- No default  
! TNO2NOX = 1.0, 1.0, 1.0, 1.0, 1.0, 1.0, 1.0,  
1.0, 1.0, 1.0, 1.0, 1.0, 1.0 !

### Source information

-----

Option to process source contributions:

- 0 = Process only total reported contributions
- 1 = Sum all individual source contributions and process
- 2 = Run in TRACEBACK mode to identify source contributions at a SINGLE receptor  
(MSOURCE) -- Default: 0 ! MSOURCE = 0 !

### Plume Model Output Processing Options

-----

Output from models other than CALPUFF and CALGRID can be written in the CONC.DAT format and processed by CALPOST. Plume models such as AERMOD typically do not treat CALM hours, and do not include such hours in multiple-hour averages, with specific rules about how many calm hours can be removed from an average. This treatment is known as CALM PROCESSING. Calm periods are identified from wind speeds in the meteorological data file for the application, which must be identified in Input Group 0 as the single-point meteorological data file MET1DAT.

- 0 = Option is not used for CALPUFF/CALGRID output files
- 1 = Apply CALM processing procedures to multiple-hour averages  
(MCALMPRO) -- Default: 0 ! MCALMPRO = 0 !

Format of Single-point Met File

- 1 = AERMOD/AERMET SURFACE file  
(MET1FMT) -- Default: 1 ! MET1FMT = 1 !

### Receptor information

-----

Gridded receptors processed? (LG) -- Default: F ! LG = F !  
Discrete receptors processed? (LD) -- Default: F ! LD = T !  
CTSG Complex terrain receptors processed?  
(LCT) -- Default: F ! LCT = F !

--Report results by DISCRETE receptor RING?  
(only used when LD = T) (LDRING) -- Default: F ! LDRING = F !

--Select range of DISCRETE receptors (only used when LD = T):

Select ALL DISCRETE receptors by setting NDRECP flag to -1;

OR

Select SPECIFIC DISCRETE receptors by entering a flag (0,1) for each

- 0 = discrete receptor not processed
- 1 = discrete receptor processed

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using repeated value notation to select blocks of receptors:

23\*1, 15\*0, 12\*1

Flag for all receptors after the last one assigned is set to 0 (NDRECP) -- Default: -1

! NDRECP = TBD !

--Select range of GRIDDED receptors (only used when LG = T):

X index of LL corner (IBGRID) -- Default: -1 ! IBGRID = -1 ! (-1 OR 1 <= IBGRID <= NX)

Y index of LL corner (JBGRID) -- Default: -1 ! JBGRID = -1 ! (-1 OR 1 <= JBGRID <= NY)

X index of UR corner (IEGRID) -- Default: -1 ! IEGRID = -1 ! (-1 OR 1 <= IEGRID <= NX)

Y index of UR corner (JEGRID) -- Default: -1 ! JEGRID = -1 ! (-1 OR 1 <= JEGRID <= NY)

Note: Entire grid is processed if IBGRID=JBGRID=IEGRID=JEGRID=-1

--Specific gridded receptors can also be excluded from CALPOST processing by filling a processing grid array with 0s and 1s. If the processing flag for receptor index (i,j) is 1 (ON), that receptor will be processed if it lies within the range delineated by IBGRID, JBGRID, IEGRID, JEGRID and if LG=T. If it is 0 (OFF), it will not be processed in the run. By default, all array values are set to 1 (ON).

Number of gridded receptor rows provided in Subgroup (1a) to identify specific gridded receptors to process

(NGONOFF) -- Default: 0 ! NGONOFF = 0 !

! END!

-----  
Subgroup (1a) -- Specific gridded receptors included/excluded  
-----

Specific gridded receptors are excluded from CALPOST processing by filling a processing grid array with 0s and 1s. A total of NGONOFF lines are read here. Each line corresponds to one 'row' in the sampling grid, starting with the NORTHERNMOST row that contains receptors that you wish to exclude, and finishing with row 1 to the SOUTH (no intervening rows may be skipped). Within a row, each receptor position is assigned either a 0 or 1, starting with the westernmost receptor.

0 = gridded receptor not processed  
1 = gridded receptor processed

Repeated value notation may be used to select blocks of receptors:  
23\*1, 15\*0, 12\*1

Because all values are initially set to 1, any receptors north of the first row entered, or east of the last value provided in a row, remain ON.

(NGXRECP) -- Default: 1

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-----  
 INPUT GROUP: 2 -- Visibility Parameters (ASPEC = VISIB)  
 -----

Test visibility options specified to see  
 if they conform to FLAG 2008 configuration?

- (MVISCHECK) -- Default: 1 ! MVISCHECK = 1 !
- 0 = NO checks are made
  - 1 = Technical options must conform to FLAG 2008 visibility guidance
    - ASPEC = VISIB
    - LVNO2 = T
    - NO2CALC = 1
    - RNO2NOX = 1.0
    - MVISBK = 8
    - M8\_MODE = 5

Some of the data entered for use with the FLAG 2008 configuration are specific to the Class I area being evaluated. These values can be checked within the CALPOST user interface when the name of the Class I area is provided.

Name of Class I Area (used for QA purposes only)  
 (AREANAME) -- Default: User ! AREANAME = USER !

Particle growth curve f(RH) for hygroscopic species  
 (MFRH) -- Default: 4 ! MFRH = 4 !

- 1 = IWAQM (1998) f(RH) curve (originally used with MVISBK=1)
- 2 = FLAG (2000) f(RH) tabulation
- 3 = EPA (2003) f(RH) tabulation
- 4 = IMPROVE (2006) f(RH) tabulations for sea salt, and for small and large SULFATE and NITRATE particles;  
 Used in Visibility Method 8 (MVISBK = 8 with M8\_MODE = 1, 2, or 3)

Maximum relative humidity (%) used in particle growth curve  
 (RHMAX) -- Default: 98 ! RHMAX = 98 !

Modeled species to be included in computing the light extinction

- Include SULFATE? (LVS04) -- Default: T ! LVS04 = T !
- Include NITRATE? (LVNO3) -- Default: T ! LVNO3 = T !
- Include ORGANIC CARBON? (LVOC) -- Default: T ! LVOC = T !
- Include COARSE PARTICLES? (LVPMC) -- Default: T ! LVPMC = T !
- Include FINE PARTICLES? (LVPMF) -- Default: T ! LVPMF = T !
- Include ELEMENTAL CARBON? (LVEC) -- Default: T ! LVEC = T !
- Include NO2 absorption? (LVNO2) -- Default: F ! LVNO2 = T !

With Visibility Method 8 -- Default: T  
 FLAG (2008)

And, when ranking for TOP-N, TOP-50, and Exceedance tables,  
 Include BACKGROUND? (LVBK) -- Default: T ! LVBK = T !

Species name used for particulates in MODEL.DAT file

- COARSE (SPECPMC) -- Default: PMC ! SPECPMC = PMC !
- FINE (SPECPMF) -- Default: PMF ! SPECPMF = PMF !

Extinction Efficiency (1/Mm per ug/m\*\*3)  
 -----

MODELED particulate species:

- PM COARSE (EELPMC) -- Default: 0.6 ! EELPMC = 0.6 !
- PM FINE (EELPMF) -- Default: 1.0 ! EELPMF = 1 !

BACKGROUND particulate species:

- PM COARSE (EELPMCBK) -- Default: 0.6 ! EELPMCBK = 0.6 !

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Other species:

AMMONIUM SULFATE (EES04) -- Default: 3.0 ! EES04 = 3 !  
 AMMONIUM NITRATE (EEN03) -- Default: 3.0 ! EEN03 = 3 !  
 ORGANIC CARBON (EEOC) -- Default: 4.0 ! EEOC = 4 !  
 SOIL (EES01L) -- Default: 1.0 ! EES01L = 1 !  
 ELEMENTAL CARBON (EEEC) -- Default: 10. ! EEEC = 10 !  
 NO2 GAS (EEN02) -- Default: .1755 ! EEN02 = 0.17 !

Visibility Method 8:

AMMONIUM SULFATE (EES04S) Set Internally (small)  
 AMMONIUM SULFATE (EES04L) Set Internally (large)  
 AMMONIUM NITRATE (EEN03S) Set Internally (small)  
 AMMONIUM NITRATE (EEN03L) Set Internally (large)  
 ORGANIC CARBON (EEOCS) Set Internally (small)  
 ORGANIC CARBON (EEOCL) Set Internally (large)  
 SEA SALT (EESALT) Set Internally

Background Extinction Computation

Method used for the 24h-average of percent change of light extinction:  
 Hourly ratio of source light extinction / background light extinction  
 is averaged? (LAVER) -- Default: F ! LAVER = F !

Method used for background light extinction  
 (MVISBK) -- Default: 8 ! MVISBK = 8 !  
 FLAG (2008)

- 1 = Supply single light extinction and hygroscopic fraction
  - Hourly F(RH) adjustment applied to hygroscopic background and modeled sulfate and nitrate
- 2 = Background extinction from speciated PM concentrations (A)
  - Hourly F(RH) adjustment applied to observed and modeled sulfate and nitrate
  - F(RH) factor is capped at F(RHMAX)
- 3 = Background extinction from speciated PM concentrations (B)
  - Hourly F(RH) adjustment applied to observed and modeled sulfate and nitrate
  - Receptor-hour excluded if RH>RHMAX
  - Receptor-day excluded if fewer than 6 valid receptor-hours
- 4 = Read hourly transmissometer background extinction measurements
  - Hourly F(RH) adjustment applied to modeled sulfate and nitrate
  - Hour excluded if measurement invalid (missing, interference, or large RH)
  - Receptor-hour excluded if RH>RHMAX
  - Receptor-day excluded if fewer than 6 valid receptor-hours
- 5 = Read hourly nephelometer background extinction measurements
  - Rayleigh extinction value (BEXTRAY) added to measurement
  - Hourly F(RH) adjustment applied to modeled sulfate and nitrate
  - Hour excluded if measurement invalid (missing, interference, or large RH)
  - Receptor-hour excluded if RH>RHMAX
  - Receptor-day excluded if fewer than 6 valid receptor-hours
- 6 = Background extinction from speciated PM concentrations
  - FLAG (2000) monthly RH adjustment factor applied to observed and modeled sulfate and nitrate
- 7 = Use observed weather or prognostic weather information for background extinction during weather events; otherwise, use Method 2
  - Hourly F(RH) adjustment applied to modeled sulfate and nitrate
  - F(RH) factor is capped at F(RHMAX)
  - During observed weather events, compute Bext from visual range if using an observed weather data file, or
  - During prognostic weather events, use Bext from the prognostic

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- weather file
  - Use Method 2 for hours without a weather event
  - 8 = Background extinction from speciated PM concentrations using the IMPROVE (2006) variable extinction efficiency formulation (MFRH must be set to 4)
    - Split between small and large particle concentrations of SULFATES, NITRATES, and ORGANICS is a function of concentration and different extinction efficiencies are used for each
    - Source-induced change in visibility includes the increase in extinction of the background aerosol due to the change in the extinction efficiency that now depends on total concentration.
    - Fsmall(RH) and Flarge(RH) adjustments for small and large particles are applied to observed and modeled sulfate and nitrate concentrations
    - Fsalt(RH) adjustment for sea salt is applied to background sea salt concentrations
    - F(RH) factors are capped at F(RHMAX)
    - RH for Fsmall(RH), Flarge(RH), and Fsalt(RH) may be obtained from hourly data as in Method 2 or from the FLAG monthly RH adjustment factor used for Method 6 where EPA F(RH) tabulation is used to infer RH, or monthly Fsmall, Flarge, and Fsalt RH adjustment factors can be directly entered. Furthermore, a monthly RH factor may be applied to either hourly concentrations or daily concentrations to obtain the 24-hour extinction.
- These choices are made using the M8\_MODE selection.

Additional inputs used for MVI SBK = 1:

-----  
 Background light extinction (1/Mm)  
 (BEXTBK) -- No default ! BEXTBK = 12 !  
 Percentage of particles affected by relative humidity  
 (RHFRAC) -- No default ! RHFRAC = 10 !

Additional inputs used for MVI SBK = 6, 8:

-----  
 Extinction coefficients for hygroscopic species (modeled and background) are computed using a monthly RH adjustment factor in place of an hourly RH factor (VISB.DAT file is NOT needed). Enter the 12 monthly factors here (RHFAC). Month 1 is January.  
 (RHFAC) -- No default ! RHFAC = 0, 0, 0, 0,  
 0, 0, 0, 0,  
 0, 0, 0, 0 !

Additional inputs used for MVI SBK = 7:

-----  
 The weather data file (DATSAV abbreviated space-delimited) that is identified as VSRN.DAT may contain data for more than one station. Identify the stations that are needed in the order in which they will be used to obtain valid weather and visual range. The first station that contains valid data for an hour will be used. Enter up to MXWSTA (set in PARAMS file) integer station IDs of up to 6 digits each as variable IDWSTA, and enter the corresponding time zone for each, as variable TZONE (= UTC-LST).

A prognostic weather data file with Bext for weather events may be used in place of the observed weather file. Identify this as the VSRN.DAT file and use a station ID of IDWSTA = 999999, and TZONE = 0.

NOTE: TZONE identifies the time zone used in the dataset. The DATSAV abbreviated space-delimited data usually are prepared with UTC time rather than local time, so TZONE is typically

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set to zero.

(IDWSTA) -- No default \* IDWSTA = 000000 \*  
 (TZONE) -- No default \* TZONE = 0. \*

Additional inputs used for MVI SBK = 2, 3, 6, 7, 8:

-----  
 Background extinction coefficients are computed from monthly CONCENTRATIONS of ammonium sulfate (BKS04), ammonium nitrate (BKNO3), coarse particulates (BKPMC), organic carbon (BKOC), soil (BKS01L), and elemental carbon (BKEC). Month 1 is January. (ug/m\*\*3)

(BKS04) -- No default ! BKS04 = TBD !  
 (BKNO3) -- No default ! BKNO3 = TBD !  
 (BKPMC) -- No default ! BKPMC = TBD !  
 (BKOC) -- No default ! BKOC = TBD !  
 (BKS01L) -- No default ! BKS01L = TBD !  
 (BKEC) -- No default ! BKEC = TBD !

Additional inputs used for MVI SBK = 8:

-----  
 Extinction coefficients for hygroscopic species (modeled and background) may be computed using hourly RH values and hourly modeled concentrations, or using monthly RH values inferred from the RHFAC adjustment factors and either hourly or daily modeled concentrations, or using monthly RHFSML, RHFLRG, and RHFSEA adjustment factors and either hourly or daily modeled concentrations.

(M8\_MODE) -- Default: 5 ! M8\_MODE= 5 !  
 FLAG (2008)

- 1 = Use hourly RH values from VISB.DAT file with hourly modeled and monthly background concentrations.
- 2 = Use monthly RH from monthly RHFAC and EPA (2003) f(RH) tabulation with hourly modeled and monthly background concentrations. (VISB.DAT file is NOT needed).
- 3 = Use monthly RH from monthly RHFAC with EPA (2003) f(RH) tabulation with daily modeled and monthly background concentrations. (VISB.DAT file is NOT needed).
- 4 = Use monthly RHFSML, RHFLRG, and RHFSEA with hourly modeled and monthly background concentrations. (VISB.DAT file is NOT needed).
- 5 = Use monthly RHFSML, RHFLRG, and RHFSEA with daily modeled and monthly background concentrations. (VISB.DAT file is NOT needed).

Background extinction coefficients are computed from monthly CONCENTRATIONS of sea salt (BKSALT). Month 1 is January. (ug/m\*\*3)

(BKSALT) -- No default ! BKSALT= TBD !

Extinction coefficients for hygroscopic species (modeled and background) can be computed using monthly RH adjustment factors in place of an hourly RH factor (VISB.DAT file is NOT needed). Enter the 12 monthly factors here (RHFSML, RHFLRG, RHFSEA). Month 1 is January. (Used if M8\_MODE = 4 or 5)

Small ammonium sulfate and ammonium nitrate particle sizes (RHFSML) -- No default ! RHFSML= TBD !

Large ammonium sulfate and ammonium nitrate particle sizes (RHFLRG) -- No default ! RHFLRG= TBD !

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Sea salt particles  
(RHFSEA) -- No default ! RHFSEA= TBD !

Additional inputs used for MVI SBK = 2, 3, 5, 6, 7, 8:

-----  
Extinction due to Rayleigh scattering is added (1/Mm)  
(BEXTRAY) -- Default: 10.0 ! BEXTRAY = 10 !

! END!

-----  
INPUT GROUP: 3 -- Output options  
-----

Documentation  
-----

Documentation records contained in the header of the  
CALPUFF output file may be written to the list file.  
Print documentation image?

(LDOC) -- Default: F ! LDOC = F !

Output Units  
-----

Units for All Output (IPRTU) -- Default: 1 ! IPRTU = 3 !  
for for  
Concentration Deposition  
1 = g/m\*\*3 g/m\*\*2/s  
2 = mg/m\*\*3 mg/m\*\*2/s  
3 = ug/m\*\*3 ug/m\*\*2/s  
4 = ng/m\*\*3 ng/m\*\*2/s  
5 = Odour Units

Visibility: extinction expressed in 1/Mega-meters (IPRTU is ignored)

Averaging time(s) reported  
-----

1-pd averages (L1PD) -- Default: T ! L1PD = F !  
(pd = averaging period of model output)

1-hr averages (L1HR) -- Default: T ! L1HR = F !

3-hr averages (L3HR) -- Default: T ! L3HR = F !

24-hr averages (L24HR) -- Default: T ! L24HR = T !

Run-length averages (LRUNL) -- Default: T ! LRUNL = F !

User-specified averaging time in hours, minutes, seconds  
- results for this averaging time are reported if it is not zero

(NAVGH) -- Default: 0 ! NAVGH = 0 !  
(NAVGM) -- Default: 0 ! NAVGM = 0 !  
(NAVGS) -- Default: 0 ! NAVGS = 0 !

Types of tabulations reported  
-----

1) Visibility: daily visibility tabulations are always reported

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for the selected receptors when ASPEC = VISIB.  
In addition, any of the other tabulations listed  
below may be chosen to characterize the light  
extinction coefficients.  
[List file or Plot/Analysis File]

- 2) Top 50 table for each averaging time selected  
[List file only]  
(LT50) -- Default: T ! LT50 = F !
- 3) Top 'N' table for each averaging time selected  
[List file or Plot file]  
(LTOPN) -- Default: F ! LTOPN = T !  
-- Number of 'Top-N' values at each receptor  
selected (NTOP must be <= 4)  
(NTOP) -- Default: 4 ! NTOP = 1 !  
-- Specific ranks of 'Top-N' values reported  
(NTOP values must be entered)  
(ITOP(4) array) -- Default: ! ITOP = 1 !  
1, 2, 3, 4
- 4) Threshold exceedance counts for each receptor and each averaging  
time selected  
[List file or Plot file]  
(LEXCD) -- Default: F ! LEXCD = F !  
-- Identify the threshold for each averaging time by assigning a  
non-negative value (output units).  
-- Default: -1.0  
Threshold for 1-hr averages (THRESH1) ! THRESH1 = -1.0 !  
Threshold for 3-hr averages (THRESH3) ! THRESH3 = -1.0 !  
Threshold for 24-hr averages (THRESH24) ! THRESH24 = -1.0 !  
Threshold for NAVG-hr averages (THRESHN) ! THRESHN = -1.0 !  
-- Counts for the shortest averaging period selected can be  
tallied daily, and receptors that experience more than NCOUNT  
counts over any NDAY period will be reported. This type of  
exceedance violation output is triggered only if NDAY > 0.  
Accumulation period(Days)  
(NDAY) -- Default: 0 ! NDAY = 0 !  
Number of exceedances allowed  
(NCOUNT) -- Default: 1 ! NCOUNT = 1 !
- 5) Selected day table(s)  
Echo Option -- Many records are written each averaging period  
selected and output is grouped by day  
[List file or Plot file]  
(LECHO) -- Default: F ! LECHO = F !  
Timeseries Option -- Averages at all selected receptors for  
each selected averaging period are written to timeseries files.  
Each file contains one averaging period, and all receptors are  
written to a single record each averaging time.  
[TSERIES\_ASPEC\_tTHR\_CONC\_TSUNAM.DAT files]

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(LTIME) -- Default: F ! LTIME = F !

Peak Value Option -- Averages at all selected receptors for each selected averaging period are screened and the peak value each period is written to timeseries files. Each file contains one averaging period.

[PEAKVAL\_ASPEC\_ttHR\_CONC\_TSUNAM.DAT files]  
(LPEAK) -- Default: F ! LPEAK = F !

-- Days selected for output  
(IECHO(366)) -- Default: 366\*0  
! IECHO = 366\*0 !  
(366 values must be entered)

#### Plot output options

-----

Plot files can be created for the Top-N, Exceedance, and Echo tables selected above. Two formats for these files are available, DATA and GRID. In the DATA format, results at all receptors are listed along with the receptor location [x,y,val1,val2,...]. In the GRID format, results at only gridded receptors are written, using a compact representation. The gridded values are written in rows (x varies), starting with the most southern row of the grid. The GRID format is given the .GRD extension, and includes headers compatible with the SURFER(R) plotting software.

A plotting and analysis file can also be created for the daily peak visibility summary output, in DATA format only.

Generate Plot file output in addition to writing tables to List file?

(LPLT) -- Default: F ! LPLT = F !

Use GRID format rather than DATA format, when available?

(LGRD) -- Default: F ! LGRD = F !

#### Auxiliary Output Files (for subsequent analyses)

-----

##### Visibility

A separate output file may be requested that contains the change in visibility at each selected receptor when ASPEC = VISIB. This file can be processed to construct visibility measures that are not available in CALPOST.

Output file with the visibility change at each receptor?  
(MDVIS) -- Default: 0 ! MDVIS = 0 !

- 0 = Do Not create file
- 1 = Create file of DAILY (24 hour) Delta-Deci view
- 2 = Create file of DAILY (24 hour) Extinction Change (%)
- 3 = Create file of HOURLY Delta-Deci view
- 4 = Create file of HOURLY Extinction Change (%)

#### Additional Debug Output

-----

Output selected information to List file

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for debugging?

(LDEBUG) -- Default: F ! LDEBUG = F !

Output hourly extinction information to REPORT.HRV?  
(Visibility Method 7)

(LVEXTHR) -- Default: F ! LVEXTHR = F !

!END!

CALPUFF Demonstration

----- Run title (3 lines) -----

CALPOST MODEL CONTROL FILE

-----  
 INPUT GROUP: 0 -- Input and Output File Names  
 -----

Input Files

File	Default File Name	
Conc/Dep Flux File	MODEL.DAT	! MODDAT =CALPUFF.CON !
Relative Humidity File	VISB.DAT	! VISDAT = ..\..\CPUF.VIS! *
Background Data File	BACK.DAT	* BACKDAT = *
Transmissometer or Nephelometer Data File	VSRN.DAT or	* VSRDAT = *
DATSAV Weather Data File	or	
Prognostic Weather File		
Single-point Met File	SURFACE.DAT	* MET1DAT = *
(Used ONLY to identify CALM hours for plume model output averaging when MCALMPRO option is used)		

Output Files

File	Default File Name	
List File	CALPOST.LST	! PSTLST =CALPOST.LST !
Pathname for Timeseries Files (blank) (activate with exclamation points only if providing NON-BLANK character string)		* TSPATH = *
Pathname for Plot Files (blank) (activate with exclamation points only if providing NON-BLANK character string)		* PLPATH = *
User Character String (U) to augment default filenames (activate with exclamation points only if providing NON-BLANK character string)		
Timeseries Peak Value	TSERIES_ASPEC_tTHR_CONC_TSUNAM.DAT PEAKVAL_ASPEC_tTHR_CONC_TSUNAM.DAT	* TSUNAM = *
Top Nth Rank Plot or	RANK(ALL)_ASPEC_tTHR_CONC_TUNAM.DAT RANK(i)_ASPEC_tTHR_CONC_TUNAM.GRD	* TUNAM = *
Exceedance Plot or	EXCEED_ASPEC_tTHR_CONC_XUNAM.DAT EXCEED_ASPEC_tTHR_CONC_XUNAM.GRD	



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Ending time: Hour (IEHR) -- No default ! IEHR = 23 !  
 Minute (IEMIN) -- No default ! IEMIN = 0 !  
 Second (IESEC) -- No default ! ISEC = 0 !

(These are only used if METRUN = 0)

All times are in the base time zone of the CALPUFF simulation. CALPUFF Dataset Version 2.1 contains the zone, but earlier versions do not, and the zone must be specified here. The zone is the number of hours that must be ADDED to the time to obtain UTC (or GMT). Identify the Base Time Zone for the CALPUFF simulation  
 (BTZONE) -- No default ! BTZONE = 8.0 !

Process every period of data?  
 (NREP) -- Default: 1 ! NREP = 1 !  
 (1 = every period processed,  
 2 = every 2nd period processed,  
 5 = every 5th period processed, etc.)

Species & Concentration/Deposition Information

Species to process (ASPEC) -- No default ! ASPEC = N !  
 (ASPEC = VISIB for visibility processing)

Layer/deposition code (ILAYER) -- Default: 1 ! ILAYER = -3 !  
 '1' for CALPUFF concentrations,  
 '-1' for dry deposition fluxes,  
 '-2' for wet deposition fluxes,  
 '-3' for wet+dry deposition fluxes.

Scaling factors of the form: -- Defaults: ! A = 0.0 !  
 $X(\text{new}) = X(\text{old}) * A + B$  A = 0.0 ! B = 0.0 !  
 (NOT applied if A = B = 0.0) B = 0.0

Add Hourly Background Concentrations/Fluxes?  
 (LBACK) -- Default: F ! LBACK = F !

Source of NO2 when ASPEC=NO2 (above) or LVNO2=T (Group 2) may be from CALPUFF NO2 concentrations OR from a fraction of CALPUFF NOx concentrations. Specify the fraction of NOx that is treated as NO2 either as a constant or as a table of fractions that depend on the magnitude of the NOx concentration:

(NO2CALC) -- Default: 1 ! NO2CALC = 1 !  
 0 = Use NO2 directly (NO2 must be in file)  
 1 = Specify a single NO2/NOx ratio (RNO2NOX)  
 2 = Specify a table NO2/NOx ratios (TNO2NOX)  
 (NOTE: Scaling Factors must NOT be used with NO2CALC=2)

Single NO2/NOx ratio (0.0 to 1.0) for treating some or all NOx as NO2, where [NO2] = [NOx] \* RNO2NOX (used only if NO2CALC = 1)  
 (RNO2NOX) -- Default: 1.0 ! RNO2NOX = 0.8 !

Table of NO2/NOx ratios that vary with NOx concentration. Provide 14 NOx concentrations (ug/m\*\*3) and the corresponding NO2/NOx ratio, with NOx increasing in magnitude. The ratio used for a particular NOx concentration is interpolated from the values provided in the table. The ratio for the smallest tabulated NOx concentration (the first) is used for all NOx concentrations less than the smallest tabulated value, and the ratio for the largest tabulated NOx concentration (the last) is used for all NOx

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concentrations greater than the largest tabulated value.  
(used only if NO2CALC = 2)

NOx concentration(ug / m3)  
(CNOX) -- No default  
! CNOX = 1.0, 2.0, 3.0, 4.0, 5.0, 6.0, 7.0,  
8.0, 9.0, 10.0, 11.0, 12.0, 13.0, 14.0 !

NO2/NOx ratio for each NOx concentration:  
(TNO2NOX) -- No default  
! TNO2NOX = 1.0, 1.0, 1.0, 1.0, 1.0, 1.0, 1.0,  
1.0, 1.0, 1.0, 1.0, 1.0, 1.0 !

### Source information

-----

Option to process source contributions:

0 = Process only total reported contributions  
1 = Sum all individual source contributions and process  
2 = Run in TRACEBACK mode to identify source  
contributions at a SINGLE receptor  
(MSOURCE) -- Default: 0 ! MSOURCE = 0 !

### Plume Model Output Processing Options

-----

Output from models other than CALPUFF and CALGRID can be written in the CONC.DAT format and processed by CALPOST. Plume models such as AERMOD typically do not treat CALM hours, and do not include such hours in multiple-hour averages, with specific rules about how many calm hours can be removed from an average. This treatment is known as CALM PROCESSING. Calm periods are identified from wind speeds in the meteorological data file for the application, which must be identified in Input Group 0 as the single-point meteorological data file MET1DAT.

0 = Option is not used for CALPUFF/CALGRID output files  
1 = Apply CALM processing procedures to multiple-hour averages  
(MCALMPRO) -- Default: 0 ! MCALMPRO = 0 !

Format of Single-point Met File

1 = AERMOD/AERMET SURFACE file  
(MET1FMT) -- Default: 1 ! MET1FMT = 1 !

### Receptor information

-----

Gridded receptors processed? (LG) -- Default: F ! LG = F !  
Discrete receptors processed? (LD) -- Default: F ! LD = T !  
CTSG Complex terrain receptors processed?  
(LCT) -- Default: F ! LCT = F !

--Report results by DISCRETE receptor RING?  
(only used when LD = T) (LDRING) -- Default: F ! LDRING = F !

--Select range of DISCRETE receptors (only used when LD = T):

Select ALL DISCRETE receptors by setting NDRECP flag to -1;

OR

Select SPECIFIC DISCRETE receptors by entering a flag (0,1) for each

0 = discrete receptor not processed  
1 = discrete receptor processed

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using repeated value notation to select blocks of receptors:

23\*1, 15\*0, 12\*1

Flag for all receptors after the last one assigned is set to 0 (NDRECP) -- Default: -1

! NDRECP = TBD !

--Select range of GRIDDED receptors (only used when LG = T):

X index of LL corner (IBGRID) -- Default: -1 ! IBGRID = -1 !  
(-1 OR 1 <= IBGRID <= NX)

Y index of LL corner (JBGRID) -- Default: -1 ! JBGRID = -1 !  
(-1 OR 1 <= JBGRID <= NY)

X index of UR corner (IEGRID) -- Default: -1 ! IEGRID = -1 !  
(-1 OR 1 <= IEGRID <= NX)

Y index of UR corner (JEGRID) -- Default: -1 ! JEGRID = -1 !  
(-1 OR 1 <= JEGRID <= NY)

Note: Entire grid is processed if IBGRID=JBGRID=IEGRID=JEGRID=-1

--Specific gridded receptors can also be excluded from CALPOST processing by filling a processing grid array with 0s and 1s. If the processing flag for receptor index (i,j) is 1 (ON), that receptor will be processed if it lies within the range delineated by IBGRID, JBGRID, IEGRID, JEGRID and if LG=T. If it is 0 (OFF), it will not be processed in the run. By default, all array values are set to 1 (ON).

Number of gridded receptor rows provided in Subgroup (1a) to identify specific gridded receptors to process

(NGONOFF) -- Default: 0 ! NGONOFF = 0 !

! END!

-----  
Subgroup (1a) -- Specific gridded receptors included/excluded  
-----

Specific gridded receptors are excluded from CALPOST processing by filling a processing grid array with 0s and 1s. A total of NGONOFF lines are read here. Each line corresponds to one 'row' in the sampling grid, starting with the NORTHERNMOST row that contains receptors that you wish to exclude, and finishing with row 1 to the SOUTH (no intervening rows may be skipped). Within a row, each receptor position is assigned either a 0 or 1, starting with the westernmost receptor.

0 = gridded receptor not processed  
1 = gridded receptor processed

Repeated value notation may be used to select blocks of receptors:

23\*1, 15\*0, 12\*1

Because all values are initially set to 1, any receptors north of the first row entered, or east of the last value provided in a row, remain ON.

(NGXRECP) -- Default: 1

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-----  
INPUT GROUP: 2 -- Visibility Parameters (ASPEC = VISIB)  
-----

Test visibility options specified to see  
if they conform to FLAG 2008 configuration?

- (MVISCHECK) -- Default: 1 ! MVISCHECK = 0 !  
0 = NO checks are made  
1 = Technical options must conform to FLAG 2008 visibility guidance  
ASPEC = VISIB  
LVNO2 = T  
NO2CALC = 1  
RNO2NOX = 1.0  
MVISBK = 8  
M8\_MODE = 5

Some of the data entered for use with the FLAG 2008 configuration  
are specific to the Class I area being evaluated. These values can  
be checked within the CALPOST user interface when the name of the  
Class I area is provided.

Name of Class I Area (used for QA purposes only)  
(AREANAME) -- Default: User ! AREANAME = USER !

Particle growth curve f(RH) for hygroscopic species  
(MFRH) -- Default: 4 ! MFRH = 4 !

- 1 = IWAQM (1998) f(RH) curve (originally used with MVISBK=1)  
2 = FLAG (2000) f(RH) tabulation  
3 = EPA (2003) f(RH) tabulation  
4 = IMPROVE (2006) f(RH) tabulations for sea salt, and for small and  
large SULFATE and NITRATE particles;  
Used in Visibility Method 8 (MVISBK = 8 with M8\_MODE = 1, 2, or 3)

Maximum relative humidity (%) used in particle growth curve  
(RHMAX) -- Default: 98 ! RHMAX = 98 !

Modeled species to be included in computing the light extinction  
Include SULFATE? (LVS04) -- Default: T ! LVS04 = T !  
Include NITRATE? (LVNO3) -- Default: T ! LVNO3 = T !  
Include ORGANIC CARBON? (LVOC) -- Default: T ! LVOC = T !  
Include COARSE PARTICLES? (LVPMC) -- Default: T ! LVPMC = T !  
Include FINE PARTICLES? (LVPMF) -- Default: T ! LVPMF = T !  
Include ELEMENTAL CARBON? (LVEC) -- Default: T ! LVEC = T !  
Include NO2 absorption? (LVNO2) -- Default: F ! LVNO2 = T !  
With Visibility Method 8 -- Default: T  
FLAG (2008)

And, when ranking for TOP-N, TOP-50, and Exceedance tables,  
Include BACKGROUND? (LVBK) -- Default: T ! LVBK = T !

Species name used for particulates in MODEL.DAT file  
COARSE (SPECPMC) -- Default: PMC ! SPECPMC = PMC !  
FINE (SPECPMF) -- Default: PMF ! SPECPMF = PMF !

Extinction Efficiency (1/Mm per ug/m\*\*3)  
-----

MODELED particulate species:  
PM COARSE (EELPMC) -- Default: 0.6 ! EELPMC = 0.6 !  
PM FINE (EELPMF) -- Default: 1.0 ! EELPMF = 1 !  
BACKGROUND particulate species:  
PM COARSE (EELPMCBK) -- Default: 0.6 ! EELPMCBK = 0.6 !

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Other species:

AMMONIUM SULFATE (EES04) -- Default: 3.0 ! EES04 = 3 !  
 AMMONIUM NITRATE (EEN03) -- Default: 3.0 ! EEN03 = 3 !  
 ORGANIC CARBON (EEOC) -- Default: 4.0 ! EEOC = 4 !  
 SOIL (EES01L) -- Default: 1.0 ! EES01L = 1 !  
 ELEMENTAL CARBON (EEEC) -- Default: 10. ! EEEC = 10 !  
 NO2 GAS (EEN02) -- Default: .1755 ! EEN02 = 0.17 !

Visibility Method 8:

AMMONIUM SULFATE (EES04S) Set Internally (small)  
 AMMONIUM SULFATE (EES04L) Set Internally (large)  
 AMMONIUM NITRATE (EEN03S) Set Internally (small)  
 AMMONIUM NITRATE (EEN03L) Set Internally (large)  
 ORGANIC CARBON (EEOCS) Set Internally (small)  
 ORGANIC CARBON (EEOCL) Set Internally (large)  
 SEA SALT (EESALT) Set Internally

Background Extinction Computation

Method used for the 24h-average of percent change of light extinction:  
 Hourly ratio of source light extinction / background light extinction  
 is averaged? (LAVER) -- Default: F ! LAVER = F !

Method used for background light extinction  
 (MVISBK) -- Default: 8 ! MVISBK = 8 !  
 FLAG (2008)

- 1 = Supply single light extinction and hygroscopic fraction
  - Hourly F(RH) adjustment applied to hygroscopic background and modeled sulfate and nitrate
- 2 = Background extinction from speciated PM concentrations (A)
  - Hourly F(RH) adjustment applied to observed and modeled sulfate and nitrate
  - F(RH) factor is capped at F(RHMAX)
- 3 = Background extinction from speciated PM concentrations (B)
  - Hourly F(RH) adjustment applied to observed and modeled sulfate and nitrate
  - Receptor-hour excluded if RH>RHMAX
  - Receptor-day excluded if fewer than 6 valid receptor-hours
- 4 = Read hourly transmissometer background extinction measurements
  - Hourly F(RH) adjustment applied to modeled sulfate and nitrate
  - Hour excluded if measurement invalid (missing, interference, or large RH)
  - Receptor-hour excluded if RH>RHMAX
  - Receptor-day excluded if fewer than 6 valid receptor-hours
- 5 = Read hourly nephelometer background extinction measurements
  - Rayleigh extinction value (BEXTRAY) added to measurement
  - Hourly F(RH) adjustment applied to modeled sulfate and nitrate
  - Hour excluded if measurement invalid (missing, interference, or large RH)
  - Receptor-hour excluded if RH>RHMAX
  - Receptor-day excluded if fewer than 6 valid receptor-hours
- 6 = Background extinction from speciated PM concentrations
  - FLAG (2000) monthly RH adjustment factor applied to observed and modeled sulfate and nitrate
- 7 = Use observed weather or prognostic weather information for background extinction during weather events; otherwise, use Method 2
  - Hourly F(RH) adjustment applied to modeled sulfate and nitrate
  - F(RH) factor is capped at F(RHMAX)
  - During observed weather events, compute Bext from visual range if using an observed weather data file, or
  - During prognostic weather events, use Bext from the prognostic



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set to zero.

(IDWSTA) -- No default \* IDWSTA = 000000 \*  
 (TZONE) -- No default \* TZONE = 0. \*

Additional inputs used for MVI SBK = 2, 3, 6, 7, 8:

-----  
 Background extinction coefficients are computed from monthly CONCENTRATIONS of ammonium sulfate (BKS04), ammonium nitrate (BKN03), coarse particulates (BKPMC), organic carbon (BKOC), soil (BKS01L), and elemental carbon (BKEC). Month 1 is January. (ug/m\*\*3)

(BKS04) -- No default ! BKS04 = 0.02, 0.02, 0.02, 0.02,  
 0.02, 0.02, 0.02, 0.02,  
 0.02, 0.02, 0.02, 0.02 !  
 (BKN03) -- No default ! BKN03 = 0.01, 0.01, 0.01, 0.01,  
 0.01, 0.01, 0.01, 0.01,  
 0.01, 0.01, 0.01, 0.01 !  
 (BKPMC) -- No default ! BKPMC = 0.21, 0.21, 0.21, 0.21,  
 0.21, 0.21, 0.21, 0.21,  
 0.21, 0.21, 0.21, 0.21 !  
 (BKOC) -- No default ! BKOC = 0.06, 0.06, 0.06, 0.06,  
 0.06, 0.06, 0.06, 0.06,  
 0.06, 0.06, 0.06, 0.06 !  
 (BKS01L) -- No default ! BKS01L= 0.04, 0.04, 0.04, 0.04,  
 0.04, 0.04, 0.04, 0.04,  
 0.04, 0.04, 0.04, 0.04 !  
 (BKEC) -- No default ! BKEC = 0.00, 0.00, 0.00, 0.00,  
 0.00, 0.00, 0.00, 0.00,  
 0.00, 0.00, 0.00, 0.00 !

Additional inputs used for MVI SBK = 8:

-----  
 Extinction coefficients for hygroscopic species (modeled and background) may be computed using hourly RH values and hourly modeled concentrations, or using monthly RH values inferred from the RHFAC adjustment factors and either hourly or daily modeled concentrations, or using monthly RHFSML, RHFLRG, and RHFSEA adjustment factors and either hourly or daily modeled concentrations.

(M8\_MODE) -- Default: 5 ! M8\_MODE= 5 !  
 FLAG (2008)

- 1 = Use hourly RH values from VISB.DAT file with hourly modeled and monthly background concentrations.
- 2 = Use monthly RH from monthly RHFAC and EPA (2003) f(RH) tabulation with hourly modeled and monthly background concentrations. (VISB.DAT file is NOT needed).
- 3 = Use monthly RH from monthly RHFAC with EPA (2003) f(RH) tabulation with daily modeled and monthly background concentrations. (VISB.DAT file is NOT needed).
- 4 = Use monthly RHFSML, RHFLRG, and RHFSEA with hourly modeled and monthly background concentrations. (VISB.DAT file is NOT needed).
- 5 = Use monthly RHFSML, RHFLRG, and RHFSEA with daily modeled and monthly background concentrations. (VISB.DAT file is NOT needed).

Background extinction coefficients are computed from monthly CONCENTRATIONS of sea salt (BKSALT). Month 1 is January. (ug/m\*\*3)

(BKSALT) -- No default ! BKSALT= 0.01, 0.01, 0.01, 0.01,  
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0.01, 0.01, 0.01, 0.01,  
0.01, 0.01, 0.01, 0.01 !

Extinction coefficients for hygroscopic species (modeled and background) can be computed using monthly RH adjustment factors in place of an hourly RH factor (VISB.DAT file is NOT needed). Enter the 12 monthly factors here (RHFSML, RHFLRG, RHFSEA). Month 1 is January. (Used if M8\_MODE = 4 or 5)

Small ammonium sulfate and ammonium nitrate particle sizes (RHFSML) -- No default ! RHFSML= 5.71, 5.00, 4.46, 4.23,  
3.89, 3.55, 3.26, 3.41,  
4.02, 5.13, 5.89, 5.98 !

Large ammonium sulfate and ammonium nitrate particle sizes (RHFLRG) -- No default ! RHFLRG= 3.78, 3.40, 3.10, 2.98,  
2.78, 2.60, 2.43, 2.52,  
2.84, 3.45, 3.87, 3.92 !

Sea salt particles (RHFSEA) -- No default ! RHFSEA= 5.24, 4.74, 4.34, 4.18,  
3.91, 3.66, 3.41, 3.51,  
3.93, 4.78, 5.36, 5.44 !

Additional inputs used for MVI SBK = 2, 3, 5, 6, 7, 8:

-----  
Extinction due to Rayleigh scattering is added (1/Mm)  
(BEXTRAY) -- Default: 10.0 ! BEXTRAY = 10 !

! END!

-----  
INPUT GROUP: 3 -- Output options

-----  
Documentation

-----  
Documentation records contained in the header of the CALPUFF output file may be written to the list file. Print documentation image? (LDOC) -- Default: F ! LDOC = F !

-----  
Output Units

-----  
Units for All Output (IPRTU) -- Default: 1 ! IPRTU = 3 !  
for for  
Concentration Deposition  
1 = g/m\*\*3 g/m\*\*2/s  
2 = mg/m\*\*3 mg/m\*\*2/s  
3 = ug/m\*\*3 ug/m\*\*2/s  
4 = ng/m\*\*3 ng/m\*\*2/s  
5 = Odour Units

Visibility: extinction expressed in 1/Mega-meters (IPRTU is ignored)

-----  
Averaging time(s) reported

-----  
1-pd averages (L1PD) -- Default: T ! L1PD = F !  
(pd = averaging period of model output)

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1-hr averages (L1HR) -- Default: T ! L1HR = F !  
 3-hr averages (L3HR) -- Default: T ! L3HR = F !  
 24-hr averages (L24HR) -- Default: T ! L24HR = T !  
 Run-length averages (LRUNL) -- Default: T ! LRUNL = F !  
 User-specified averaging time in hours, minutes, seconds  
 - results for this averaging time are reported if it is not zero

(NAVGH) -- Default: 0 ! NAVGH = 0 !  
 (NAVGM) -- Default: 0 ! NAVGM = 0 !  
 (NAVGS) -- Default: 0 ! NAVGS = 0 !

Types of tabulations reported

- 
- 1) Visibility: daily visibility tabulations are always reported for the selected receptors when ASPEC = VISIB. In addition, any of the other tabulations listed below may be chosen to characterize the light extinction coefficients.  
 [List file or Plot/Analysis File]
  
  - 2) Top 50 table for each averaging time selected  
 [List file only]  
 (LT50) -- Default: T ! LT50 = F !
  
  - 3) Top 'N' table for each averaging time selected  
 [List file or Plot file]  
 (LTOPN) -- Default: F ! LTOPN = T !  
 -- Number of 'Top-N' values at each receptor selected (NTOP must be <= 4)  
 (NTOP) -- Default: 4 ! NTOP = 1 !  
 -- Specific ranks of 'Top-N' values reported (NTOP values must be entered)  
 (ITOP(4) array) -- Default: ! ITOP = 1 !  
 1, 2, 3, 4
  
  - 4) Threshold exceedance counts for each receptor and each averaging time selected  
 [List file or Plot file]  
 (LEXCD) -- Default: F ! LEXCD = F !  
 -- Identify the threshold for each averaging time by assigning a non-negative value (output units).  
 -- Default: -1.0  
 Threshold for 1-hr averages (THRESH1) ! THRESH1 = -1.0 !  
 Threshold for 3-hr averages (THRESH3) ! THRESH3 = -1.0 !  
 Threshold for 24-hr averages (THRESH24) ! THRESH24 = -1.0 !  
 Threshold for NAVG-hr averages (THRESHN) ! THRESHN = -1.0 !  
 -- Counts for the shortest averaging period selected can be tallied daily, and receptors that experience more than NCOUNT counts over any NDAY period will be reported. This type of

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exceedance violation output is triggered only if NDAY > 0.

Accumulation period(Days)  
(NDAY) -- Default: 0 ! NDAY = 0 !  
Number of exceedances allowed  
(NCOUNT) -- Default: 1 ! NCOUNT = 1 !

### 5) Selected day table(s)

Echo Option -- Many records are written each averaging period selected and output is grouped by day  
[List file or Plot file]

(LECHO) -- Default: F ! LECHO = F !

Timeseries Option -- Averages at all selected receptors for each selected averaging period are written to timeseries files. Each file contains one averaging period, and all receptors are written to a single record each averaging time.

[TSERIES\_ASPEC\_tTHR\_CONC\_TSUNAM.DAT files]

(LTIME) -- Default: F ! LTIME = F !

Peak Value Option -- Averages at all selected receptors for each selected averaging period are screened and the peak value each period is written to timeseries files. Each file contains one averaging period.

[PEAKVAL\_ASPEC\_tTHR\_CONC\_TSUNAM.DAT files]

(LPEAK) -- Default: F ! LPEAK = F !

-- Days selected for output

(IECHO(366)) -- Default: 366\*0  
! IECHO = 366\*0 !  
(366 values must be entered)

### Plot output options

-----  
Plot files can be created for the Top-N, Exceedance, and Echo tables selected above. Two formats for these files are available, DATA and GRID. In the DATA format, results at all receptors are listed along with the receptor location [x, y, val 1, val 2, ...]. In the GRID format, results at only gridded receptors are written, using a compact representation. The gridded values are written in rows (x varies), starting with the most southern row of the grid. The GRID format is given the .GRD extension, and includes headers compatible with the SURFER(R) plotting software.

A plotting and analysis file can also be created for the daily peak visibility summary output, in DATA format only.

Generate Plot file output in addition to writing tables to List file?

(LPLT) -- Default: F ! LPLT = F !

Use GRID format rather than DATA format, when available?

(LGRD) -- Default: F ! LGRD = F !

### Auxiliary Output Files (for subsequent analyses)

-----  
Visibility

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A separate output file may be requested that contains the change in visibility at each selected receptor when ASPEC = VISIB. This file can be processed to construct visibility measures that are not available in CALPOST.

Output file with the visibility change at each receptor?  
(MDVIS) -- Default: 0 ! MDVIS = 0 !

- 0 = Do Not create file
- 1 = Create file of DAILY (24 hour) Delta-Deci view
- 2 = Create file of DAILY (24 hour) Extinction Change (%)
- 3 = Create file of HOURLY Delta-Deci view
- 4 = Create file of HOURLY Extinction Change (%)

### Additional Debug Output

-----

Output selected information to List file  
for debugging?  
(LDEBUG) -- Default: F ! LDEBUG = F !

Output hourly extinction information to REPORT.HRV?  
(Visibility Method 7)  
(LVEXTHR) -- Default: F ! LVEXTHR = F !

!END!

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POSTUTIL Run Deposition Analysis

----- Run title (3 lines) -----

POSTUTIL MODEL CONTROL FILE

-----  
 INPUT GROUP: 0 -- Input and Output File Names  
 -----

-----  
 Subgroup (0a)  
 -----

-----  
 Output Files  
 -----

File	Default File Name	
List File	POSTUTIL.LST	! UTLLST =putildep.lst !
Data File	MODEL.DAT	! UTLDAT =putildep.dat !

-----  
 Input Files  
 -----

A time-varying file of "background" concentrations can be included when the ammonia-limiting method (ALM) for setting the HNO3/N03 concentration partition is accomplished in 1 step. This option is selected by setting MNITRATE=3 in Input Group 1. Species required in the "background" concentration file are: SO4, NO3, HNO3 and TNH3 (total NH3).

File	Default File Name	
BCKG File	BCKGALM.DAT	* BCKGALM =BCKGALM.DAT *

A number of CALPUFF data files may be processed in this application. The files may represent individual CALPUFF simulations that were made for a specific set of species and/or sources. Specify the total number of CALPUFF runs you wish to combine, and provide the filename for each in subgroup 0b.

Number of CALPUFF data files (NFILES)  
 Default: 1 ! NFILES = 2 !

Meteorological data files are needed for the HNO3/N03 partition option. Three types of meteorological data files can be used:

- METFM= 0 - CALMET.DAT
- METFM= 1 - 1-D file with RH, Temp and Rhoair timeseries
- METFM= 2 - 2-D files with either Rh, Temp or Rhoair in each (3 2\_D files are needed)

The default is to use CALMET.DAT files.

Default: 0 ! METFM = 0 !

Multiple meteorological data files may be used in sequence to span the processing period. Specify the number of time-period files (NMET) that

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you need to use, and provide a filename for each in subgroup 0b.

- NMET is 0 if no meteorological files are provided
- NMET is 1 if METFM=1 (multiple file feature is not available)
- NMET is 1 or more if METFM=0 or 2 (multiple CALMET files or 2DMET files)

Number of meteorological data file time-periods (NMET)  
 Default: 0 ! NMET = 0 !

All filenames will be converted to lower case if LCFILES = T  
 Otherwise, if LCFILES = F, filenames will be converted to UPPER CASE

Convert filenames to lower case? Default: T ! LCFILES = T !  
 T = lower case  
 F = UPPER CASE

! END!

-----  
 NOTE: file/path names can be up to 70 characters in length  
 -----

-----  
 Subgroup (0b)  
 -----

NMET CALMET Data Files (METFM=0):

Input File	Default File Name
-----	-----
1	MET. DAT * UTLMET =~cal puff_j an08. met * *END*

NMET 1-D Data Files (METFM=1):

Input File	Default File Name
-----	-----
1	MET_1D. DAT * MET1D = MET_1D. DAT * *END*

NMET 2-D Data Files of Each Type (METFM=2):

Input File	Default File Name
-----	-----
1	RHUMD. DAT * M2DRHU = RELHUM. DAT * *END*
1	TEMP. DAT * M2DTMP = TEMP. DAT * *END*
1	RHOAIR. DAT * M2DRHO = RHOAIR. DAT * *END*

NFILES CALPUFF Data Files:

Input File	Default File Name
-----	-----
1	CALPUFF. DAT ! MODDAT =cpuf08. dfx! !END!
2	CALPUFF. DAT ! MODDAT =cpuf08. wfx! !END!

-----  
 Note: provide NMET lines of the form \* UTLMET = name \* \*END\*  
 or \* MET1D = name \* \*END\*

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or \* M2DRHU = name \* \*END\*  
 (and) \* M2DTMP = name \* \*END\*  
 (and) \* M2DRHO = name \* \*END\*

and NFILES lines of the form \* MODDAT = name \* \*END\*

where the \* should be replaced with an exclamation point, the special delimiter character.

-----  
 INPUT GROUP: 1 -- General run control parameters  
 -----

Starting date: Year (ISYR) -- No default ! ISYR = 2008 !  
 Month (ISMO) -- No default ! ISMO = 1 !  
 Day (ISDY) -- No default ! ISDY = 1 !  
 Hour (ISHR) -- No default ! ISHR = 1 !

Number of periods to process  
 (NPER) -- No default ! NPER = 8784 !

Number of species to process from CALPUFF runs  
 (NSPECINP) -- No default ! NSPECINP = 5 !

Number of species to write to output file  
 (NSPECOUT) -- No default ! NSPECOUT = 2 !

Number of species to compute from those modeled  
 (must be no greater than NSPECOUT)  
 (NSPECCMP) -- No default ! NSPECCMP = 2 !

When multiple files are used, a species name may appear in more than one file. Data for this species will be summed (appropriate if the CALPUFF runs use different source groups). If this summing is not appropriate, remove duplicate species from the file(s).

Stop run if duplicate species names  
 are found? (MDUPLCT) Default: 0 ! MDUPLCT = 0 !  
 0 = no (i.e., duplicate species are summed)  
 1 = yes (i.e., run is halted)

Data for each species in a CALPUFF data file may also be scaled as they are read. This can be done to alter the emission rate of all sources that were modeled in a particular CALPUFF application. The scaling factor for each species is entered in Subgroup (2d), for each file for which scaling is requested.

Number of CALPUFF data files that will be scaled  
 (must be no greater than NFILES)  
 (NSCALED) Default: 0 ! NSCALED = 0 !

Ammonia-Limiting Method Option to recompute the HNO3/N03 concentration partition prior to performing other actions is controlled by MNITRATE. This option will NOT alter any deposition fluxes contained in the CALPUFF file(s). Three partition selections are provided. The first two are typically used in sequence (POSTUTIL is run more than once). The first selection (MNITRATE=1) computes the partition for the TOTAL (all sources) concentration fields (SO4, NO3, HNO3; NH3), and the second (MNITRATE=2)



APPENDIX\_D3

4 = NH3 from background concentration file BCKGALM  
 will be used alone  
 (ONLY possible for MNITRATE=3)

NH3TYP	NH3 CONC	NH3 FROM BCKNH3	NH3 FROM BCKGALM
0	X	0	0
1	X	X	0
2	X	0	X
3	0	X	0
4	0	0	X

Default monthly (12 values) background ammonia concentration (ppb)  
 used for HN03/NO3 partition:

Gaseous NH3 (BCKNH3) Default: -999  
 \* BCKNH3 = 12\*17 \*

Total TNH3 (BCKTNH3) Default: -999  
 \* BCKTNH3 = 1., 1., 1., 1.1, 1.4, 1.3, 1.3, 1.2, 4\*1. \*

If a single value is entered, this is used for all 12 months.  
 Month 1 is JANUARY, Month 12 is DECEMBER.

! END!

INPUT GROUP: 2 -- Species Processing Information

Subgroup (2a)

The following NSPECINP species will be processed:

```
! ASPECI =      SO2 !      ! END!
! ASPECI =      SO4 !      ! END!
! ASPECI =      NOX !      ! END!
! ASPECI =      HN03!      ! END!
! ASPECI =      NO3 !      ! END!
```

Subgroup (2b)

The following NSPECOUT species will be written:

```
! ASPECO =      S !      ! END!
! ASPECO =      N !      ! END!
```

Subgroup (2c)

The following NSPECCMP species will be computed by scaling and summing  
 one or more of the processed input species. Identify the name(s) of

APPENDIX\_D3

the computed species and provide the scaling factors for each of the NSPECINP input species (NSPECCMP groups of NSPECINP+1 lines each):

```
! CSPECCMP =      N !
!   S02 =      0.0 !
!   S04 =      0.291667 !
!   NOX =      0.30435 !
!   HNO3 =      0.222222 !
!   NO3 =      0.451613 !
! END!
```

```
! CSPECCMP =      S !
!   S02 =      0.500000 !
!   S04 =      0.333333 !
!   NOX =      0.0 !
!   HNO3 =      0.0 !
!   NO3 =      0.0 !
! END!
```

-----  
Subgroup (2d)  
-----

Each species in NSCALED CALPUFF data files may be scaled before being processed (e.g., to change the emission rate for all sources modeled in the run that produced a data file). For each file, identify the file name and then provide the name(s) of the scaled species and the corresponding scaling factors (A, B where  $x' = Ax+B$ ).

	A(Default t=1.0)	B(Default t=0.0)
	-----	-----
* MODDAT =NOFILES. DAT *		
* S02 = 1.1,		0.0 *
* S04 = 1.5,		0.0 *
* HNO3 = 0.8,		0.0 *
* NO3 = 0.1,		0.0 *
*END*		

Attachment E

# Sample CALMET Input File

APPENDIX E

----- Run title (3 lines) -----

CALMET MODEL CONTROL FILE

INPUT GROUP: 0 -- Input and Output File Names

Subgroup (a)

Default Name	Type	File Name
GEO. DAT	input	! GEODAT=GEO4KM. DAT !
SURF. DAT	input	! SRFDAT=SURF. DAT !
CLOUD. DAT	input	* CLDDAT= *
PRECIP. DAT	input	! PRCDAT=PRECIP. DAT !
WT. DAT	input	* WTDAT= *
CALMET. LST	output	! METLST=CMET. LST !
CALMET. DAT	output	! METDAT=CMET. DAT !
PACOUT. DAT	output	* PACDAT= *

All file names will be converted to lower case if LCFILES = T  
 Otherwise, if LCFILES = F, file names will be converted to UPPER CASE  
 T = lower case ! LCFILES = T !  
 F = UPPER CASE

NUMBER OF UPPER AIR & OVERWATER STATIONS:

Number of upper air stations (NUSTA) No default ! NUSTA = 1 !  
 Number of overwater met stations  
 (NOWSTA) No default ! NOWSTA = 1 !

NUMBER OF PROGNOSTIC and IGF-CALMET FILES:

Number of MM4/MM5/3D. DAT files  
 (NM3D) No default ! NM3D = 12 !  
 Number of IGF-CALMET. DAT files  
 (NIGF) No default ! NIGF = 0 !

! END!

Subgroup (b)

Upper air files (one per station)

Default Name	Type	File Name
UP1. DAT	input	1 ! UPDAT=UPPWW. DAT! ! END!

Subgroup (c)

Overwater station files (one per station)

Default Name	Type	File Name
SEA1. DAT	input	1 ! SEADAT=SEA. DAT! ! END!

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Subgroup (d)

MM4/MM5/3D. DAT files (consecutive or overlapping)

Default Name	Type	File Name
MM51. DAT	input	1 * M3DDAT=LSP2003. DAT * *END*

Subgroup (e)

IGF-CALMET. DAT files (consecutive or overlapping)

Default Name	Type	File Name
IGFn. DAT	input	1 * IGFDAT=CALMETO. DAT * *END*

Subgroup (f)

Other file names

Default Name	Type	File Name
DIAG. DAT	input	* DIADAT= *
PROG. DAT	input	* PRGDAT= *
TEST. PRT	output	* TSTPRT= *
TEST. OUT	output	* TSTOUT= *
TEST. KIN	output	* TSTKIN= *
TEST. FRD	output	* TSTFRD= *
TEST. SLP	output	* TSTSLP= *
DCST. GRD	output	* DCSTGD= *

- NOTES: (1) File/path names can be up to 70 characters in length  
 (2) Subgroups (a) and (f) must have ONE 'END' (surrounded by delimiters) at the end of the group  
 (3) Subgroups (b) through (e) are included ONLY if the corresponding number of files (NUSTA, NOWSTA, NM3D, NIGF) is not 0, and each must have an 'END' (surround by delimiters) at the end of EACH LINE

! END!

INPUT GROUP: 1 -- General run control parameters

Starting date: Year (IBYR) -- No default ! IBYR= 2006 !  
 Month (IBMO) -- No default ! IBMO= 1 !  
 Day (IBDY) -- No default ! IBDY= 1 !  
 Hour (IBHR) -- No default ! IBHR= 0 !

Note: IBHR is the time at the END of the first hour of the simulation (IBHR=1, the first hour of a day, runs from 00:00 to 01:00)

Base time zone (IBTZ) -- No default ! IBTZ= 8 !  
 PST = 08, MST = 07  
 CST = 06, EST = 05

Length of run (hours) (IRLG) -- No default ! IRLG= 8760 !

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Run type (IRTYPE) -- Default: 1 ! IRTYPE= 1 !

0 = Computes wind fields only  
 1 = Computes wind fields and meteorological variables  
 (u\*, w\*, L, zi, etc.)  
 (IRTYPE must be 1 to run CALPUFF or CALGRID)

Compute special data fields required  
 by CALGRID (i.e., 3-D fields of W wind  
 components and temperature)  
 in addition to regular Default: T ! LCALGRD = T !  
 fields? (LCALGRD)  
 (LCALGRD must be T to run CALGRID)

Flag to stop run after  
 SETUP phase (ITEST) Default: 2 ! ITEST= 2 !  
 (Used to allow checking  
 of the model inputs, files, etc.)  
 ITEST = 1 - STOPS program after SETUP phase  
 ITEST = 2 - Continues with execution of  
 COMPUTATIONAL phase after SETUP

Test options specified to see if  
 they conform to regulatory  
 values? (MREG) No Default ! MREG = 1 !

0 = NO checks are made  
 1 = Technical options must conform to USEPA guidance  
 IMIXH -1 Maul-Carson convective mixing height  
 over land; OCD mixing height overwater  
 ICOARE 0 OCD deltaT method for overwater fluxes  
 THRESHL 0.0 Threshold buoyancy flux over land needed  
 to sustain convective mixing height growth

! END!

-----  
 INPUT GROUP: 2 -- Map Projection and Grid Information for Output  
 -----

Projection  
 -----

Map projection for all X, Y (km)  
 (PMAP) Default: UTM ! PMAP = LCC !

UTM : Universal Transverse Mercator  
 TTM : Tangential Transverse Mercator  
 LCC : Lambert Conformal Conic  
 PS : Polar Stereographic  
 EM : Equatorial Mercator  
 LAZA: Lambert Azimuthal Equal Area

False Easting and Northing (km) at the projection origin  
 (Used only if PMAP= TTM, LCC, or LAZA)  
 (FEAST) Default=0.0 ! FEAST = 0.0 !  
 (FNORTH) Default=0.0 ! FNORTH = 0.0 !

UTM zone (1 to 60)  
 (Used only if PMAP=UTM)

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(IUTMZN) No Default ! IUTMZN = -999 !

Hemisphere for UTM projection?

(Used only if PMAP=UTM)

(UTMHEM) Default: N ! UTMHEM = N !

N : Northern hemisphere projection

S : Southern hemisphere projection

Latitude and Longitude (decimal degrees) of projection origin

(Used only if PMAP= TTM, LCC, PS, EM, or LAZA)

(RLATO) No Default ! RLATO = 34.06179N !

(RLONO) No Default ! RLONO = 117.8192W !

TTM : RLONO identifies central (true N/S) meridian of projection  
RLATO selected for convenience

LCC : RLONO identifies central (true N/S) meridian of projection  
RLATO selected for convenience

PS : RLONO identifies central (grid N/S) meridian of projection  
RLATO selected for convenience

EM : RLONO identifies central meridian of projection

RLATO is REPLACED by 0.ON (Equator)

LAZA: RLONO identifies longitude of tangent-point of mapping plane  
RLATO identifies latitude of tangent-point of mapping plane

Matching parallel(s) of latitude (decimal degrees) for projection

(Used only if PMAP= LCC or PS)

(RLAT1) No Default ! RLAT1 = 33.ON !

(RLAT2) No Default ! RLAT2 = 35.ON !

LCC : Projection cone slices through Earth's surface at RLAT1 and RLAT2

PS : Projection plane slices through Earth at RLAT1  
(RLAT2 is not used)

-----  
Note: Latitudes and Longitudes should be positive, and include a letter N, S, E, or W indicating north or south latitude, and east or west longitude. For example,  
35.9 N Latitude = 35.9N  
118.7 E Longitude = 118.7E

Output Datum-Region

-----  
The Datum-Region for the output coordinates is identified by a character string. Many mapping products currently available use the model of the Earth known as the World Geodetic System 1984 (WGS-84). Other local models may be in use, and their selection in TERREL will make its output consistent with local mapping products. The list of Datum-Regions with official transformation parameters is provided by the National Imagery and Mapping Agency (NIMA).

Datum-region for output coordinates

(DATUM) Default: WGS-84 ! DATUM = WGS-84 !

Horizontal grid definition:

-----  
Rectangular grid defined for projection PMAP,  
with X the Easting and Y the Northing coordinate

No. X grid cells (NX) No default ! NX = !



APPENDIX E

Specify which levels of the Wind component to print  
 (NOTE: W defined at TOP cell face -- 10 values)  
 (IWOUT(NZ)) -- NOTE: NZ values must be entered  
 (0=Do not print, 1=Print)  
 (used only if LPRINT=T & LCALGRD=T)

-----  
 ! IWOUT = 0 , 0 , 0 , 0 , 0 , 0 , 0 , 0 , 0 , 0 !  
 Defaults: NZ\*0

Specify which levels of the 3-D temperature field to print  
 (ITOUT(NZ)) -- NOTE: NZ values must be entered  
 (0=Do not print, 1=Print)  
 (used only if LPRINT=T & LCALGRD=T)

-----  
 ! ITOUT = 0 , 0 , 0 , 0 , 0 , 0 , 0 , 0 , 0 , 0 !  
 Defaults: NZ\*0

Specify which meteorological fields to print  
 (used only if LPRINT=T) Defaults: 0 (all variables)

Variable	Print ? (0 = do not print, 1 = print)	
-----	-----	
! STABILITY =	0	! - PGT stability class
! USTAR =	0	! - Friction velocity
! MONIN =	0	! - Monin-Obukhov length
! MIXHT =	0	! - Mixing height
! WSTAR =	0	! - Convective velocity scale
! PRECIP =	0	! - Precipitation rate
! SENSHEAT =	0	! - Sensible heat flux
! CONVZI =	0	! - Convective mixing ht.

Testing and debug print options for micrometeorological module

Print input meteorological data and  
 internal variables (LDB) Defaults: F ! LDB = F !  
 (F = Do not print, T = print)  
 (NOTE: this option produces large amounts of output)

First time step for which debug data  
 are printed (NN1) Defaults: 1 ! NN1 = 1 !

Last time step for which debug data  
 are printed (NN2) Defaults: 1 ! NN2 = 1 !

Print distance to land  
 internal variables (LDBCST) Defaults: F ! LDBCST = F !  
 (F = Do not print, T = print)  
 (Output in .GRD file DCST.GRD, defined in input group 0)

Testing and debug print options for wind field module  
 (all of the following print options control output to  
 wind field module's output files: TEST.PRT, TEST.OUT,  
 TEST.KIN, TEST.FRD, and TEST.SLP)

APPENDIX E

Control variable for writing the test/debug  
wind fields to disk files (IOUTD)  
(0=Do not write, 1=write) Default: 0 ! IOUTD = 0 !

Number of levels, starting at the surface,  
to print (NZPRN2) Default: 1 ! NZPRN2 = 0 !

Print the INTERPOLATED wind components ?  
(IPR0) (0=no, 1=yes) Default: 0 ! IPR0 = 0 !

Print the TERRAIN ADJUSTED surface wind  
components ?  
(IPR1) (0=no, 1=yes) Default: 0 ! IPR1 = 0 !

Print the SMOOTHED wind components and  
the INITIAL DIVERGENCE fields ?  
(IPR2) (0=no, 1=yes) Default: 0 ! IPR2 = 0 !

Print the FINAL wind speed and direction  
fields ?  
(IPR3) (0=no, 1=yes) Default: 0 ! IPR3 = 0 !

Print the FINAL DIVERGENCE fields ?  
(IPR4) (0=no, 1=yes) Default: 0 ! IPR4 = 0 !

Print the winds after KINEMATIC effects  
are added ?  
(IPR5) (0=no, 1=yes) Default: 0 ! IPR5 = 0 !

Print the winds after the FROUDE NUMBER  
adjustment is made ?  
(IPR6) (0=no, 1=yes) Default: 0 ! IPR6 = 0 !

Print the winds after SLOPE FLOWS  
are added ?  
(IPR7) (0=no, 1=yes) Default: 0 ! IPR7 = 0 !

Print the FINAL wind field components ?  
(IPR8) (0=no, 1=yes) Default: 0 ! IPR8 = 0 !

! END!

-----  
INPUT GROUP: 4 -- Meteorological data options  
-----

NO OBSERVATION MODE (NOOBS) Default: 0 ! NOOBS = 0 !  
0 = Use surface, overwater, and upper air stations  
1 = Use surface and overwater stations (no upper air observations)  
Use MM4/MM5/3D for upper air data  
2 = No surface, overwater, or upper air observations  
Use MM4/MM5/3D for surface, overwater, and upper air data

NUMBER OF SURFACE & PRECIP. METEOROLOGICAL STATIONS

Number of surface stations (NSSTA) No default ! NSSTA = TBD !

Number of precipitation stations  
(NPSTA=-1: flag for use of MM5/3D precip data)  
(NPSTA) No default ! NPSTA = TBD !

APPENDIX E

CLOUD DATA OPTIONS

Gridded cloud fields: (ICLOUD) Default: 0 ! ICLOUD = 0 !  
ICLOUD = 0 - Gridded clouds not used  
ICLOUD = 1 - Gridded CLOUD.DAT generated as OUTPUT  
ICLOUD = 2 - Gridded CLOUD.DAT read as INPUT  
ICLOUD = 3 - Gridded cloud cover computed from prognostic fields

FILE FORMATS

Surface meteorological data file format (IFORMS) Default: 2 ! IFORMS = 2 !  
(1 = unformatted (e.g., SMERGE output))  
(2 = formatted (free-formatted user input))  
Precipitation data file format (IFORMP) Default: 2 ! IFORMP = 2 !  
(1 = unformatted (e.g., PMERGE output))  
(2 = formatted (free-formatted user input))  
Cloud data file format (IFORMC) Default: 2 ! IFORMC = 2 !  
(1 = unformatted - CALMET unformatted output)  
(2 = formatted - free-formatted CALMET output or user input)

! END!

-----  
INPUT GROUP: 5 -- Wind Field Options and Parameters  
-----

WIND FIELD MODEL OPTIONS

Model selection variable (IWFCOD) Default: 1 ! IWFCOD = 1 !  
0 = Objective analysis only  
1 = Diagnostic wind module  
Compute Froude number adjustment effects ? (IFRADJ) Default: 1 ! IFRADJ = 1 !  
(0 = NO, 1 = YES)  
Compute kinematic effects ? (IKINE) Default: 0 ! IKINE = 0 !  
(0 = NO, 1 = YES)  
Use O'Brien procedure for adjustment of the vertical velocity ? (IOBR) Default: 0 ! IOBR = 0 !  
(0 = NO, 1 = YES)  
Compute slope flow effects ? (ISLOPE) Default: 1 ! ISLOPE = 1 !  
(0 = NO, 1 = YES)  
Extrapolate surface wind observations to upper layers ? (IEXTRP) Default: -4 ! IEXTRP = -4 !  
(1 = no extrapolation is done,  
2 = power law extrapolation used,  
3 = user input multiplicative factors for layers 2 - NZ used (see FEXTRP array)  
4 = similarity theory used  
-1, -2, -3, -4 = same as above except layer 1 data at upper air stations are ignored

APPENDIX E

Extrapolate surface winds even if calm? (ICALM) Default: 0 ! ICALM = 0 !  
(0 = NO, 1 = YES)

Layer-dependent biases modifying the weights of surface and upper air stations (BIAS(NZ))  
-1<=BIAS<=1

Negative BIAS reduces the weight of upper air stations (e.g. BIAS=-0.1 reduces the weight of upper air stations by 10%; BIAS= -1, reduces their weight by 100 %)

Positive BIAS reduces the weight of surface stations (e.g. BIAS= 0.2 reduces the weight of surface stations by 20%; BIAS=1 reduces their weight by 100%)

Zero BIAS leaves weights unchanged (1/R\*\*2 interpolation)  
Default: NZ\*0

! BIAS = 0 , 0 , 0 , 0 , 0 , 0 , 0 , 0 , 0 , 0 ,  
0 !

Minimum distance from nearest upper air station to surface station for which extrapolation of surface winds at surface station will be allowed (RMIN2: Set to -1 for IEXTRP = 4 or other situations where all surface stations should be extrapolated)

Default: 4. ! RMIN2 = -1.0 !

Use gridded prognostic wind field model output fields as input to the diagnostic wind field model (IPROG)

Default: 0 ! IPROG = 14 !

(0 = No, [IWFCOD = 0 or 1])

1 = Yes, use CSUMM prog. winds as Step 1 field, [IWFCOD = 0]

2 = Yes, use CSUMM prog. winds as initial guess field [IWFCOD = 1]

3 = Yes, use winds from MM4.DAT file as Step 1 field [IWFCOD = 0]

4 = Yes, use winds from MM4.DAT file as initial guess field [IWFCOD = 1]

5 = Yes, use winds from MM4.DAT file as observations [IWFCOD = 1]

13 = Yes, use winds from MM5/3D.DAT file as Step 1 field [IWFCOD = 0]

14 = Yes, use winds from MM5/3D.DAT file as initial guess field [IWFCOD = 1]

15 = Yes, use winds from MM5/3D.DAT file as observations [IWFCOD = 1]

Timestep (hours) of the prognostic model input data (ISTEPPG)

Default: 1 ! ISTEPPG = 1 !

Use coarse CALMET fields as initial guess fields (IGFMET) (overwrites IGF based on prognostic wind fields if any)

Default: 0 ! IGFMET = 0 !

RADIUS OF INFLUENCE PARAMETERS

Use varying radius of influence (if no stations are found within RMAX1, RMAX2, or RMAX3, then the closest station will be used) Default: F ! LVARY = F!

Maximum radius of influence over land in the surface layer (RMAX1) No default ! RMAX1 = 100. !  
Units: km

Maximum radius of influence over land aloft (RMAX2) No default ! RMAX2 = 200. !  
Units: km

Maximum radius of influence over water (RMAX3) No default ! RMAX3 = 200. !  
Units: km

APPENDIX E

OTHER WIND FIELD INPUT PARAMETERS

Minimum radius of influence used in the wind field interpolation (RMIN)	Default: 0.1 Units: km	! RMIN = 0.1 !
Radius of influence of terrain features (TERRAD)	No default Units: km	! TERRAD = 15. !
Relative weighting of the first guess field and observations in the SURFACE layer (R1) (R1 is the distance from an observational station at which the observation and first guess field are equally weighted)	No default Units: km	! R1 = 50. !
Relative weighting of the first guess field and observations in the layers ALOFT (R2) (R2 is applied in the upper layers in the same manner as R1 is used in the surface layer).	No default Units: km	! R2 = 100. !
Relative weighting parameter of the prognostic wind field data (RPROG) (Used only if IPROG = 1) -----	No default Units: km	! RPROG = 0. !
Maximum acceptable divergence in the divergence minimization procedure (DIVLIM)	Default: 5.E-6	! DIVLIM= 5.0E-06 !
Maximum number of iterations in the divergence min. procedure (NITER)	Default: 50	! NITER = 50 !
Number of passes in the smoothing procedure (NSMTH(NZ)) NOTE: NZ values must be entered Default: 2, (mxnz-1)*4 ! NSMTH =		
2 , 4 , 4 , 4 , 4 , 4 , 4 , 4 , 4 , 4 , 4 !		
Maximum number of stations used in each layer for the interpolation of data to a grid point (NINTR2(NZ)) NOTE: NZ values must be entered	Default: 99.	! NINTR2 =
99 , 99 , 99 , 99 , 99 , 99 , 99 , 99 , 99 , 99 !		
Critical Froude number (CRITFN)	Default: 1.0	! CRITFN = 1. !
Empirical factor controlling the influence of kinematic effects (ALPHA)	Default: 0.1	! ALPHA = 0.1 !
Multiplicative scaling factor for extrapolation of surface observations to upper layers (FEXTR2(NZ)) ! FEXTR2 = 0., 0., 0., 0., 0., 0., 0., 0., 0., 0. ! (Used only if IEXTRP = 3 or -3)	Default: NZ*0.0	

BARRIER INFORMATION

APPENDIX E

Number of barriers to interpolation  
of the wind fields (NBAR)                      Default: 0                      ! NBAR = 0 !

Level (1 to NZ) up to which barriers  
apply (KBAR)                                      Default: NZ                      ! KBAR = 10 !

THE FOLLOWING 4 VARIABLES ARE INCLUDED  
ONLY IF NBAR > 0

NOTE: NBAR values must be entered              No defaults  
for each variable                                  Units: km

X coordinate of BEGINNING  
of each barrier (XBBAR(NBAR))                  ! XBBAR = 0. !

Y coordinate of BEGINNING  
of each barrier (YBBAR(NBAR))                  ! YBBAR = 0. !

X coordinate of ENDING  
of each barrier (XEBAR(NBAR))                  ! XEBAR = 0. !

Y coordinate of ENDING  
of each barrier (YEBAR(NBAR))                  ! YEBAR = 0. !

DIAGNOSTIC MODULE DATA INPUT OPTIONS

Surface temperature (IDI OPT1)                  Default: 0                      ! IDI OPT1 = 0 !  
0 = Compute internally from  
hourly surface observations  
1 = Read preprocessed values from  
a data file (DIAG. DAT)

Surface met. station to use for  
the surface temperature (ISURFT)              No default                      ! ISURFT = TBD !  
(Must be a value from 1 to NSSTA)  
(Used only if IDI OPT1 = 0)

Domain-averaged temperature lapse  
rate (IDI OPT2)                                  Default: 0                      ! IDI OPT2 = 0 !  
0 = Compute internally from  
twice-daily upper air observations  
1 = Read hourly preprocessed values  
from a data file (DIAG. DAT)

Upper air station to use for  
the domain-scale lapse rate (IUPT)              No default                      ! IUPT = TBD !  
(Must be a value from 1 to NUSTA)  
(Used only if IDI OPT2 = 0)

Depth through which the domain-scale  
lapse rate is computed (ZUPT)                  Default: 200.                      ! ZUPT = 200. !  
(Used only if IDI OPT2 = 0)                      Units: meters

Domain-averaged wind components  
(IDI OPT3)                                      Default: 0                      ! IDI OPT3 = 0 !  
0 = Compute internally from  
twice-daily upper air observations  
1 = Read hourly preprocessed values  
a data file (DIAG. DAT)

Upper air station to use for  
the domain-scale winds (IUPWND)              Default: -1                      ! IUPWND = -1 !

APPENDIX E

(Must be a value from -1 to NUSTA)  
 (Used only if IDIOPT3 = 0)  
 -----

Bottom and top of layer through  
 which the domain-scale winds  
 are computed

(ZUPWND(1), ZUPWND(2)) Defaults: 1., 1000. ! ZUPWND= 1., 1000. !  
 (Used only if IDIOPT3 = 0) Units: meters  
 -----

Observed surface wind components  
 for wind field module (IDIOPT4) Default: 0 ! IDIOPT4 = 0 !

0 = Read WS, WD from a surface  
 data file (SURF.DAT)  
 1 = Read hourly preprocessed U, V from  
 a data file (DIAG.DAT)

Observed upper air wind components  
 for wind field module (IDIOPT5) Default: 0 ! IDIOPT5 = 0 !

0 = Read WS, WD from an upper  
 air data file (UP1.DAT, UP2.DAT, etc.)  
 1 = Read hourly preprocessed U, V from  
 a data file (DIAG.DAT)

LAKE BREEZE INFORMATION

Use Lake Breeze Module (LLBREZE) Default: F ! LLBREZE = F !

Number of lake breeze regions (NBOX) ! NBOX = 0 !

X Grid line 1 defining the region of interest ! XG1 = 0. !

X Grid line 2 defining the region of interest ! XG2 = 0. !

Y Grid line 1 defining the region of interest ! YG1 = 0. !

Y Grid line 2 defining the region of interest ! YG2 = 0. !

X Point defining the coastline (Straight line)  
 (XBCST) (KM) Default: none ! XBCST = 0. !

Y Point defining the coastline (Straight line)  
 (YBCST) (KM) Default: none ! YBCST = 0. !

X Point defining the coastline (Straight line)  
 (XECST) (KM) Default: none ! XECST = 0. !

Y Point defining the coastline (Straight line)  
 (YECST) (KM) Default: none ! YECST = 0. !

Number of stations in the region Default: none ! NLB = 0 !  
 (Surface stations + upper air stations)

Station ID's in the region (METBXID(NLB))  
 (Surface stations first, then upper air stations)  
 ! METBXID = 0 !

! END!

APPENDIX E

-----  
 INPUT GROUP: 6 -- Mixing Height, Temperature and Precipitation Parameters  
 -----

EMPIRICAL MIXING HEIGHT CONSTANTS

Neutral, mechanical equation (CONSTB)	Default: 1.41	! CONSTB = 1.41 !
Convective mixing ht. equation (CONSTE)	Default: 0.15	! CONSTE = 0.15 !
Stable mixing ht. equation (CONSTN)	Default: 2400.	! CONSTN = 2400. !
Overwater mixing ht. equation (CONSTW)	Default: 0.16	! CONSTW = 0.16 !
Absolute value of Coriolis parameter (FCOROL)	Default: 1.E-4 Units: (1/s)	! FCOROL = 1.0E-04!

SPATIAL AVERAGING OF MIXING HEIGHTS

Conduct spatial averaging (IAVEZI) (0=no, 1=yes)	Default: 1	! IAVEZI = 1 !
Max. search radius in averaging process (MNMDAV)	Default: 1 Units: Grid cells	! MNMDAV = 1 !
Half-angle of upwind looking cone for averaging (HAFANG)	Default: 30. Units: deg.	! HAFANG = 30. !
Layer of winds used in upwind averaging (ILEVZI) (must be between 1 and NZ)	Default: 1	! ILEVZI = 1 !

CONVECTIVE MIXING HEIGHT OPTIONS:

Method to compute the convective mixing height (IMIXH)	Default: 1	! IMIXH = -1 !
1: Maul-Carson for land and water cells -1: Maul-Carson for land cells only - OCD mixing height overwater 2: Batchvarova and Gryning for land and water cells -2: Batchvarova and Gryning for land cells only OCD mixing height overwater		

Threshold buoyancy flux required to sustain convective mixing height growth overland (THRESHL) (expressed as a heat flux per meter of boundary layer)	Default: 0.05 units: W/m3	! THRESHL = 0.0 !
-------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------	-------------------

Threshold buoyancy flux required to sustain convective mixing height growth overwater (THRESHW) (expressed as a heat flux per meter of boundary layer)	Default: 0.05 units: W/m3	! THRESHW = 0.05 !
--------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------	--------------------

Option for overwater lapse rates used  
in convective mixing height growth

APPENDIX E

(ITWPROG) Default: 0 ! ITWPROG = 0 !  
 0 : use SEA.DAT lapse rates and deltaT (or assume neutral  
 conditions if missing)  
 1 : use prognostic lapse rates (only if IPRG>2)  
 and SEA.DAT deltaT (or neutral if missing)  
 2 : use prognostic lapse rates and prognostic delta T  
 (only if i prog>12 and 3D.DAT version# 2.0 or higher)

Land Use category ocean in 3D.DAT datasets  
 (ILUOC3D) Default: 16 ! ILUOC3D = 16 !  
 Note: if 3D.DAT from MM5 version 3.0, iluoc3d = 16  
 if MM4.DAT, typically iluoc3d = 7

OTHER MIXING HEIGHT VARIABLES

Minimum potential temperature lapse  
 rate in the stable layer above the  
 current convective mixing ht. Default: 0.001 ! DPTMIN = 0.001 !  
 (DPTMIN) Units: deg. K/m  
 Depth of layer above current conv.  
 mixing height through which lapse Default: 200. ! DZZI = 200. !  
 rate is computed (DZZI) Units: meters  
 Minimum overl and mixing height Default: 50. ! ZIMIN = 50. !  
 (ZIMIN) Units: meters  
 Maximum overl and mixing height Default: 3000. ! ZIMAX = 3000. !  
 (ZIMAX) Units: meters  
 Minimum overwater mixing height Default: 50. ! ZIMINW = 50. !  
 (ZIMINW) -- (Not used if observed Units: meters  
 overwater mixing hts. are used)  
 Maximum overwater mixing height Default: 3000. ! ZIMAXW = 3000. !  
 (ZIMAXW) -- (Not used if observed Units: meters  
 overwater mixing hts. are used)

OVERWATER SURFACE FLUXES METHOD and PARAMETERS

(ICOARE) Default: 10 ! ICOARE = 0 !  
 0: original deltaT method (OCD)  
 10: COARE with no wave parameterization (jwave=0, Charnock)  
 11: COARE with wave option jwave=1 (Oost et al.)  
 and default wave properties  
 -11: COARE with wave option jwave=1 (Oost et al.)  
 and observed wave properties (must be in SEA.DAT files)  
 12: COARE with wave option 2 (Taylor and Yelland)  
 and default wave properties  
 -12: COARE with wave option 2 (Taylor and Yelland)  
 and observed wave properties (must be in SEA.DAT files)

Coastal /Shallow water length scale (DSHELF)  
 (for modified z0 in shallow water)  
 ( COARE fluxes only)  
 Default : 0. ! DSHELF = 0. !  
 units: km

COARE warm layer computation (IWARM) ! IWARM = 0 !  
 1: on - 0: off (must be off if SST measured with  
 IR radiometer) Default: 0

COARE cool skin layer computation (ICOO) ! ICOOL = 0 !  
 1: on - 0: off (must be off if SST measured with  
 IR radiometer) Default: 0



APPENDIX E

	1	2				
	Name	ID	X coord. (km)	Y coord. (km)	Time zone	Anem. Ht. (m)
! SS1	' '					
! SS2	' '					
! SS3	' '					
! SS4	' '					
! SS5	' '					

1  
Four character string for station name  
(MUST START IN COLUMN 9)

2  
Six digit integer for station ID

!END!

-----  
INPUT GROUP: 8 -- Upper air meteorological station parameters  
-----

UPPER AIR STATION VARIABLES  
(One record per station -- TBD records in all)

	1	2			
	Name	ID	X coord. (km)	Y coord. (km)	Time zone
! US1	' '				
! US2	' '				
! US3	' '				

1  
Four character string for station name  
(MUST START IN COLUMN 9)

2  
Five digit integer for station ID

!END!

-----  
INPUT GROUP: 9 -- Precipitation station parameters  
-----

PRECIPITATION STATION VARIABLES  
(One record per station -- TBD records in all)  
(NOT INCLUDED IF NPSTA = 0)

	1	2		
	Name	Station Code	X coord. (km)	Y coord. (km)
! PS1	' '			

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```
! PS2 = ' ' !
! PS3 = ' ' !
! PS4 = ' ' !
! PS5 = ' ' !
! PS6 = ' ' !
! PS7 = ' ' !
! PS8 = ' ' !
! PS9 = ' ' !
! PS10 = ' ' !
! PS11 = ' ' !
! PS12 = ' ' !
! PS13 = ' ' !
! PS14 = ' ' !
! PS15 = ' ' !
! PS16 = ' ' !
```

-----  
1 Four character string for station name  
(MUST START IN COLUMN 9)

2 Six digit station code composed of state  
code (first 2 digits) and station ID (last  
4 digits)

! END!

**Appendix 5.1G**  
**Class I Air Quality Related Values Analysis**

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# Alamitos Energy Center Class I Air Quality Related Values Analysis

Prepared for  
**AES Alamitos, LLC**

~~October 23, 2015~~ March 28, 2016

**CH2MHILL®**

2485 Natomas Park Drive  
Suite 600  
Sacramento, CA 95833-2937

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# Class I Air Quality Related Values Analysis

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AES Alamos, LLC (AES) proposes to construct the Alamos Energy Center (AEC or Project) at the existing AES Alamos Generating Station site, located at 690 N. Studebaker Road, Long Beach, California 90803. AES submitted an Application for Certification (AFC) to the California Energy Commission (CEC) in December 2013, which was deemed data adequate by the CEC in March 2014. In November 2014, AES received notice from Southern California Edison (SCE) that it was shortlisted for a power purchase agreement (PPA). The power plant configuration selected by SCE for a PPA was different from the Project configuration in the AFC filed with the CEC. Therefore, AES [submitted a Supplemental AFC \(SAFC\) in October 2015 is required to supplement the AEC AFC to be consistent with the SCE PPA. Since SAFC submittal, AES has proposed revisions to the AEC's operating profile, which affect the emissions estimates. The Class I modeling described in this report has been revised consistent with the proposed operating profile changes.](#)

The AEC will consist of one two-on-one combined-cycle power block and one simple-cycle power block with a combined net generating capacity of 1,040 megawatts (MW). The combined-cycle power block will consist of two General Electric (GE) Frame 7FA.05 natural-gas-fired combustion turbines, one steam turbine, and an air-cooled condenser. Each combustion turbine will be equipped with a heat recovery steam generator without supplemental natural gas firing (duct firing). The combined-cycle power block will also include a natural-gas-fired auxiliary boiler, used to decrease the startup duration and air emissions of the combined-cycle turbines. The simple-cycle power block will consist of four GE LMS-100PB natural-gas-fired combustion turbines and four closed-loop cooling fin fan coolers.

The AEC will be located in the City of Long Beach, Los Angeles County, California. Los Angeles County is in attainment for all federal National Ambient Air Quality Standards (NAAQS) with the exception of ozone, particulate matter less than 2.5 microns in diameter (PM<sub>2.5</sub>), and lead. Effective July 26, 2013, Los Angeles County was reclassified by the U.S. Environmental Protection Agency (EPA) from nonattainment to maintenance for particulate matter less than 10 microns in diameter (PM<sub>10</sub>) (78 Federal Register 38223).

The AEC will be permitted through the South Coast Air Quality Management District (SCAQMD) New Source Review (NSR) permitting process. Because the AEC is also categorized as one of the 28 Prevention of Significant Deterioration (PSD) major source categories (40 Code of Federal Regulations [CFR] 52.21(b)(1)(i)), the Project is subject to PSD permitting requirements if the net emission increase from the Project exceeds 100 tons per year (tpy) for any regulated pollutant for which the area is designated as attainment, maintenance, or unclassified, with the exception of greenhouse gases (GHG). The threshold for GHGs is a net increase of 100,000 tpy.

The Project's potential to emit (PTE) is expected to exceed PSD significant emission increases for nitrogen oxides (NO<sub>x</sub>), which is an attainment pollutant; carbon monoxide (CO), which is an attainment pollutant; volatile organic compounds (VOC); and PM<sub>10</sub>, for which the area is designated as maintenance. Therefore, the Project will be required to conduct an analysis at Class I areas for which NO<sub>x</sub> and PM<sub>10</sub> could affect Air Quality Related Values (AQRV) (40 CFR 51.166(p)(2)).<sup>1</sup> Class I AQRVs affected by significant increases in NO<sub>x</sub> and PM<sub>10</sub> are visibility and total nitrogen deposition.

This report summarizes the modeling methodology used to evaluate the Project's impacts to air quality with respect to AQRVs at the federally-designated Class I areas within 300 kilometers (km) of the Project site. This report has been prepared based on the Class I AQRV modeling Protocol (CH2M, 2015), EPA *Guideline on Air Quality Models* (EPA, 2005), Interagency Workgroup on Air Quality Modeling (IWAQM) Phase 2 report (EPA, 1998), and the Federal Land Managers' (FLM) Air Quality Related Values Work Group (FLAG) guidance document (FLM, 2010).

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<sup>1</sup> No air dispersion modeling demonstration is required for CO and VOC.

## Project Description

The AEC will have a net generating capacity of 1,040.4 MW. The Project location is presented in Figure 1. An estimate of the annual AEC PTE criteria pollutant emissions are presented in Table 1. The PTE estimates are based on the following:

- GE 7FA.05s: ~~8024~~ cold startups, ~~88100~~ warm startups, ~~33276~~ hot startups, 500 shutdowns, and 4,100 hours of steady-state operation at 100 percent load and 65.3 degrees Fahrenheit (°F) per turbine per year
- GE LMS-100PBs: 500 hot startups, 500 shutdowns, and 2,000 hours of steady-state operation at 100 percent load and 65.3°F per turbine per year
- Auxiliary boiler: 120 startups and ~~189,155 million British thermal units (MMBtu) of fuel consumption~~ ~~365 days of operation at 100 percent load~~ per year

TABLE 1

**Annual Facility Emission Estimates**

Facility	Facility Emission Totals – Tons Per Year (Estimate)						
	NO <sub>x</sub>	SO <sub>2</sub>	PM <sub>10</sub>	PM <sub>2.5</sub>	VOC	CO	H <sub>2</sub> SO <sub>4</sub>
AEC (PTE)	<del>134136</del>	11.3	<del>69.53</del>	<del>69.53</del>	<del>66.9493</del>	<del>25346</del>	<del>0.475</del>

Notes:

SO<sub>2</sub> = sulfur dioxidePM<sub>2.5</sub> = particulate matter with a diameter less than 2.5 micronsH<sub>2</sub>SO<sub>4</sub> = sulfuric acid

## Screening Methodology for Class I AQRVs

Consistent with the AQRV Protocol, the AQRV screening methodology identified in the *Federal Land Managers' Air Quality Related Values Work Group Phase I Report—Revised (2010)* (FLAG 2010; National Park Service [NPS], 2008) was used. FLAG 2010 allows an emissions/distance (Q/D) factor of 10 to be used to screen out from AQRV review sources located greater than 50 km from a Class I area. This screening criterion applies to all AQRVs such that where Q/D is 10 or less for a given Class I area, no further AQRV review is required for that area.

For purposes of applying the Q/D screening criterion, emissions (Q) are calculated as the AEC's total SO<sub>2</sub>, PM<sub>10</sub>, NO<sub>x</sub>, and H<sub>2</sub>SO<sub>4</sub> annual emissions (in tpy, based on 24-hour allowable emissions). The emission rates used for the Q/D screening step are extremely conservative (i.e., modeled results overstate potential impacts compared to expected impacts based on actual operations) and may exceed the plant site emission limits requested in this application. This is because FLAG 2010 specifies that the emission rates used in the screening step must reflect the annual emissions as if the 24-hour maximum emission rates were to occur every day, regardless of whether the Facility will operate in that manner. Once calculated, the emissions (Q) are divided by the distance (D in km) from the Class I area.

In order to evaluate the potential impacts on Class I areas near the AEC site, all Class I areas within 300 km of the AEC were identified. The identified Class I areas are summarized in Table 2 and presented, relative to the Project site, in Figure 1. Based on this survey, the San Gabriel Wilderness, which is approximately 53 km from the AEC site, was identified as the nearest Class I area.

TABLE 2  
Nearest Class I Areas

Class I Area	Distance (km)
San Gabriel Wilderness	53.5
Cucamonga Wilderness	63.6
Agua Tibia Wilderness	104.5
San Gorgonio Wilderness	111.8
San Jacinto Wilderness	123.5
Joshua Tree Wilderness	153.7
San Rafael Wilderness	175.1
Domeland Wilderness	214.8

Table 3 summarizes the potential maximum allowable emissions of each of the pollutants used to calculate Q.

TABLE 3  
Maximum Facility Calculated Q\*

Units	Pollutant				Total
	NO <sub>x</sub>	SO <sub>2</sub>	PM <sub>10</sub>	H <sub>2</sub> SO <sub>4</sub>	
Maximum lb/hr (Facility)	66	16	42	1	
lb/day (Facility)	1,591 <del>5</del>	393 <del>1</del>	1,019 <del>4</del>	16	
	580,882 <del>2,02</del>	143,387 <del>2,76</del>	371,766 <del>0,00</del>		
lb/yr (Facility)	4	9	3	5,980 <del>9</del>	
<b>Facility Total tpy (Q)</b>	<b>290<del>1</del></b>	<b>72<del>1</del></b>	<b>186<del>5</del></b>	<b>3</b>	<b>551<del>0</del></b>

Notes:

Q = a theoretical value based on the maximum daily 24-hour emission rate assuming all proposed units at the AEC would be operating at maximum capacity every day of the year.

lb/hr = pound(s) per hour

lb/day = pound(s) per day

lb/yr = pound(s) per year

Using the emissions in Table 1 and the distance from Table 2, the Q/D for each Class I area is presented in Table 4.

TABLE 4  
**Screening for Class I Areas within 300 km of AEC**

Class I Areas	Distance to AEC (km)	Class I AQRV Q/D (24-hour Max)*
San Gabriel Wilderness	53.5	<b>10.3</b>
Cucamonga Wilderness	63.6	8.7
Agua Tibia Wilderness	104.5	5.3
San Gorgonio Wilderness	111.8	4.9
San Jacinto Wilderness	123.5	4.5
Joshua Tree Wilderness	153.7	3.6
San Rafael Wilderness	175.1	3.1
Domeland Wilderness	214.8	2.6

Notes:

\*Class I AQRV Q/D calculated as total tpy identified in Table 1, divided by the distance to the nearest Class I area.

**Bold** values indicate an exceedance of the screening criterion (10).

Based on the Q/D screening analysis, a far-field AQRV analysis was required for the San Gabriel Wilderness areas. All other Class I areas are below the FLM screening criterion; therefore, the Project will not adversely affect AQRVs at these areas. However, consistent with the Class I areas proposed in the AQRV Protocol (CH2M, 2015), the Cucamonga, Agua Tibia, and San Gorgonio Wilderness areas were also evaluated in the AQRV analysis for Project impacts on visibility and total nitrogen deposition. These four areas were evaluated as consistent with the previous conversations with the FLMs (November 2013 call).

## CALMET

Consistent with the Class I AQRV protocol (CH2M, 2015) the previous Class I area AQRV modeling utilized CALMET windfields for 2006 through 2008 which were processed with the guidance of, and then approved by, the FLMs on December 6, 2013. Since that submittal, the model versions of CALMET and EPA and IWAQM guidance for processing meteorological data have remained unchanged. Therefore, the previous windfields processed by CALMET for the PSD Class I AQRV modeling will be utilized for this Class I analysis.

## Source Inputs

Based on the AEC's emission profiles, the stack parameters associated with 100 percent load at average ambient conditions were used for this analysis for each turbine. The analysis conservatively assumed that all six turbines would be operating at the same time at full load. Particulate emission rates are total particulate emissions and include H<sub>2</sub>SO<sub>4</sub>.

Speciation of emissions was calculated using the FLM-recommended values for natural gas combustion turbines. The FLMs have developed a workbook for speciating PM emissions and a copy of the workbook is in Appendix A<sup>2</sup>. Table 5 summarizes the source parameters.

<sup>2</sup> <http://www2.nature.nps.gov/air/permits/ect/index.cfm>

TABLE 5  
Stack Parameters

Source No.	LCC X Coordinate (km, WGS84)	LCC Y Coordinate (km, WGS84)	Stack Height (m)	Base Elevation (m)	Stack Diameter (m)	Exit Vel. (m/s)	Exit Temp. (deg. K)
7FA01	-68.5547	-3.9364	42.67	4.572	6.10	20.12	373.71
7FA02	-68.5548	-3.9805	42.67	4.572	6.10	20.12	373.71
LMS01	-68.361	-3.7308	24.38	4.572	4.11	33.12	698.37
LMS02	-68.3612	-3.7461	24.38	4.572	4.11	33.12	698.37
LMS03	-68.3616	-3.8578	24.38	4.572	4.11	33.12	698.37
LMS04	-68.3616	-3.8733	24.38	4.572	4.11	33.12	698.37
ABOIL	-68.5263	-4.0419	24.38	4.572	0.91	21.18	432.04

Notes:

LCC = Lambert Conformal Conic

Vel. = Velocity

Temp. = temperature

Table 6 summarizes the emissions for the modeled sources.

TABLE 6  
Emission Rates

Source No.	SO <sub>2</sub> (lb/hr)	SO <sub>4</sub> (lb/hr)	NO <sub>x</sub> (lb/hr)	HNO <sub>3</sub> (lb/hr)	NO <sub>3</sub> (lb/hr)	PMC (lb/hr)	SOA (lb/hr)	PMF (lb/hr)	EC (lb/hr)
7FA01	<del>3.205260.40</del> 386	<del>2.403950.30</del> 29	<del>19.764477.1</del> 82	0	0	0	<del>3.971050.48</del> 964	0	<del>2.1250.2677</del> 5
7FA02	<del>3.205260.40</del> 386	<del>2.403950.30</del> 29	<del>19.764477.1</del> 82	0	0	0	<del>3.971050.48</del> 964	0	<del>2.1250.2677</del> 5
LMS01	<del>1.078830.13</del> 593	<del>0.809120.10</del> 195	<del>9.347952.77</del> 559	0	0	0	<del>3.865870.47</del> 925	0	<del>1.558330.19</del> 635
LMS02	<del>1.078830.13</del> 593	<del>0.809120.10</del> 195	<del>9.347952.77</del> 559	0	0	0	<del>3.865870.47</del> 925	0	<del>1.558330.19</del> 635
LMS03	<del>1.078830.13</del> 593	<del>0.809120.10</del> 195	<del>9.347952.77</del> 559	0	0	0	<del>3.865870.47</del> 925	0	<del>1.558330.19</del> 635
LMS04	<del>1.078830.13</del> 593	<del>0.809120.10</del> 195	<del>9.347952.77</del> 559	0	0	0	<del>3.865870.47</del> 925	0	<del>1.558330.19</del> 635
ABOIL	<del>0.030160.00</del> 432	<del>0.022620.00</del> 324	<del>0.158730.05</del> 352	0	0	0	<del>0.096430.02</del> 71	0	<del>0.039680.01</del> 025

Notes:

SO<sub>4</sub> = sulfate

PMC = condensable PM

SOA = secondary organic aerosols

PMF = filterable PM

EC = elemental carbon

## Class I Far-Field Visibility Analysis

Following the procedures outlined in the Class I AQRV Protocol (CH2M, 2015), the CALPUFF modeling system was used to determine AEC's potential impacts on visibility in the four Class I areas identified in Table 7. The CALPOST post-processor (version 6.221) was used to calculate the potential change in background light extinction at each Class I area analyzed. The Method 8, mode 5 option in CALPOST was used.

Conservatively, the ambient background concentrations of light attenuating pollutants for the four Class I areas included in this analysis were based on the 20 percent best day visibility conditions in those areas.

Table 7 summarizes the results of the far-field visibility modeling. The table conservatively compares the maximum modeled change in light extinction potentially attributable to AEC's impacts to the FLAG 2010 visibility guideline threshold of 5.00 percent change in light extinction as compared to background.

TABLE 7  
AEC Class I Visibility Impacts – Percent Change in Light Extinction

Class I Area	Percent Change in Light Extinction*
San Gabriel Wilderness	<del>2.550</del> .44%
Cucamonga Wilderness	<del>2.230</del> .39%
Agua Tibia Wilderness	<del>3.050</del> .59%
San Gorgonio Wilderness	<del>2.040</del> .31%
<b>Class I Visibility Guideline Threshold</b>	<b>5.00%</b>

\*Results represent the maximum ~~98<sup>th</sup> percentile~~ 24-hour impact

The results of the AEC far-field visibility impacts modeling, as shown in Table 7, demonstrate that the Project's potential visibility impacts in the four Class I areas will not equal or exceed the Class I visibility guideline threshold.

## Class I Total Nitrogen Deposition Analysis

Following the procedures outlined in the Class I AQRV Protocol (CH2M, 2015), atmospheric deposition at the four Class I areas was assessed through an analysis of total nitrogen deposition potentially resulting from AEC.

For each of those four Class I areas, the total nitrogen deposition analysis was conducted with the EPA-approved CALPUFF modeling system. This analysis compared the modeled AEC total nitrogen deposition in each of those four Class I areas to the Deposition Analysis Threshold (DAT) of 0.005 kilogram per hectare per year (kg/ha/yr) developed by the FLMs for Class I areas located in the western United States. The DAT is a screening threshold that identifies the amount of added nitrogen deposition within a Class I area below which estimated impacts from a proposed new source are considered negligible (FLAG 2010). The 0.005 kg/ha/yr DAT conservatively assumes a 0.25 kg/ha/yr background for all Class I areas located west of the Mississippi River.

Table 8 summarizes the results of the total nitrogen deposition modeling analysis, applying the 0.005 kg/ha/yr DAT to the four Class I areas analyzed.

TABLE 8  
**Total Modeled Nitrogen Deposition**

Class I Area	Total Nitrogen Deposition (kg/ha/yr)
San Gabriel Wilderness	<del>0.000770-00023</del>
Cucamonga Wilderness	<del>0.001080-00032</del>
Agua Tibia Wilderness	<del>0.001070-00034</del>
San Gorgonio Wilderness	<del>0.001150-00034</del>
<b>Class I DAT</b>	<b>0.005</b>

The modeling results presented in Table 8 demonstrate that the increase of total nitrogen deposition potentially resulting from the AEC will not have a significant adverse impact in the four Class I areas analyzed.

## Conclusion

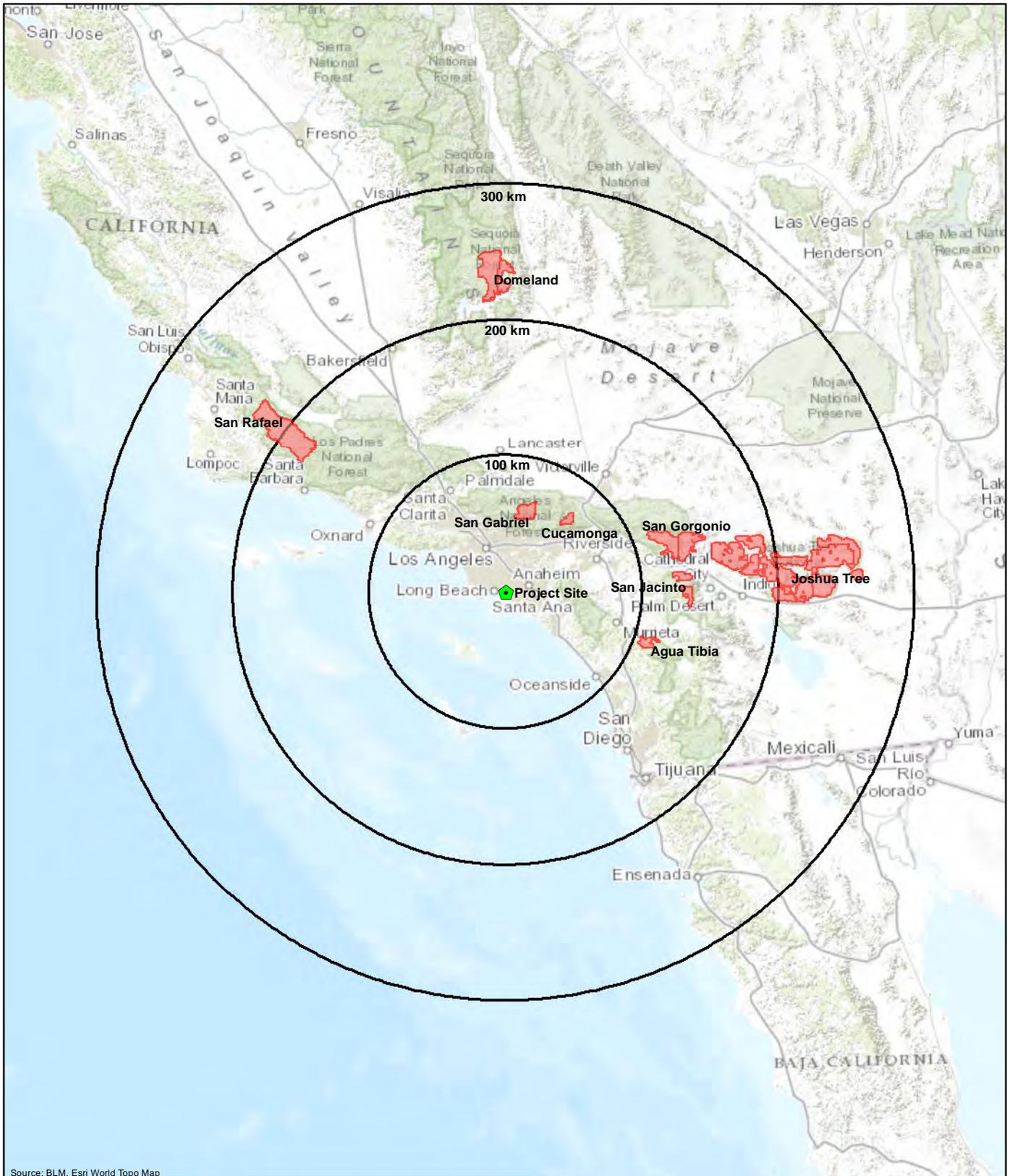
Based on the analysis above, the AEC would not adversely impact AQRVs at Class I areas within 300 km of the Project site. All modeling files used are in Appendix B on a CD-ROM.

## References

- CH2M HILL Engineers, Inc. (CH2M). 2015. Air Quality Related Values at Class I Areas Near the Alamos Energy Center October.
- EPA. 1998. *Interagency Workgroup on Air Quality Modeling (IWAQM) Phase 2 Summary Report and Recommendations for Modeling Long Range Transport Impacts, Report*. December.
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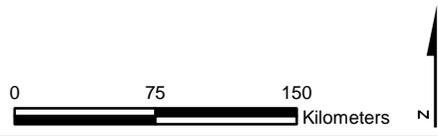
**Figure**

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Source: BLM, Esri World Topo Map

- Legend**
-  Project Buffer (100 km intervals)
  -  Wilderness Areas



**FIGURE 1**  
**Class I Area Map**  
 Alamos Energy Center  
 Long Beach, California  
 March 2016

**Appendix A**  
**FLM Emission Speciation Worksheet**

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**Consensus Gas-fired Turbine Example**

Example of Consensus Approach where H2SO4 emissions are not provided by applicant  
 Applicant's estimates are in **BOLD**.

Turbine	Heat Input	Filterable PM (25% Estimate)		Condensable PM (75% Estimate)		Total PM (Applicant)		SO2 (Applicant)	
	(mmBtu/hr)	(lb/mmBtu)	(lb/hr)	(lb/mmBtu)	(lb/hr)	(lb/mmBtu)	(lb/hr)	(gr/100scf)	(lb/hr)
<b>GE 7FA.05</b>	<b>2275</b>		<b>2.13</b>		<b>6.38</b>		<b>8.50</b>	<b>2.0</b>	<b>4.81</b>

SO4
(lb/hr)
<b>2.40</b>

SO2 (Applicant-33%)
(lb/hr)
<b>3.21</b>

Organic Carbon
(lb/hr)
<b>3.97</b>

**Impact of Consensus Combined Cycle Turbine Example on Extinction**

Type	Name	Extinction Coef.	f(RH)*	Efficiency	Emissions (lb/hr)	Total Relative bext 1/Mm
Filterable	EC	10		10	2.13	21.25
Inorganic CPM	SOIL	1		1		0.00
Inorganic CPM	SO4	3	2	6	2.40	14.42
Organic CPM	SOA	4		4	3.97	15.88
						51.56

\* f(RH) will vary

comparison from AP-42

Turbine	Heat Input	Filterable PM (AP-42)		Condensable PM (AP-42)		Total PM (AP-42)		SO2 (AP-42)		
	(mmBtu/hr)	(lb/mmBtu)	(lb/hr)	(lb/mmBtu)	(lb/hr)	(lb/mmBtu)	(lb/hr)	(lb/mmBtu)	%S	(lb/hr)
<b>GE 7FA.05</b>	<b>2275</b>	<b>0.0019</b>	<b>4.32</b>	<b>0.0047</b>	<b>10.69</b>	<b>0.0066</b>	<b>15.02</b>	<b>0.94</b>	<b>0.004</b>	<b>7.74</b>

## **Appendix B**

### **Modeling Files**

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**Modeling Files**  
**Provided on CD**

**Attachment 2**  
**SAFC Section 5.2, Biological Resources**

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## 5.2 Biological Resources

This section describes the potential effects of the construction and operation of the Alamitos Energy Center (AEC) on biological resources. Section 5.2.1 presents the project setting and Section 5.2.2 discusses the affected environment, including an overview of the region, habitats and vegetation communities, and special-status species. Section 5.2.3 presents an environmental analysis of the project, including standards of significance, potential impacts of construction and operation of the AEC facility, and impacts to special-status species. Section 5.2.4 describes cumulative effects. Section 5.2.5 proposes mitigation measures. Section 5.2.6 describes the laws, ordinances, regulations, and standards (LORS) that apply to the project. Section 5.2.7 states that no additional permits are required, and Section 5.2.8 contains the references used to prepare this section.

### 5.2.1 Setting

AES Alamitos Energy, LLC, will construct, own, and operate the AEC, a natural-gas-fired, air-cooled, combined-cycle and simple-cycle, electrical generating facility in Long Beach, California. The proposed AEC will have a nominal generating capacity of 1,040 megawatts (MW). The AEC will be constructed on the site of the existing AES Alamitos Generating Station (AGS), located on an approximately 21-acre site within a larger, 71.1-acre parcel.

The AEC will feature two gas turbine power blocks. Combined-cycle power block will consist of two natural-gas-fired combustion turbine generators (CTG) in a combined-cycle configuration, two unfired heat recovery steam generators (HRSG), one steam turbine generators, an air-cooled condenser, an auxiliary boiler, and related ancillary equipment. Simple-cycle power block will consist of four simple-cycle LMS-100PB CTGs with fin-fan coolers and ancillary facilities.

The AEC will meet the demand for new generation in the Los Angeles basin local electrical reliability area. The demand is caused in large part by the closure of the San Onofre Nuclear Generating Station and the anticipated retirement of the older, natural-gas-fired generation currently using once-through ocean water-cooling (OTC). As a result of the promulgation of the California State Water Resources Control Board's (SWRCB) *Water Quality Control Policy on the Use of Coastal and Estuarine Waters for Power Plant Cooling* (SWRCB, 2010), more than 4,000 MW of OTC generation are expected to be retired in the Los Angeles local electrical reliability area by December 31, 2020.

The AEC will use water provided by the City of Long Beach Water Department (LBWD) for construction, operational process, and sanitary uses but at substantially lower volumes than the existing AGS historically has used. This water will be supplied through existing, onsite water lines. The AEC will include a new, 1,000-foot process/sanitary wastewater pipeline to the first point of interconnection with the existing LBWD sewer system, ~~the potential upgrade of an additional 4,000 feet of existing pipeline downstream from the first point of interconnection,~~ and the elimination of the current practice of treatment and discharge of process/sanitary wastewater to the San Gabriel River. Stormwater runoff from the power block areas will be directed to oil/water separators and to an existing retention basin and then ultimately discharged to the Los Cerritos channel via existing stormwater outfalls.

The AEC will interconnect to the existing, Southern California Edison (SCE) 230-kilovolt (kV) switchyard adjacent to the north side of the AGS. Natural gas will be supplied to the AEC via the existing, offsite, 30-inch-diameter pipeline owned and operated by Southern California Gas Company (SoCalGas) that currently serves Units 5 and 6 of the AGS. The AEC will require construction of new natural gas-metering facilities and construction of two new natural gas compressor buildings within the AEC footprint.

The AEC is designed to serve both peak and intermediate loads with the added capabilities of rapid startup, significant turndown capability (ability to turn down to a low load), and fast ramp rates. As California's intermittent renewable energy portfolio continues to grow, operating in either load-following or partial shutdown mode will become necessary to maintain electrical grid reliability, thus placing an increased

importance upon the rapid startup, high turndown, steep ramp rate, and superior heat rate employed at the AEC.

As an in-basin generating asset, the AEC will provide local generating capacity, voltage support, and reactive power that are essential for transmission system reliability in the Western Los Angeles basin subarea and larger Los Angeles basin local reliability area. The AEC will be able to provide system stability by supplying reactive power, voltage support, frequency stability, and rotating mass in the heart of the critical Western Los Angeles local reliability area. By virtue of its location in a transmission constrained load center, the AEC also helps to avoid potential transmission line overloads and can provide reliable local energy supplies when electricity from more distant generating resources is unavailable. In recognition of its critical grid reliability benefits, the AEC combined-cycle CTGs were selected by SCE in its Local Capacity Requirements Request for Offer on November 5, 2014, and the simple-cycle CTGs will meet the capacity needs anticipated to be identified in future California Public Utilities Commission Long-term Procurement Plans.

Owing to the critical need for generating capacity at the AEC site at all times, existing Units 1 through 6 will remain in operation through much of the AEC development and construction. Given that the removal of existing Units 1 through 6 is not required for construction of the AEC, the continued operation of the AGS will not impede AEC construction. Demolition of the retired and decommissioned turbine peaking generating Unit 7 and fuel tank, ancillary equipment, small maintenance shops, and two retention basins will be required for site preparation for the construction of the AEC. Construction and site preparation activities at the AEC site are anticipated to last 56 months, from the first quarter of 2017 until the third quarter of 2021. The project will commence construction with the removal of former Unit 7's building and ancillary equipment, fuel storage tank, tank berms, small maintenance shops, and two wastewater retention basins in January 2017 to make room for construction and laydown area for the AEC [combined-cycle gas turbine block \(CCGT\)](#). Construction of the AEC CCGT will commence during the second quarter of 2017 and will be completed by the second quarter of 2020. The AEC CCGT is expected to commence commercial operation before May 1, 2020. Construction of the AEC [simple-cycle gas turbine block \(SCGT\)](#) is scheduled to proceed from the second quarter of 2020 through the third quarter of 2021, and ~~Power Block 2~~ is expected to commence commercial operation in the third quarter of 2021. ~~A temporary construction access road may be constructed offsite beginning at the intersection of Studebaker Road and Loynes Drive traveling southeast to the AEC site.~~ Construction of the AEC will require the use of onsite laydown areas (approximately 8 acres dispersed throughout the existing site) and an approximately 10-acre laydown area located adjacent to the existing site.

## 5.2.2 Affected Environment

This section provides an overview of the region, including discussions of wetlands and other natural resource areas, habitats, designated critical habitat, and special-status plants and animals.<sup>1</sup> The regional overview of the project area includes, but is not limited to, the area within 10 miles of the AEC site.

The AEC site is approximately 10 to 15 feet above mean sea level and can be found on the U.S. Geological Survey (USGS) Los Alamitos, California 7.5-minute series topographic quadrangle within Section 02, Township 05 north, Range 12 west (San Bernardino Meridian). The AEC site is located 0.25 mile south of State Route (SR) 22 and north of Westminster Avenue. Land use in the region primarily includes urban development, industrial areas, undeveloped land, parklands, open space, and wetlands preserves.

A description of regional biogeography, wetlands and other sensitive natural resources was obtained from reference sources including, but not limited to, the *Ecological Subregions of California* (United States Department of Agriculture [USDA], 1997), the California Department of Fish and Wildlife (CDFW) *Biological Information and Observation System* (BIOS, 2015), and the *California Wetlands Information System*

<sup>1</sup> As used in this AFC, the term "special-status" species does not mean listed as threatened, endangered or candidate species under the federal Endangered Species Act or the California Endangered Species Act. Instead, the term "special-status" species is a more expansive term, employed by many agencies. The term special-status has no relationship to the legal status of any particular species.

(DWR, 2007). The U.S. Fish and Wildlife Service (USFWS) National Wetlands Inventory (NWI) was also queried to determine the location of reported wetlands in proximity to the site (USFWS, 2015). These sources, as well as aerial photographs and USGS topographical maps, were consulted to determine the terrestrial and aquatic biological resources with potential to occur within 10 miles of the AEC site.

A list of sensitive biological resources for the region including natural communities and special-status plant and wildlife species was compiled for the project using the CDFW California Natural Diversity Database (CNDDDB) RareFind database (CDFW, 2015b) as well as other publicly available studies, information and resources. A list of potentially occurring sensitive biological resources was generated for the region based on the combined results of these reference sources. Appendix 5.2A includes tables listing regional special-status plant and wildlife species, Appendix 5.2B provides a CNDDDB RareFind checklist and Appendix 5.2C is a list of observed species during the site reconnaissance survey.

### 5.2.2.1 Threatened, Endangered, Candidate or Special-Status Species Onsite

**Threatened, Endangered, Candidate or Special-status - Plant Species.** Based on the previously developed nature of the existing AGS, there are no significant biological resources on the AEC site. No federal or state threatened, endangered or candidate plant species occur on the AEC site. No natural habitats or wetlands are present at the existing AGS property. No special-status plant species occur on the AEC site.

**Threatened, Endangered, Candidate, or Special-Status - Wildlife Species.** No federal or state listed threatened, endangered or candidate wildlife species occur on the AEC site or AGS property. No special-status wildlife species occur on the AEC site or AGS property. No natural habitats or wetlands are present on the AEC site or AGS property.

### 5.2.2.2 Threatened, Endangered, Candidate, or Special-Status Species within a 1-Mile Radius

**Threatened, Endangered, Candidate, or Special-status Plant Species.** The AEC is located entirely within existing developed areas dominated by landscaping plants and sparse patches of ruderal vegetation. There is no natural habitat; therefore, the AEC will not affect any special-status plant species.

Seven special-status plant species have been documented within a 1-mile radius of the AEC site, which include the following:

- **Coast woolly-heads** (*Nemacaulis denudata* var. *denudata*; California Native Plant Society [CNPS] Rare Plant Rank 1B.2) occurs in dunes and coastal habitats (Calflora, 2015).
- **Coulter's goldfields** (*Lasthenia glabrata* ssp. *coulteri*; Rare Plant Rank 1B.1) occurs in coastal salt marshes, playas, and vernal pools (CDFW, 2015b).
- **Estuary seablite** (*Suaeda esteroa*; Rare Plant Rank 1B.2) occurs in coastal salt marshes in clay, silt, and sand substrates (CDFW, 2015b).
- **Mud nama** (*Nama stenocarpa*; Rare Plant Rank 2B.2) occurs in marshes and swamps (CDFW, 2015b).
- **Salt marsh bird's beak** (*Chloropyron maritimum* ssp. *maritimum*; federally- and state-listed endangered, Rare Plant Rank 1B.2) occurs within the higher zones of salt marshes (CDFW, 2015b).
- **Salt Spring checkerbloom** (*Sidalcea neomexicana*; Rare Plant Rank 2B.2) occurs in playas, chaparral, coastal scrub, lower montane coniferous forest, and Mojavean desert scrub habitats (CDFW, 2015b).
- **San Bernardino aster** (*Symphotrichum defoliatum*; Rare Plant Rank 1B.2) occurs in meadows and seeps, cismontane woodland, coastal scrub, lower montane coniferous forest, marshes and swamps, valley and foothill grassland habitats (CDFW, 2015b).
- **Southern tarplant** (*Centromadia parryi* ssp. *australis*; Rare Plant Rank 1B.1) typically occurs in seasonally moist (saline) grasslands and in lowlands near the coast (Calflora, 2015).

There is no suitable habitat for these species within the AEC site.

**Threatened, Endangered, Candidate, or Special-Status Wildlife Species.** Within a 1-mile radius of the AEC site, one federally and state-listed endangered bird species (California least tern [*Sterna antillarum browni*]), one federally threatened reptile species (green sea turtle [*Chelonia mydas*]), and one state-listed endangered bird species (Belding's savannah sparrow [*Passerculus sandwichensis beldingi*]) have been documented (CDFW, 2015b). No state fully protected species have been observed within 1 mile of the AEC site. Three state species of special concern (SSC), including one reptile (coast horned lizard [*Phrynosoma blainvillii*]), one bird species (burrowing owl [*Athene cunicularia*]), and one mammal species, the south coast marsh vole (*Microtus californicus stephensi*) included on the CDFW Special Animals list were reported (CDFW, 2015b). Five invertebrate species (western tidal-flat tiger beetle [*Cicindela gabbii*], sandy beach tiger beetle [*Cicindela hirticollis gravid*], western beach tiger beetle [*Cicindela latesignata latesignata*], senile tiger beetle [*Cicindela senilis frosti*], and monarch butterfly [*Danaus plexippus*]) that are included on the CDFW Special Animals list were documented (CDFW, 2015b). Of these five invertebrate species, the monarch butterfly is also a species of common conservation concern by the United Nations Environment Programme (UNEP) and U.S. Forest Service (USFS) species of special concern. Descriptions of these species are provided in the following sections.

**Federal Endangered Species Act Species.** One federally listed bird species and one federally listed reptile species have been documented within 1 mile of the AEC site. There is no suitable forage or nesting habitat for these species on the AEC site.

- **California Least Tern** – California least tern is a federally and state-listed endangered species. This species has long narrow wings and a broad forked tail. The body is white with pale gray and it has black tipped wings. The head is black capped with a white streak across the forehead and the bill is yellow with a black tip. This species forages for fish in open water habitats including near-shore ocean waters, tidal channels, and estuaries. This species breeds along the California coast from the San Francisco Bay into Northern Baja California. Nest sites include open sandy areas, dirt, and dry mud near suitable foraging habitat. Two acres have been established at the Los Cerritos Wetlands as a California least tern nesting site (City of Long Beach, 2006), but nesting has not been observed at this location (CDFW, 2015b).
- **Green Sea Turtle** – Green sea turtle is a federally threatened species throughout its Pacific range. The geographic range of the green sea turtle population in the Pacific Ocean is hard to define because this species is highly migratory; therefore, the western coasts of the United States, Canada, and Mexico constitute shared habitat for Pacific green sea turtles (National Marine Fisheries Service and USFWS, 1998). This species is the largest of the cheloniids and adults can exceed 1-meter carapace length and 100 kg in weight. They are common as far north as San Quintin Bay in Baja California, but uncommon along the California coast (CaliforniaHerps, 2013). No nesting habitat has been identified within the west coast of the United States. This species has been documented regularly in San Diego Bay because of warm water effluent from a power generating station (National Marine Fisheries Service and USFWS, 1998). Another small colony has taken up residence where warm water is discharged into the brackish mouth of the San Gabriel River from the existing Long Beach power plants (the Los Angeles Department of Water and Power's Haynes Generating Station and AES AGS) (CaliforniaHerps, 2013). A green sea turtle was observed in the area within the San Gabriel River Channel in 2010 between East 2nd Street and East 7th Street (CDFW, 2015b).

**California Endangered Species Act Species.** One bird species listed under the California Endangered Species Act (CESA) has been observed west of the AEC site, within the same general area as the Los Cerritos Wetlands.

- **Belding's Savannah Sparrow** – Belding's savanna sparrow is a state-listed endangered species. This subspecies is distinguished from the more common northern subspecies by a longer and thicker bill, darker and thicker streaks on the underside, darker and coarser streaks on the upper side, and darker marks on the face. Belding's savanna sparrows occur in coastal salt marshes from Santa Barbara south to

San Diego. This species forages on the ground for insects, snails and other invertebrates, and seeds. Breeding appears to begin in early March. Nests are constructed on the ground in areas of dense vegetation including pickleweed and salt grass. Belding's savannah sparrows have been documented in the Bolsa Chica wetlands and the Seal Beach National Wildlife Refuge and in the same general area as the Los Cerritos Wetlands (CDFW, 2015b).

**State Fully Protected Species.** No state fully protected species have been observed within 1 mile of the AEC site.

**CDFW Species of Concern.** Three CDFW species of special concern, the coast horned lizard, burrowing owl, and South coast marsh vole, have been reported within 1 mile of the AEC site (CDFW, 2015b). Coast horned lizard occurs in valley-foothill hardwood, conifer and riparian habitats, pine-cypress, juniper, and annual grassland habitats throughout the central and southern California coast. They inhabit open country, especially sandy areas, washes, flood plains, and wind-blown deposits (Zeiner et al., 1990). Two historical occurrences of this species were documented (1952 and 1961) in the project vicinity, but both are assumed to be extirpated because of development (CDFW, 2015b). Burrowing owl was documented in 1980–1981 in the general vicinity of Seal Beach (CDFW, 2015b). This species occurs in annual and perennial grasslands, deserts, and shrublands with low-growing vegetation (Zarn, 1974). The project area lacks suitable habitat for these species and they are not expected to occur within the project area. South coast marsh vole was documented in the vicinity of the Seal Beach Naval Weapons Station in 1968 (CDFW, 2015b).

**CDFW Special Animals.** Five invertebrate species included on the CDFW Special Animals list were documented within 1 mile of the AEC site: western tidal-flat tiger beetle, sandy beach tiger beetle, western beach tiger beetle, senile tiger beetle, and monarch butterfly (CDFW, 2015b). According to CDFW (2015b), western tidal-flat tiger beetle inhabits estuaries and mudflats along the southern California coast and this species was last observed in 1998. Sandy beach tiger beetle inhabits areas adjacent to nonbrackish water along the California coastline and this species is presumed to be extirpated from the historical location sampled in Naples in 1979 (CDFW, 2015b). Western beach tiger beetle is also presumed to be extirpated from its historical occurrence recorded from 1945; this species has similar habitat requirements as the sandy beach tiger beetle (CDFW, 2015b). Senile tiger beetle occurs in mudflats and beaches of coastal southern California; it is presumed to be extirpated from its recorded occurrence location (CDFW, 2015b). Monarch butterfly is a USFS species of special concern and a UNEP species of common conservation concern (USFS, 2012; UNEP, 2004). Because suitable habitat does not exist in the project vicinity and most of the recorded occurrences are presumed to be extirpated, these species are not expected to occur within the project area.

### 5.2.2.3 Regional Overview

The AEC site lies within the Los Angeles Plain subsection of the Southern California Coast Section (USDA, 1997). This subsection is characterized by flat floodplains and terraces and very gently sloped alluvial fans with small areas of marine terraces. Steep hills and mountains including parts of the Santa Monica and San Gabriel mountains are found in the northern part of this subsection; parts of the San Jose and Puente hills are found along the eastern edge of the subsection. Historically, the predominant natural plant communities in the Los Angeles Plain included grasslands, shrub lands, salt marshes, dunes, and woodlands (USDA, 1997). Extensive urban development throughout the region has replaced most of the natural communities with urban development, and natural areas are restricted to scattered open space preserves and other protected areas. Current land use within the region is predominantly urban development including the communities of Long Beach, Seal Beach, Los Alamitos, Westminster, Cypress, Hawaiian Gardens, La Palma, Lockwood, and Bellflower. These areas are characterized by a mixture of commercial, industrial, and residential development interspersed with landscaped parks (Figure 5.2-1).

The regional climate is moderated by marine influences with a mean annual temperatures ranging from about 53 to 72°F. The mean annual precipitation is about 13 inches, with most of the rainfall occurring between November and March.

The AEC site is approximately 1.9 miles inland from the Pacific Ocean. The San Gabriel River is located immediately along the eastern boundary of the AEC site. In this area, the river has been channelized between levees that are maintained by the Los Angeles Department of Power and Water. The Los Cerritos Channel is located immediately along the west side of the site. Two side channels from the Los Cerritos Channel are used as cooling water intakes for the AGS; these channels will not be used for the AEC because the AEC does not utilize once-through cooling. The AEC site is located within the San Gabriel Watershed in the South Coast Hydrologic Region (BIOS, 2015).

#### 5.2.2.4 Regional Wetlands and Other Resource Areas within a 10-Mile Radius

Several ecological reserves, wetland preservation sites, and designated open spaces occur in the regional vicinity. These areas provide important habitat for migratory birds along the Pacific Flyway as well as habitat for several special-status plants and animals. The locations of these areas in relation to the AEC are shown in Figure 5.2-1. NWI-listed aquatic and wetland habitats in the project area, including any potential jurisdictional and nonjurisdictional wetlands, are shown in Figures 5.2-2a through 5.2-2e. For purposes of these figures, wetlands as defined by the Coastal Act are included, which encompass “lands within the coastal zone which may be covered periodically or permanently with shallow water and include saltwater marshes, freshwater marshes, open or closed brackish water marshes, swamps, mudflats, and fens” (Coastal Act Section 30121).

The closest offsite habitat, the Los Cerritos Wetlands, is approximately 2,400 feet west of the AEC. Other habitats within a 10-mile radius of the AEC site are approximately 1 to 6 miles away from the site. Each of these areas is briefly described below.

- **Los Cerritos Wetlands** – The Los Cerritos Wetlands complex is an approximately 500-acre site that is located approximately 2,400 feet west of the AEC site. Approximately 2 acres of this site have been established as a California least tern nesting site (City of Long Beach, 2006). This site also has the potential to support other wildlife species.
- **Jack Dunster Marine Biological Reserve** – The Jack Dunster Marine Biological Reserve, located approximately 1 mile west of the AEC site, is a 2.7-acre site that contains 1.5 acres of land and 1.2 acres of shallow water that was been constructed on the northwestern side of the Los Cerritos Channel. Habitats that are represented in this small reserve include coastal sage scrub, coastal marsh, intertidal mudflats, and rocky intertidal (City of Long Beach, 2012a). The reserve provides habitat for waterfowl and fish.
- **Seal Beach National Wildlife Refuge** – The Seal Beach National Wildlife Refuge is located approximately 1.8 miles south of the AEC site within the boundaries of the Seal Beach Naval Weapons Station. The refuge includes 911 acres of remnant saltwater marsh in the Anaheim Bay estuary. The refuge provides important habitat for a number of migratory birds as well as three endangered species including the light-footed clapper rail (*Rallus longirostris levipes*), California least tern, and Belding’s savanna sparrow.
- **Bolsa Chica Ecological Reserve** – The Bolsa Chica Ecological Reserve are located approximately 4.7 miles southeast of the AEC site. This coastal estuary encompasses approximately 1,300 acres, one-third of which is owned by the State and managed as the Bolsa Chica Ecological Reserve. Approximately 80 percent of the wetland is composed of a mixture of salt marsh and open mudflats with the remaining 20 percent consisting of open water. The Huntington Harbor is the only area fully open to tidal flows. Tidal flows to the inner parts of Bolsa Bay, including the ecological reserve, are controlled by floodgates operated by the CDFW. Over 300 species of birds have been observed at these wetlands including 32 special-status birds such as the California least tern, western snowy plover (*Charadrius alexandrinus nivosus*), Belding’s savanna sparrow, and light-footed clapper rail. Several special-status plants, amphibians, reptiles, and mammals are also known to occur in this area including southern tarplant, Coulter’s goldfields (*Lasthenia glabrata* ssp. *coulteri*), San Diego horned lizard (*Phrynosoma coronatum*

*blainvillii*), western pond turtle (*Emys marmorata*), silvery legless lizard (*Anniella pulchra*), and the southern California salt marsh shrew (*Sorex ornatus salicornicus*).

- **Golden Shore Marine Biological Reserve Park** – In 1997, the City of Long Beach’s Golden Shore Marine Biological Reserve Park, located approximately 5.9 miles west of the AEC site, was originally a launch ramp and parking lot that was converted into 6.4 acres of intertidal and subtidal wetlands habitat as mitigation for the conversion of 20 acres of Shoreline Park into the Aquarium of the Pacific and the Rainbow Harbor commercial/recreation attraction (City of Long Beach, 2012b). This reserve park has salt marsh vegetation, which provides habitat for waterfowl and fish.

#### 5.2.2.5 Regional Sensitive Habitat Types Identified in the CNDDDB and Critical Habitat within a 10-Mile Radius

Habitats types identified within 10 miles of the AEC site include natural communities identified by the CNDDDB, including southern coastal salt marsh, southern foredunes, and southern dune scrub. Critical habitat for western snowy plover is also present in the project region. Regional habitat types and critical habitat areas within 10 miles of the AEC site are shown in Figure 5.2-3. Descriptions of these areas are provided below.

##### Regional Habitat Types within a 10-Mile Radius.

- **Southern Coastal Salt Marsh** – Southern coastal salt marsh habitat occurs approximately 1.6 miles from the AEC site. This habitat type occurs in areas subject to regular tidal flooding by salt water such as sheltered inland bays, estuaries, and lagoons. The distribution of plant species within the salt marsh is often in distinct zones based on the frequency and duration of tidal flooding. Typically, California cordgrass (*Spartina foliosa*) occurs at the lowest elevations adjacent to open water that are subject to regular, prolonged tidal inundation. The mid-elevation areas of the marsh are typically characterized by pickleweed (*Salicornia virginica*) and are generally subject to cyclical inundation during high tides and drying during low tides. The upper marsh zone is generally subject to flooding for short durations and only during higher high tides. It supports a more diverse mixture of plant species including pickleweed, saltgrass (*Distichlis spicata*), alkali heath (*Frankenia salina*), alkali weed (*Cressa truxillensis*), California seablite (*Suaeda californica*), and marsh jaumea (*Jaumea carnosa*).

The historical extent of salt marsh habitat throughout the south coast region has been dramatically reduced as a result of urban coastal development. Today, this community is restricted to isolated patches surrounded by development or in designated protected areas. In the regional vicinity of the AEC site, southern coastal salt marsh habitat is found in the Jack Dunster Marine Biological Reserve located approximately 1 mile from the AEC site, Seal Beach National Wildlife Refuge located approximately 1.8 miles from the AEC site, Bolsa Chica Ecological Reserve located approximately 4.7 miles from the AEC site, and the Golden Shore Marine Biological Reserve Park located approximately 5.9 miles from the AEC site (Figure 5.2-3).

- **Southern Foredunes** – Southern foredunes habitat is similar to active sand dunes but is subject to less wind, has more stable sand, and greater availability to groundwater; therefore, the area supports the establishment of plant species that further stabilize the dunes. As with other natural habitats, the historical extent of foredunes in southern California has been dramatically reduced as a result of urban coastal development. Native plant species commonly found in this habitat include beach morning glory (*Calystegia soldanella*), beach bur (*Ambrosia chamissonis*), and common eucrypta (*Eucrypta chrysanthemifolia*). Southern foredune habitat has been mapped approximately 4.7 miles southeast of the AEC site within the Bolsa Chica Ecological Reserve (Figure 5.2-3).
- **Southern Dune Scrub** – Southern dune scrub is characterized as a dense coastal scrub community of scattered shrubs, subshrubs, and herbs that are typically less than 1 meter tall, often associated with a high percentage of cover. This habitat type is drier, fairly warmer, and experiences less onshore wind compared to central and northern dune scrub habitats. Native plants commonly found in this habitat

include beach saltbush (*Atriplex leucophylla*), California croton (*Croton californicus*), California ephedra (*Ephedra californica*), mock heather (*Ericameria ericoides*), dune lupine (*Lupinus chamissonis*), desert thorn (*Lycium brevipes*), prickly pear (*Opuntia* sp.), lemonade berry (*Rhus integrifolia*), and jojoba (*Simmondsia chinensis*) (Holland, 1986). This habitat type occurs approximately 5 miles southeast of the AEC (Figure 5.2-3).

#### **Critical Habitat within a 10-Mile Radius.**

- **Western Snowy Plover** – Critical habitat for the federally listed snowy plover occurs approximately 4.7 miles from the AEC site in the Bolsa Chica Ecological Reserve (Figure 5.2-3) (USFWS, 2012).

#### **5.2.2.6 Regional Threatened, Endangered, or Candidate Species; Regional Special-status Species**

Regional and local species information was compiled from a variety of sources and is provided in Appendix 5.2A. The appendix lists all species historically found or with the potential to occur in the project region as well as regional species listed as threatened, endangered or candidate species under the federal Endangered Species Act (ESA) and the CESA (Fish and Wildlife Code, Sections 2050 et seq.).

Appendix 5.2A also includes data on other special-status species including CNPS List 1-4 species, CDFW Species of Special Concern, CDFW Fully Protected Species, and other CDFW Special Animals and bird species. A CNDDDB RareFind Checklist is provided in Appendix 5.2B. Appendix 5.2A includes the status designation for each species, habitat types that may support these species in the project region, a determination of potential for these species to occur within the AEC 1-mile survey area, and a rationale for the occurrence determination. Species that were observed during the site visit are discussed in subsequent subsections, and photographs of the AEC site are provided in Appendix 5.2D. A copy of biological resources staff resumes is provided in Appendix 5.2E. The known locations of special-status species identified in the CNDDDB records within a 10-mile range of the AEC site are shown in Figure 5.2-4a, and special-status species that occur within 1-mile of the AEC site are provided in Figure 5.2-4b.

Plants were considered to be special-status if one or more of the following criteria were met:

- State Special Plant as defined by the CNDDDB (CDFW, 2015b)
- Designated by the CNPS in its Inventory of Rare and Endangered Plants of California (CNPS, 2015)

Animals were considered to be special-status if one or more of the following criteria were met:

- California State Species of Concern as defined by the CNDDDB (CDFW, 2015b)
- California State Fully Protected Species (CDFW, 2015a)
- State Special Animal as defined by the CNDDDB (CDFW, 2015b)

Special-status species with habitat(s) and/or known distribution within the AEC 1-mile survey area were evaluated for potential impacts from project construction and operation. The results of the evaluation are discussed in Sections 5.2.3.2 and 5.2.3.3. Special-status species with habitats or known distribution that do not occur within 1 mile of the AEC site were not evaluated beyond the information listed in Appendix 5.2A.

**Observed Plant Species.** The AEC site and the proposed wastewater pipeline alignment are entirely developed and no natural habitats are present. Vegetation observed during the April 2015 site reconnaissance survey was limited to landscaping trees and shrubs and a few scattered weedy plants. Protocol rare plant surveys following *Protocols for Surveying and Evaluating Impacts to Special Status Native Plant Populations and Natural Communities* (CDFW, 2009) were not indicated for this site because the reconnaissance surveys confirmed that no natural habitats are present within the AEC site and the proposed wastewater pipeline alignment.

**Observed Wildlife Species.** Species observed within 1 mile the site included great egret (*Ardea alba*), cormorant (*Phalacrocorax* spp.), western gull (*Larus occidentalis*), great blue heron (*Ardea erodias*), green sea turtle, killdeer (*Charadrius vociferous*), green heron (*Butorides virescens*), red-tailed hawk (*Buteo*

*jamaicensis*), black phoebe (*Sayornis nigricans*), and western fence lizard (*Sceloporus occidentalis*). Because there is no natural habitat on the site or along the proposed wastewater pipeline alignment, special-status wildlife species are not expected to occur onsite. Some wildlife species may use areas along the wastewater pipeline because some ruderal vegetation and a golf course with manmade water features occur within the proposed alignment. According to an article in the September 3, 2008, *Long Beach Press-Telegram*, several federally listed green sea turtles have been observed in the Los Cerritos Channel. No nesting habitat has been identified within the west coast of the United States; however, this species has been documented regularly in San Diego Bay because of warm water effluent from a power generating station (National Marine Fisheries Service and USFWS, 1998), but not further up the coastline likely because of declining water temperatures. Green sea turtles have been observed in the area (CDFW, 2015b) and a small colony is believed to reside in the brackish mouth of the San Gabriel River (CaliforniaHerps, 2013). Wetland habitats approximately 1,570 feet/0.30 mile to the southwest and approximately 5,000 feet/1 mile southeast of the AEC site have the potential to support special-status wildlife species.

### 5.2.2.7 Land Uses and Vegetation Communities within a 1-Mile Radius of the AEC

Land use and vegetation communities identified within a 1-mile radius of the AEC site are shown in Figures 5.2-5a through 5.2-5h (provided at the end of this section). Urban development collectively represents the largest land uses in the survey area. Other land uses and natural vegetation communities identified include industrial areas, parks and open space, and a wetland preserve. The Pacific Ocean is approximately 1.9 miles southwest of the AEC site.

- **Urban Development** – Urban developed areas include residential, commercial, and light industrial uses, as well as public schools and other municipal facilities. The majority of the land uses to the north, northeast, southwest, south, and northwest of the AEC site consist of urban development.
- **Industrial** – Industrial areas include the existing AGS, SCE 230-kV switchyard, and former fuel oil tank farm. Additional industrial areas are located across the San Gabriel River flood control channel to the east and include the Los Angeles Department of Water and Power Haynes Generating Station.
- **Parks and Open Space** – Parks and open space include natural and landscaped areas that have been designated for recreational uses or provide undeveloped green space. Parks and open space are located west and south of the AEC site and along a portion of the proposed wastewater pipeline alignment.
- **Wetland Preserve** – The Los Cerritos Wetlands are located approximately 2,400 feet west of the AEC site (Figure 5.2-1). Vegetation in this area is characterized by pickleweed with other salt-tolerant species such as salt grass, alkali heath, and saltwort (*Batis maritima*). Open unvegetated salt pannes and tidal channels are also present in some areas (some photographs are provided in Appendix 5.2D).

## 5.2.3 Environmental Analysis

Potential direct and indirect impacts to biological resources were evaluated to determine the potential permanent and temporary effects of AEC construction, demolition/site preparation, and operation. Results from the field surveys, habitat evaluations, literature review, and aerial imagery interpretation were used to evaluate the potential for presence of biological resources in the immediate vicinity of the AEC site. There is no suitable habitat for threatened, endangered, candidate and special-status species that can potentially occur within the project area due to the industrial nature of the AEC site.

No natural vegetation or habitat is present on the AEC site or within the wastewater pipeline alignment. There are no AEC features that would support special-status plants, and the AEC site does not provide suitable habitat for any potentially occurring special-status wildlife species.

This section identifies biological resources that may be affected either directly or indirectly by the AEC. Direct and indirect impacts may be either permanent or temporary. These impact categories are defined below and are applied as part of the environmental analysis.

- **Direct** – The California Environmental Quality Act (CEQA) defines direct or primary impacts as those which are caused by the project and occur at the same time and place (14 California Code of Regulations [CCR] Section 15358(a)). Examples include loss of habitat resulting from clearing vegetation, encroaching into wetlands, diverting natural surface water flows, and the loss of individual species.
- **Indirect** – CEQA defines indirect or secondary effects which are caused by the project and are later in time or farther removed in distance, but are still reasonably foreseeable. Indirect or secondary effects may include growth-inducing effects and other effects related to induced changes in the pattern of land use, population density, or growth rate, and related effects on air and water and other natural systems, including ecosystems (14 CCR Section 15358(a)).
- The CEQA Guidelines further provide that “Effects analyzed under CEQA must be related to a physical change.” (14 CCR Section 15358(b)). Cumulative impacts are discussed in Section 5.2.4.

Potential direct, indirect, and cumulative impacts to biological resources were evaluated to determine the permanent and temporary effects of AEC construction, operation, and maintenance of the AEC.

### 5.2.3.1 Significance Criteria

Appendix G of CEQA is a screening tool, not a method for setting thresholds of significance. Appendix G is typically used in the Initial Study phase of the CEQA process, asking a series of questions. The purpose of these questions is to make a determination as to whether a project requires an Environmental Impact Report, a Mitigated Negative Declaration, or a Negative Declaration. As the Governor’s Office of Planning and Research stated, “Appendix G of the Guidelines lists a variety of potentially significant effects, but does not provide a means of judging whether they are indeed significant in a given set of circumstances.” The answers to the Appendix G questions are not determinative of whether an impact is significant or less than significant. Nevertheless, the questions presented in CEQA Appendix G are instructive.

In terms of Biological Resources, Appendix G, asks, in part, whether the project would:

- Have a substantial adverse effect, either directly or through habitat modifications, on any species identified as endangered, threatened, candidate, sensitive, or special-status in local or regional plans, policies, or regulations, or by CDFW or USFWS. (CEQA Guidelines, Appendix G, Section IV(a))
- Have a substantial adverse effect on any wetland, riparian habitat or other sensitive natural community or critical habitat identified in local or regional plans, policies, or regulations, or by CDFW or USFWS. (CEQA Guidelines, Appendix G, Section IV(b))
- Have a substantial adverse effect on federally protected wetlands as defined by Section 404 of the Clean Water Act (including, but not limited to, marsh, vernal pool, coastal, etc.) through direct removal, filling, hydrological interruption, or other means? (CEQA Guidelines, Appendix G, Section IV(c))
- Interfere substantially with the movement of any native resident or migratory fish or wildlife species or with established native resident or migratory native wildlife corridors, or impede the use of wildlife nursery sites. (CEQA Guidelines, Appendix G, Section IV(d))
- Conflict with any local policies or ordinances protecting biological resources, such as a tree preservation policy or ordinance. (CEQA Guidelines, Appendix G, Section IV(e))
- Conflict with the provisions of an adopted Habitat Conservation Plan, Natural Community Conservation Plan, or other approved local, regional, or state habitat conservation plan. (CEQA Guidelines, Appendix G, Section IV(f))

### 5.2.3.2 Potential Impacts of Construction

Project activities will be located within the AEC site or along the proposed sanitary/process water pipeline alignment (Figure 1.1-3) in existing developed areas where no additional clearing or grading of natural vegetation will be required. ~~If the existing LBWD sewer system is upgraded, then a golf course and~~

~~manmade water features have the potential to be affected.~~ No other offsite linear features are needed for the project; therefore, there will be no construction-related disturbances to the offsite natural vegetation or habitats. As a modern, combined-cycle and simple-cycle facility, the AEC will also have lower emissions, especially on a kilowatt-hour production basis, with greater thermal efficiency, lower greenhouse gas emissions, and lower criteria pollutant emissions. The AEC will also operate more quietly, reducing potential noise impacts. In general, as a brownfield site devoid of significant biological resources, the AEC avoids and minimizes a host of potential environmental impacts in nearly every discipline analyzed in this AFC.

**AEC Facility.** Activities related to AEC construction will require site preparation, including demolition and removal of existing retired and decommissioned power generation equipment and ancillary at the site. AEC construction will not result in permanent loss of any natural vegetation or habitats that could be used by special-status species. AEC construction activities will result in temporary noise impacts that may potentially affect wildlife species offsite. With the implementation of mitigation measures proposed by the ~~Applicant~~ ~~Project Owner~~, any potentially significant impacts to biological resources resulting from AEC construction activities will be reduced to less-than-significant levels.

**Laydown and Parking Areas.** Construction of the AEC will require the use of onsite laydown areas (approximately 8 acres dispersed throughout the existing site) and an approximately 10-acre laydown area located adjacent to the existing site. Because the project will be constructed entirely within the existing approximately 71-acre AGS site and along the proposed wastewater pipeline alignment, no loss of natural vegetation or significant habitats will occur.

**Proposed Wastewater Pipeline.** The AEC will include a new 1,000-foot-long process/sanitary wastewater pipeline to the first point of interconnection with the existing LBWD sewer system. ~~Because the project may also require upgrading of approximately 4,000 feet of the existing offsite LBWD sewer line downstream of the first point of interconnection, this possible offsite improvement to the LBWD system is also analyzed in this AFC. The total length of the new pipeline (1,000 feet) and the upgraded pipeline (4,000 feet) is approximately 5,000 feet.~~

Process/sanitary wastewater will be conveyed to the Los Angeles County Sanitation District via a new proposed wastewater pipeline interconnection to the Long Beach Water District. The new, off-site pipeline will commence at the west side of the site near the intersection of Studebaker Road and the northern intake channel. The pipeline will cross under Studebaker Road then turn south to the intersection with Loynes Drive. The line will then turn west, cross over the Los Cerritos Channel, and be affixed to the bridge. After crossing the channel, the pipeline will turn north on East Vista Street to connect into the existing LBWD sanitary system in the residential subdivision. The wastewater pipeline alignment will avoid wetland habitats, but some ruderal vegetation will be temporarily disturbed by construction. ~~If the existing LBWD sewer system is upgraded, then a golf course and some manmade water features, which have the potential to support protected wildlife species, might be affected. For example, there are numerous birds species protected under the Migratory Bird Treaty Act (MBTA) that use golf courses and manmade water sources.~~ Site photographs are provided in Appendix 5.2D.

**Construction Impacts to Special-Status Plant Species.** There are no sensitive or special-status plants with potential to occur within the AEC site and proposed wastewater pipeline alignment; therefore, the project will not result in significant impacts to sensitive or special-status plant species.

**Construction Impacts to Threatened, Endangered, Candidate and Special-Status Wildlife Species.** There are no threatened, endangered, candidate or special-status animals with potential to occur within the AEC site; therefore, construction activities will not result in any potentially significant impacts to such species. The AEC will not result in the removal of any natural vegetation or sensitive wildlife habitat and will not result in any additional regional habitat fragmentation. With respect to potential offsite impacts, construction activities may result in temporary noise and increased traffic.

Potential effects on special-status species from construction and operation of the AEC are discussed in the following sections.

- **Foraging Habitat** – The AEC site does not provide foraging habitat for sensitive and special-status species. Offsite, approximately 2,400 feet west of the AEC site, the Los Cerritos Wetlands provide potential nesting and foraging habitat for California least tern. Special-status bat species including western mastiff bat (*Eumops perotis*) and big free-tailed bat (*Nyctinomops macrotis*) may also use these areas for foraging. The project will not result in the loss of any potential foraging habitat. Potential temporary impacts from construction activities on foraging birds could primarily occur due to noise generated by these activities. Mitigation measures described in Section 5.7, Noise; Section 5.13, Visual Resources; and below will reduce potential impacts to foraging birds and bats to a less-than-significant level.
- **Nesting Birds** – With the exception of onsite landscaping (trees and shrubs) and ruderal vegetation located away from power generating equipment and activities, there is no suitable nesting habitat on the AEC site. Offsite, the salt marsh wetlands, pannes, and beaches located within a 10-mile radius of AEC provide suitable nesting habitat for special-status birds including, Belding’s savanna sparrow and California least tern as well as a number of other bird species. Any potential impact to nesting habitat resulting from AEC construction activities would be reduced to less-than-significant levels with implementation of mitigation measures described in Section 5.7, Noise; Section 5.13, Visual Resources; and below.

The project will not result in the permanent loss of nesting habitat for any migratory or resident birds. Temporary impacts to nesting birds could occur as a result of increased noise and construction activities. Noise and activity associated with project construction has the potential to disturb nesting birds, causing them to locate outside the vicinity of the construction area. Certain bird species could abandon nesting attempts close to the project site if disturbed during the breeding season during construction. This could be a significant impact, without mitigation; however, prior to construction, a preconstruction survey will be conducted to identify any active nests within 100 feet of the AEC site. Monitoring of active nests during construction activities will be performed if it is determined that active nests will be significantly disturbed by AEC activities. These measures will reduce potentially significant impacts to nesting birds to less-than-significant levels.

- **Wildlife Corridors** – The project is within the Pacific Flyway, a common route of bird migration that extends along the west coast of North America that spans an area from the pelagic regions of the Eastern Pacific to the Great Basin. No terrestrial wildlife corridors are currently present in the project area. Construction activities are not expected to impede migration along the flyway. Terrestrial wildlife habitat in the project area, as well as along the offsite pipeline alignment, has been significantly fragmented by urban development. In addition, the project site is located in developed areas; therefore, there would be no significant impacts resulting from habitat loss and fragmentation.
- **Pacific Green Sea Turtles** – Regarding onsite construction, erosion control and sediment control best management practices (BMP) will be implemented to protect surrounding water quality.

**Wetlands and Waters of the United States.** Based on the previously developed nature of the existing AGS, no significant biological resources or wetlands exist on the AEC site. Therefore, AEC construction and the installation of the proposed wastewater pipeline would not cause loss or fill of any wetlands or waters of the United States.

Offsite, although the manmade water features within the golf course are labeled as freshwater emergent wetlands and freshwater pond, these are artificial features that were constructed for the golf course and have no apparent connection to a traditional navigable water. These golf course water features are not expected to be considered jurisdictional waters. The AEC site is located approximately 2,400 feet west of the Los Cerritos Wetlands, which provide estuarine habitat; however, this wetland will not be directly affected

by the AEC (Figures 5.2-2a and 5.2-2b). Erosion and sediment control BMPs will be implemented during construction in accordance with the Stormwater Pollution Prevention Plan (SWPPP) required by the State's General Construction Permit for construction projects over 1 acre in size. Additionally, the California Energy Commission (CEC) requires that project owners develop and implement a Drainage, Erosion, and Sedimentation Control Plan to reduce the impact of runoff from the construction site.

Appropriate BMPs and existing onsite stormwater pollution prevention controls will be used to avoid any adverse effects to the Los Cerritos Wetlands. Thus, AEC construction or the installation of the proposed wastewater pipeline would not adversely affect these offsite wetlands or waters of the United States.

### 5.2.3.3 Potential Impacts of Operation

During operation, the AEC will produce combustion turbine emissions, water discharged to the existing sewer system, noise, and light. The potential for AEC operation to adversely affect sensitive biological resources at the AEC site is discussed in the following sections.

**Combustion Turbine Emissions.** Air emissions from the combustion turbine exhaust stacks include, but are not limited to, nitrogen oxides (NO<sub>x</sub>) and particulates (PM<sub>10</sub>). Nitrogen oxide gases (NO and NO<sub>2</sub>) convert to nitrate particulates in a form that is suitable for uptake by most plants and could promote plant growth and primary productivity. Coastal salt marshes are the most common natural habitats in the vicinity of the AEC where nitrogen deposition may occur. The critical load for atmospheric nitrogen deposition into coastal wetlands is difficult to establish because wetlands subject to tidal exchange have open nutrient cycles. In addition, nitrogen loading in wetlands is often affected by sources other than atmospheric deposition (Morris, 1991). Various studies that have examined nitrogen loading in intertidal salt marsh wetlands have found critical loads to range from between 63 and 400 kg N ha<sup>-1</sup> yr<sup>-1</sup> (Caffrey et al., 2007; Wigand et al., 2003). The wet and dry nitrogen deposition resulting directly from depositional nitrogen emissions from AEC were evaluated using the air dispersion model AERMOD (version 15181). AERMOD is considered a conservative model for this analysis as it is a steady-state Gaussian plume dispersion model and does not calculate the complex chemical transformations and equilibria associated with nitrogen deposition.

Several additional conservative assumptions were used in the modeling with regard to nitrogen formation and deposition:

- 100 percent conversion of nitrogen oxides (NO<sub>x</sub>) and ammonia (NH<sub>3</sub>) into atmospherically derived nitrogen (ADN) within the turbine stacks rather than allowing for the conversion of NO<sub>x</sub> and NH<sub>3</sub> to occur over distance and time within the atmosphere, which would be more realistic.
- Depositional rates and parameters based upon nitric acid (HNO<sub>3</sub>) which, of all the depositing species, has the highest affinity for impacts to soils and vegetation and tendency to stick to what it is deposited on
- Maximum settling velocities were selected to produce conservative deposition rates
- Maximum potential emissions for the AEC facility were assumed to occur each year.

Emissions of depositional nitrogen were conservatively calculated as a complete conversion of in-stack NO<sub>x</sub> and ammonia (NH<sub>3</sub>) from each of the combustion sources. This was done by multiplying the nitrogen mass fraction of each of the pollutants by the respective average annual emissions.

The dry deposition algorithms in AERMOD include land use characteristics and some dry gas deposition resistance terms based on five seasonal categories and nine land use categories. The seasonal categories used for each month of modeling are as follows:

- Midsummer: April, May, June, and July
- Autumn: August, September, and October
- Late Autumn/Winter without snow: November, December, and January
- Transitional Spring: February and March

Land use categories are used within AERMOD to calculate dry deposition of the emitted nitrogen compounds. For example, in areas of lush vegetation, the gaseous nitrogen compounds would have a higher uptake and therefore dry deposition than would be higher at these areas than in bodies of water or urban areas with fewer trees. A determination for land use categories to be used in the analysis was conducted for each 10-degree increment within a 3-kilometer radius area surrounding the AEC, with all sectors designated as Suburban areas, grassy.

AERMOD also requires the input of wet and dry depositional parameters based on the nitrogen-containing species being emitted. For this analysis, it was conservatively assumed that all nitrogen emitted was in the form of nitric acid, as nitric acid is the most depositionally aggressive species. Based on the above modeling approach, the maximum modeled annual deposition averaged over five years was ~~2.323-62~~ kilograms per hectare per year, which occur on the eastern fence line of the AEC site. The AEC nitrogen deposition impacts are not expected to significantly contribute to nitrogen loading on coastal salt marshes because of several factors, including the high level of NO<sub>x</sub> emission controls applied to the AEC combustion sources, air quality mitigation regulations that require offsets (in the form of RECLAIM Trading Credits) to be surrendered for actual NO<sub>x</sub> emissions, the fact that depositional nitrogen formation requires time for the chemical reaction to occur, and the predominate wind patterns (west to east), among other factors, will result in a majority of the potential air quality impacts occurring away from the AEC site where time and distance will reduce ground-level concentrations. Finally, once AEC is operational, nitrogen emissions from the existing AGS units will be retired, resulting in a reduction in nitrogen emissions from the site.

Particulate emissions will be controlled by inlet air filtration of the turbine air intakes and the exclusive use of low sulfur natural gas. The deposition of PM<sub>10</sub> can affect vegetation through either physical or chemical mechanisms. Physical mechanisms include the blocking of stomata so that normal gas exchange is impaired, as well as potential effects on leaf adsorption and reflectance of solar radiation. Information on physical effects is limited, presumably in part because such effects are slight or not obvious except under extreme situations (Lodge et al., 1981).

Therefore, given the emission controls and monitoring incorporated into the AEC design and the requirement to offset emissions of nitrogen oxides, sulfur oxides, and particulate matter emissions, no additional mitigation measures are required.

**Stormwater and Process Water Discharge.** During construction and operations, the existing stormwater collection system will still be used, which includes two recontoured retention basins and the existing San Gabriel River outfalls. Stormwater collected onsite with the potential to contain oils or lubricants will be routed to one of ~~two~~<sup>three</sup> oil/water separators before being sent to the retention ponds and discharged via an existing NPDES-permitted outfall. The ~~Applicant~~<sup>Project Owner</sup> will prepare a SWPPP for AEC operations that specifies BMPs to be implemented during all project activities to avoid stormwater discharges that would cause water quality degradation. Process wastewater will be conveyed to the LA County Sanitation District via a new proposed wastewater pipeline interconnection to the LBWD.

Because the AEC will draw process water from an existing water supply system and then discharge wastewater to the LBWD's sanitary system, there will be no mechanism for entrainment or impingement of aquatic species during plant operation. The discharge of stormwater via the existing permitted outfall will not result in a significant effect to aquatic resources and species during AEC operations.

**Noise and Light from Plant Operations.** The AEC site is designated in the City of Long Beach General Plan for industrial land uses. The site is adjacent to other industrial land uses and major transportation corridors including the Pacific Coast Highway. Coastal salt marsh habitats occur in the project vicinity. The existing AGS, urban development, and roadways in the area result in several sources of lighting and noise emissions. Noise associated with AEC operation is described in more detail in Section 5.7, Noise. Noise from site preparation and construction could temporarily affect wildlife foraging and nesting in the coastal wetland habitat approximately 2,400 feet west of the AEC site; however, the existing conditions already include noise associated with existing industrial uses, including the existing AGS operation and highway traffic. It is

expected that noise from AEC construction and operation would not adversely affect wildlife, as wildlife usually become accustomed to routine background noise.

Although a 60-dBA threshold is often commonly used for avian species, this threshold is outdated and does not take into account several aspects of avian ecology, such as hearing physiology and behavioral strategies species can utilize in noisy environments. Several studies summarized by Golden et al. (1980) indicate no impacts from aircraft noise at 75 dBA for several wildlife species. Western burrowing owls, for example, have been noted to reside within 100 to 200 feet of an active railway with measured noise levels of approximately 90 dBA at a distance of 50 feet from the railway (Golden et al., 1980). There is also interspecific variation in how bird species tolerate noise. Although birds primarily communicate with one another through vocalizations and auditory cues, some species will adjust their vocalizations to prevent masking by low frequency noise in an urban setting (Slabbekoorn and Peet, 2003). In addition, waterfowl behaviors are associated with shoreline development in urban habitats and interspecific variation exists in how species respond to urbanization (Donaldson et al., 2007 and references therein). Many species habituate to urban noise, while other species will move out of an area or prevent suitable nesting habitat from being used, if that species is noise-sensitive. High levels of background or intermittent noise may potentially interfere with reproduction, warning and distress calls, feeding behavior, protection of offspring, which can result in energy loss and physiological stress, particularly in noise-sensitive species. However, there are differences among species with how they respond to different levels of ambient noise and noise disturbances and most urban-adapted species are noise tolerant. According to Francis et al. (2009), noise-tolerant species indirectly benefited from decreased predation, which enhanced reproduction success.

Although a typical noise threshold of 60 dBA is broadly applied to many bird species in various environmental settings, this threshold is not appropriate. This commonly used threshold was developed in a laboratory setting that specifically analyzed the effects of highway noise on vocal communications of avian species (see Dooling and Popper, 2007 for a critique). Dooling and Popper (2007) state the 60-dBA threshold is outdated and higher levels may be readily acceptable in noisy urban areas where ambient noise levels can reach 70 dBA. Furthermore, the 60-dBA noise guideline does not consider strategies that a bird may use in its natural environment, such as scanning, changing their height or position in a landscape, increasing and/or adjusting the timing of vocalization. Utilizing any one of these strategies can enhance communication in urban environments by 10 to 15 dB, which equals over a hundred meters in transmission distance of the bird's song or call (Dooling and Popper, 2007). Furthermore, Dooling and Popper (2007) explain that the 60-dBA threshold is "quite conservative since it is based on continuous noise in a controlled, artificial (i.e., laboratory) setting – a situation that is unlikely to occur in the real world" and conclude that higher sound levels may be readily accommodated. In the evidentiary hearing for the Huntington Beach Energy Project (2014), Dr. Robert Dooling presented expert witness testimony regarding noise impacts and avian hearing and stated "birds hear much less well at low frequencies than humans do. And most of the energy in construction noises and traffic noises is at low frequencies as opposed to mid or high frequencies where birds vocalize." This is an important aspect of avian hearing that needs to be understood. Because construction noise typically is dominant at low frequencies, noise restrictions/guidelines for humans work well as thresholds for avian species.

The expected loudest composite noise levels from the AEC are approximately 70 dBA<sup>2</sup> at the AEC eastern fenceline, which will result in a noise level of 60 dBA at 400 feet from the eastern fenceline and 57 dBA at the Los Cerritos Wetlands approximately 2,400 feet west of the AEC site. The following reasons are why noise impacts on avian species are not expected to be significant:

- The distance from the AEC power blocks to any potentially sensitive receptors, such as the Los Cerritos Wetlands, is approximately 2,400 feet. Noise levels would greatly decrease at that distance.

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<sup>2</sup> Noise estimates are conservative, do not take into account the effect of blocking from structures, and assume a non-sound-absorbing ground surface.

- Bird species hear less well than humans at low frequencies.
  - This is particularly important considering the fact that of the majority of construction noise occurs at low frequencies.
  - Avian species that occur in urban environments, such as within the vicinity of AEC, are noise tolerant compared to other noise-sensitive species, particularly those that will move away from noise sources and nest in more remote, undisturbed locations.

Avian species employ a variety of behavioral adaptations in noisy environments. Therefore, noise-related impacts are expected to be less-than-significant.

Bright night lighting could disturb wildlife that occurs adjacent to the project site (such as nesting birds and foraging mammals). Night lighting is also suspected to attract migratory birds to the area; lights on tall towers or structures could result in collisions. The AEC lighting will meet the requirements for security, operations and maintenance, and safety, and will be shielded and pointed downward to minimize potential impacts and to reduce the potential for avian and bat attraction and collision. Further, night lighting will have switches to allow them to be turned off when not in use consistent with plant safety operations.

**Potential for Avian Collisions.** Direct and indirect impacts to birds including potential for collision with structures are expected to be less than significant given the project location and existing tall structures and facilities on the site. The AEC will be electrically interconnected to the existing SCE switchyard via short onsite transmission lines. These transmission lines will be onsite among the existing onsite electrical lines that connect into the SCE switchyard. It is expected that resident and migrating wildlife in the area would be accustomed to maneuvering around structures and other features and the potential for avian collisions is expected to be less than significant.

#### **Effects of Operation on Threatened, Endangered, Candidate and Special-status Species.**

**Threatened, Endangered, Candidate and Special-status Plants.** No federal or state listed threatened, endangered, or candidate plant species occur at the AEC site or along the offsite pipeline alignment. No suitable habitat for special-status plants exists at the AEC site or along the offsite pipeline alignment. Potential indirect impacts from facility operation on coastal saltmarsh wetland habitats, the closest being approximately 2,400 feet west of the AEC site, will be less than significant.

**Threatened, Endangered, Candidate and Special-status Wildlife Species.** No federal or state listed threatened, endangered, or candidate wildlife species occur at the AEC site or along the offsite pipeline alignment. No sensitive or special-status wildlife have been observed within the AEC site. The project is not expected to result in significant impacts on sensitive and special-status wildlife species.

**Foraging Birds and Bats.** No potential impacts from operational activities on foraging birds and bats are expected to occur because suitable foraging habitat does not exist within the AEC site. The AEC would operate within the existing AGS boundary, and operations and maintenance activities would be similar. Operation-related impacts are not expected to be significant.

**Nesting Birds.** Limited nesting habitat for bird species is available at the AEC site and along the proposed wastewater pipeline alignment. Trees that could be planted as visual screening around the site have the potential to attract raptors, such as barn owls and American kestrels, which could increase predation on shorebirds in the wetlands areas offsite. Bird species that would use the landscaping trees would build nests while the AEC is operating and would not be disturbed by facility operations.

**Operation Phase Impacts to Wetlands and Waters of the United States.** The Los Cerritos Wetlands are approximately 2,400 feet west of the AEC site. There will be no direct impacts on the Los Cerritos Wetlands. There is a minimal potential for indirect effects. As stated in Section 2.0, Project Description, and in this section, the AEC nitrogen deposition impacts are not expected to significantly contribute to nitrogen loading on coastal salt marshes due to several factors, including the high level of NO<sub>x</sub> emission controls; air quality

mitigation regulations that require offsets (in the form of RECLAIM Trading Credits) to be surrendered for actual NO<sub>x</sub> emissions; and the fact that elevated stack release heights, the time required for the chemical reaction required for secondary nitrogen formation, and the predominate wind patterns (west to east), among other factors, will result in a majority of the potential air quality impacts occurring away from the AEC site where time and distance will reduce ground-level concentrations. With appropriate design and monitoring measures, there will be no direct impacts and the potential indirect impacts will be less than significant.

## 5.2.4 Cumulative Effects

Section 15355 of the CEQA Guidelines defines “cumulative impacts” as “two or more individual effects which, when considered together, are considerable or which compound or increase other environmental impacts.” Subsection b of Section 15355 states, in part, that “The cumulative impact *from several projects* is the change in the environment which results from *the incremental impact of the project when added to other closely related past, present, and reasonably foreseeable probable future projects.*” (Emphasis added.) Thus, cumulative impacts under CEQA involve the potential interrelationships of two or more projects, not the impacts from a single project. Specifically, under Section 15130 of the CEQA Guidelines, an Environmental Impact Report is required to discuss cumulative impacts when the project’s incremental effect is “cumulatively considerable.” Section 15065(a)(3) then defines “cumulatively considerable” as meaning “that the incremental effects of an individual project are significant when viewed in connection with the effects of *other* closely related past projects, the effects of *other* current projects and the effects of probable *future* projects.” (Emphasis added.)

Potential cumulative impacts to biological resources from construction and operation of the AEC project are not expected. The project will have a less-than-significant impact on biological resources in the immediate vicinity of the project site. Projects that could result in a cumulative impact would also be required to comply with applicable federal, state, and local LORS. The proposed project is unlikely, therefore, to result in cumulative impacts to biological resources in combination with other closely related past, present, and reasonably foreseeable future projects.

## 5.2.5 Mitigation Measures

Mitigation measures are intended to avoid or minimize potentially significant effects of a project on biological resources. Potential significant effects that may result from AEC include disturbance to nesting and foraging bird species in habitats adjacent to the AEC, the closest of which is the Los Cerritos Wetlands complex, an approximately 500-acre site that is approximately 2,400 feet west of the AEC site. Potentially significant effects are unlikely given that there are no onsite resources and given the distance to any off-site resources. The ~~Applicant~~ ~~project owner~~ will conduct a preconstruction active nest survey within 100 feet of the AEC site, and, if determined necessary, monitor active nests during construction activities.

## 5.2.6 Laws, Ordinances, Regulations, and Standards

The following sections describe the primary LORS that apply to potential impacts on biological resources in the project area, and list the agencies that would be responsible for enforcing the regulations but for the CEC’s exclusive jurisdiction. A summary of the LORS is provided in Table 5.2-1.

### 5.2.6.1 Federal LORS

**Federal Endangered Species Act (16 United States Code [USC] Section 153 et seq.).** The ESA defines endangered species as “any species which is in danger of extinction throughout all or a significant portion of its range,” and threatened species as “any species which is likely to become an endangered species within the foreseeable future throughout all or a significant portion of its range.” The ESA prohibits the “take” of endangered fish and wildlife and prohibits the removal or destruction of endangered plants on federal lands. “Take” is defined in the ESA as “to harass, harm, pursue, hunt, shoot, wound, kill, trap, capture, or collect, or to attempt to engage in any such conduct.” The ESA allows an agency to authorize a taking that is incidental to an otherwise lawful activity if certain conditions are met and impacts are mitigated. The federal ESA

provides two processes that may authorize an incidental take, known commonly as the Section 7 and Section 10 processes. Under the Section 7 process, any agency responsible for approving a project must consult with USFWS or the National Marine Fisheries Service on the potential impacts to endangered or threatened species. The Services may then issue an Incidental Take Statement (ITS) authorizing the take with conditions. An ITS authorizes the taking subject to the Service's terms and conditions. The reasonable and prudent measures must actually minimize the amount or extent of the anticipated take but cannot alter the basic design, location, scope, duration, or timing of the action and can only make minor changes.

**Migratory Bird Treaty Act (16 USC Sections 703 to 711).** Protects all migratory birds, including nests and eggs. In terms of species not covered by the [Migratory Bird Treaty Act \(MBTA\)](#), the USFWS states: "The MBTA does not apply to species that fall into any of the following categories: (1) Nonnative species introduced into the United States or its territories by means of intentional or unintentional human assistance. See 70 FR 12710 (March 15, 2005) for a partial list of nonnative human-introduced bird species in this category. (2) Species that are native and belong to families not covered by any of the conventions implemented by the MBTA. These species are managed by the states within which they reside."<sup>3</sup> CEC Staff also opined that "While the [solar thermal] project would kill birds, such kill is incidental to a legal commercial activity, and would not likely be considered a violation of the Act if unintentional and consistent with all agency mitigation requirements and recommendations."<sup>4</sup>

**Bald and Golden Eagle Protection Act (16 USC Section 668).** Specifically protects bald and golden eagles from harm or trade in parts of these species.

#### 5.2.6.2 State LORS

**California Endangered Species Act (Fish and Wildlife Code Section 2050 et seq.).** While there are some differences in terminology, there are few substantive differences between the federal ESA and the CESA. The CESA contains similar definitions of endangered species, threatened species, and take. Under the CESA, a native species is considered endangered when it "is in serious danger of becoming extinct throughout all, or a significant portion, of its range, due to one or more causes, including loss of habitat, change in habitat, overexploitation, predation, competition, or disease," and threatened when it "is likely to become an endangered species in the foreseeable future in the absence of the special protection and management efforts required by the CESA." "Take" is defined in the CESA as to "hunt, pursue, catch, capture, or kill, or attempt" to do any of these activities. Similar to the ESA, the CESA allows an agency to authorize an incidental taking provided impacts are mitigated. CESA prohibits the take of listed threatened and endangered species except if authorized pursuant to an incidental take permit (ITP) so long as the take is "incidental" to an otherwise lawful activity.

**Fish and Wildlife Code Section 3511.** Describes bird species, primarily raptors, that are "fully protected." Fully protected birds may not be taken or possessed, except under specific permit requirements.

**Fish and Wildlife Code Section 3503.** States that it is unlawful to take, possess, or needlessly destroy the nest or eggs of any bird, except as otherwise provided by this **code** or any regulation made pursuant thereto.

**Fish and Wildlife Code Section 3503.5.** Protects all birds of prey and their eggs and nests.

**Fish and Wildlife Code Section 3513.** Makes it unlawful to take, possess, or destroy any birds of prey or to take, possess, or destroy the nest or eggs of any such bird.

**Fish and Wildlife Code Sections 4700, 5050, and 5515.** Lists mammal, amphibian, and reptile species that are fully protected in California.

<sup>3</sup> USFWS "Migratory Bird Management Information: List of Protected Birds (10.13) Questions and Answers," available at: <http://www.fws.gov/migratorybirds/RegulationsPolicies/mbta/43603%20QA%201013%20rule.pdf>.

<sup>4</sup> Hidden Hills Final Staff Assessment, December 2012, p. 4.2-215.

**Fish and Wildlife Code Sections 1900 et seq.** The Native Plant Protection Act lists threatened, endangered, and rare plants listed by the state.

**Title 14, California Code of Regulations, Sections 670.2 and 670.5.** Lists animals designated as threatened or endangered in California. Species of Special Concern (CSC) is a category conferred by CDFW on those species that are indicators of regional habitat changes or are considered potential future protected species. CSC do not have any special legal status, but are intended by CDFW for use as a management tool to take these species into special consideration when decisions are made concerning the future of any land parcel.

**California Fish and Wildlife Code (Sections 1601 through 1607).** Prohibits alteration of any stream, including intermittent and seasonal channels and many artificial channels, without a permit from CDFW. CDFW jurisdiction is limited to areas within the 100-year floodplain. Within this zone, CDFW jurisdiction is subject to the judgment of the department. This applies to any channel modifications that would be required to meet drainage, transportation, or flood control objectives of a project.

**California Environmental Quality Act (Public Resources Code Section 15380).** Defines “rare” in a broader sense than the definitions of threatened, endangered, or species of special concern. Under this definition, CDFW can request additional consideration of species not otherwise protected. CEQA requires that the effects of a project on environmental resources must be analyzed and assessed using criteria determined by the lead agency.

**Warren Alquist Act (Public Resources Code Section 25000, et seq.).** The legislation that created and gives statutory authority to the CEC. The issuance of a certificate by the CEC shall be in lieu of any permit, certificate or similar document required by any state, local or regional agency. Accordingly, local permits that would be required but for the CEC’s jurisdiction are not required for the project.

**California Coastal Act (for those portions of the project located in the Coastal Zone).**

#### 5.2.6.3 Local and Other Jurisdictions’ LORS

**City of Long Beach – General Plan/Southeast Area Development and Improvement Plan (SEADIP); Local Coastal Program (LCP).** The City of Long Beach regulates new development through design review and permit issuance to ensure consistency with Coastal Act requirements and minimize adverse impacts to identified environmentally sensitive habitats and wetland areas. New development projects that are contiguous to wetlands or environmentally sensitive habitat areas must include a buffer from the edge of the wetland.

TABLE 5.2-1

**Laws, Ordinances, Regulations, and Standards for Biological Resources**

<b>LORS</b>	<b>Requirements/Applicability</b>	<b>Administering Agency</b>	<b>AFC Section Explaining Conformance</b>
<b>Federal</b>			
Federal Endangered Species Act (Federal ESA, 16 USC Section 1531 et seq.)	Designates and protects federally threatened and endangered plants and animals and their critical habitat. The ESA allows an agency to authorize a taking that is incidental to an otherwise lawful activity if certain conditions are met and impacts are mitigated.	USFWS	No such species occur on the AEC site. The AEC is not likely to adversely affect the federally endangered California least tern. Informal discussions and coordination with USFWS will determine measures the AEC will undertake to avoid adverse effects to nesting habitat for these species in the vicinity of the project habitat, the closest of which is approximately 2,400 feet west of the AEC Project area.
Migratory Bird Treaty Act (16 USC Sections 703 to 711)	Protects native migratory birds, including nests and eggs, with certain limited exceptions.	USFWS	The AEC will include mitigation measures to reduce potential impacts to resident and migratory birds to a less-than-significant level (Section 5.2.5).
Bald and Golden Eagle Protection Act (16 USC Section 668)	Specifically protects bald and golden eagles from harm or trade in parts of these species.	USFWS	No such species occur on the AEC site. Bald and golden eagles were not found in the project area. The AEC is not likely to adversely affect eagles.
<b>State</b>			
California Endangered Species Act (Fish and Wildlife Code Section 2050 et seq.).	Species listed under this act cannot be “taken” or harmed, except under specific permit.	CEC	No such species occur on the AEC site. The AEC will include mitigation measures to reduce impacts to State listed species including the California least tern and Belding’s savannah sparrow to a less-than-significant level, given that the closest offsite habitat is approximately 2,400 feet west of the AEC site (Section 5.2.5).
Fish and Wildlife Code Section 3511	Describes species, primarily birds, which are “fully protected.” Fully protected species may not be taken or possessed, except under specific permit requirements.	CDFW	No such species occur on the AEC site. The AEC will include mitigation measures to reduce impacts to fully protected species to a less-than-significant level (Section 5.2.5).
Fish and Wildlife Code Section 3503	States that it is unlawful to take, possess, or needlessly destroy the nest or eggs of any bird, except as otherwise provided by this code or any regulation made pursuant thereto.	CDFW	The AEC will include mitigation measures to reduce impacts to bird nests and eggs to a less-than-significant level (Section 5.2.5).
Fish and Wildlife Code Section 3503.5	Protects all birds of prey and their eggs and nests.	CDFW	The AEC will include mitigation measures to reduce impacts to bird nests and eggs to a less-than-significant level (Section 5.2.5).

TABLE 5.2-1

**Laws, Ordinances, Regulations, and Standards for Biological Resources**

<b>LORS</b>	<b>Requirements/Applicability</b>	<b>Administering Agency</b>	<b>AFC Section Explaining Conformance</b>
Fish and Wildlife Code Section 3513	Makes it unlawful to take, possess, or destroy any birds of prey or to take, possess, or destroy the nest or eggs of any such bird.	CDFW	The AEC will include mitigation measures to reduce impacts to birds of prey to a less-than-significant level (Section 5.2.5).
Fish and Wildlife Code Sections 4700, 5050, and 5515	Lists mammal, amphibian, and reptile species that are fully protected in California.	CDFW	No such species occur on the AEC site. The AEC will include mitigation measures to reduce impacts to fully protected mammal, amphibian, or reptile species to a less-than-significant level (Section 5.2.5).
Fish and Wildlife Code Sections 1900 et seq.,	The Native Plant Protection Act lists threatened, endangered, and rare plants listed by the State.	CDFW	No such species occur on the AEC site. No state threatened, endangered or rare plants will be affected by the AEC (Section 5.2.5).
Title 14, California Code of Regulations, Sections 670.2 and 670.5	Lists animals designated as threatened or endangered in California.	CDFW	No such species occur on the AEC site. The AEC will include mitigation measures to reduce impacts to threatened and endangered animals to a less-than-significant level (Section 5.2.5).
California Fish and Wildlife Code (Sections 1601 through 1607)	Prohibits alteration of any stream, including intermittent and seasonal channels and many artificial channels, without a permit from CDFW.	CDFW	No streams, including intermittent and seasonal channels will be affected by the AEC (Section 5.2.5).
CEQA (Public Resources Code Section 15380)	CEQA requires that the effects of a project on environmental resources must be analyzed and assessed using criteria determined by the lead agency.	CEC	The <u>S</u> AFC analysis and process is CEQA equivalent. All requirements under CEQA are met with the analysis in the AEC <u>S</u> AFC (Section 5.2.6.2).
Warren Alquist Act (Public Resources Code Section 25000, et seq.)	Warren-Alquist Act provides for the CEQA-equivalent process implemented by the CEC.	CEC	The CEC certification process is a certified regulatory program under CEQA and is thus CEQA equivalent. (Section 5.2.6.2)
<b>Local</b>			
City of Long Beach – General Plan/Southeast Area Development and Improvement Plan (SEADIP), Local Coastal Program	But for the CEC’s exclusive jurisdiction over State law matters, the City would regulate new development through design review and permit issuance to ensure consistency with Coastal Act requirements and minimize adverse impacts to identified environmentally sensitive habitats and wetland areas.	City of Long Beach	The AEC, located entirely within an existing developed area that has been designated for industrial uses in the Long Beach General Plan/Southeast Area Development and Improvement Plan (SEADIP), will be consistent with the SEADIP.

## 5.2.7 Permits and Permit Schedule

No federal or state listed or other special-status species will be significantly affected by AEC construction or operation. No additional permits are required. Accordingly, a schedule indicating when permits outside the authority of the CEC will be obtained and the steps the Applicant/Project Owner has taken or plans to take to obtain such permits is not applicable in this case.

## 5.2.8 References

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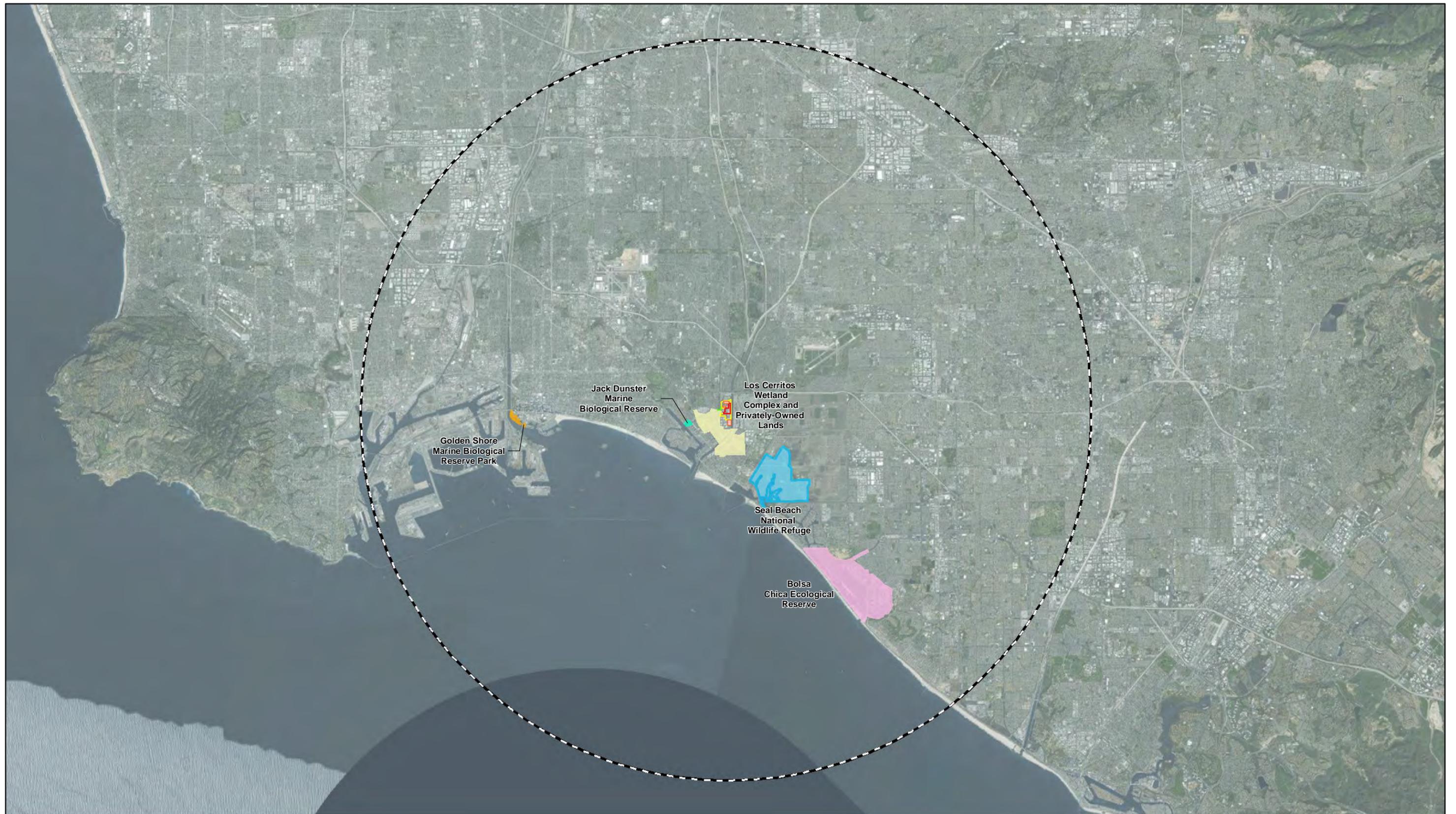
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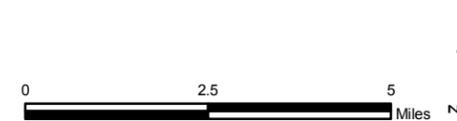
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**Legend**

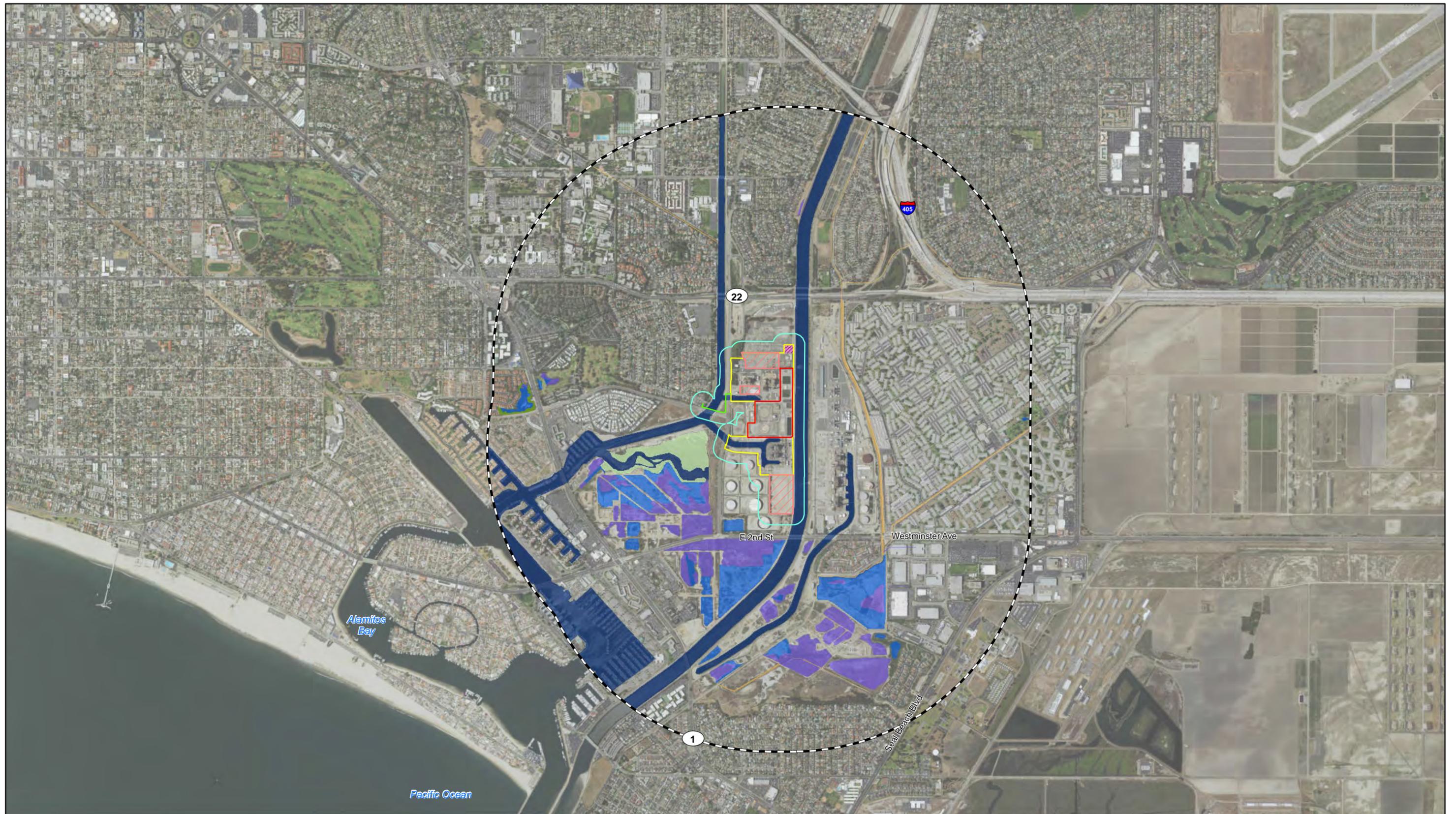
- |                                   |                                                                                     |                                        |                                                        |
|-----------------------------------|-------------------------------------------------------------------------------------|----------------------------------------|--------------------------------------------------------|
| AGS Boundary                      | Proposed New Process/Sanitary Wastewater Pipeline to First Point of Interconnection | 10 Mile Project Buffer                 | Los Cerritos Wetland Complex and Privately-Owned Lands |
| AEC Site                          | Bolsa Chica Ecological Reserve                                                      | Seal Beach National Wildlife Refuge    |                                                        |
| Parking/Laydown Construction Area | Golden Shore Marine Biological Reserve Park                                         | Jack Dunster Marine Biological Reserve |                                                        |

Source: Esri World Imagery  
 California Protected Areas Database (CPAD) – www.calands.org (March 2013),  
 Los Cerritos Wetlands Authority (June 2010),  
 U.S. Fish and Wildlife Service (June 2013).



**FIGURE 5.2-1  
 Significant Regional Wetlands and  
 Protected Areas**

Alamitos Energy Center  
 Long Beach, California  
 April 2016



- Legend**
- AGS Boundary
  - AEC Site
  - Parking/Laydown Construction Area
  - Natural Gas Metering Station
  - 1 Mile Project Buffer/0.25 Mile Sewer Line Buffer
  - 250 Foot Buffer
  - Proposed New Process/Sanitary Wastewater Pipeline to First Point of Interconnection
  - National Wetlands Inventory**
  - Estuarine and Marine Deepwater
  - Freshwater Pond
  - Freshwater Emergent Wetland
  - Estuarine and Marine Wetland
  - Freshwater Forested/Shrub Wetland
  - Riverine

Note:  
 NWI data is accurate to produce medium resolution information at a scale of 1:12,000. Larger scales will not contain the same level of accuracy.

Source: Esri World Imagery, National Wetlands Inventory, U.S. Fish and Wildlife Service (2015).



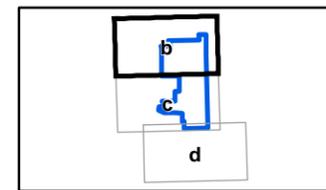
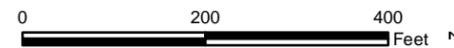
**FIGURE 5.2-2a**  
**National Wetland Inventory**  
 Alamitos Energy Center  
 Long Beach, California  
 April 2016



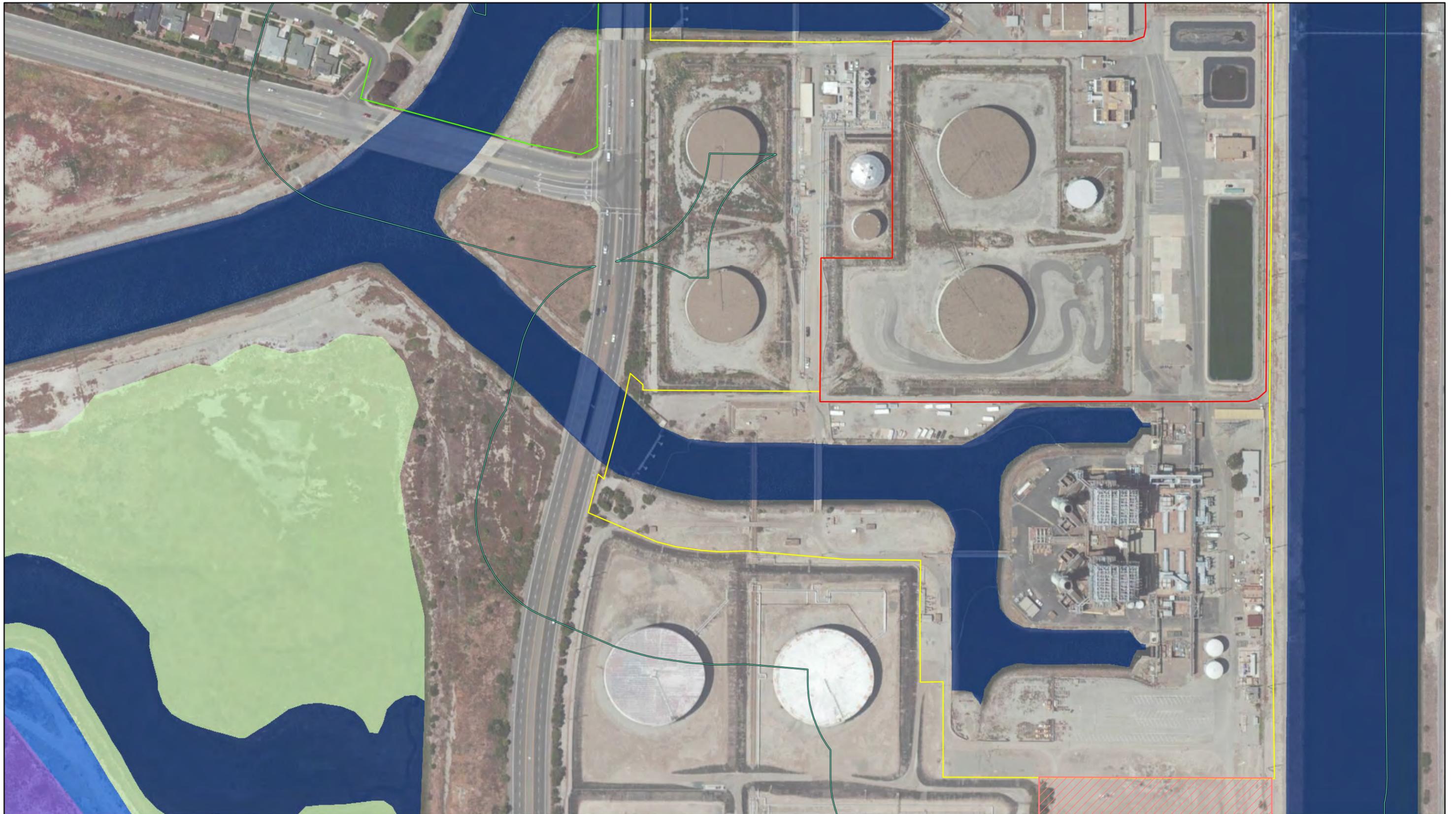
- Legend**
- AGS Boundary
  - 250 Foot Buffer
  - AEC Site
  - Proposed New Process/Sanitary Wastewater Pipeline to First Point of Interconnection
  - Parking/Laydown Construction Area
  - Natural Gas Metering Station
- National Wetlands Inventory**
- Estuarine and Marine Deepwater
  - Estuarine and Marine Wetland
  - Freshwater Emergent Wetland
  - Freshwater Forested/Shrub Wetland
  - Freshwater Pond
  - Riverine

Note:  
 NWI data is accurate to produce medium resolution information at a scale of 1:12,000. Larger scales will not contain the same level of accuracy.

Source: Esri World Imagery, National Wetlands Inventory, U.S. Fish and Wildlife Service (2015).



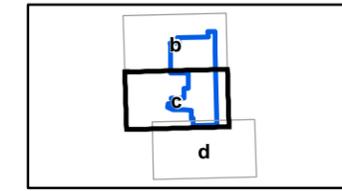
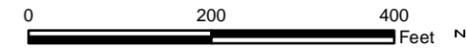
**FIGURE 5.2-2b**  
**National Wetland Inventory**  
 (within 250 feet)  
 Alamos Energy Center  
 Long Beach, California  
 April 2016



- Legend**
- AGS Boundary
  - AEC Site
  - Parking/Laydown Construction Area
  - Natural Gas Metering Station
  - 250 Foot Buffer
  - Proposed New Process/Sanitary Wastewater Pipeline to First Point of Interconnection
  - National Wetlands Inventory**
  - Estuarine and Marine Deepwater
  - Estuarine and Marine Wetland
  - Freshwater Emergent Wetland
  - Freshwater Forested/Shrub Wetland
  - Freshwater Pond
  - Riverine

Note:  
 NWI data is accurate to produce medium resolution information at a scale of 1:12,000. Larger scales will not contain the same level of accuracy.

Source: Esri World Imagery, National Wetlands Inventory, U.S. Fish and Wildlife Service (2015).



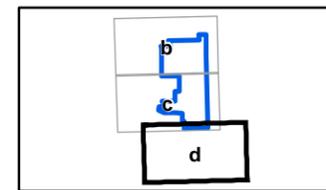
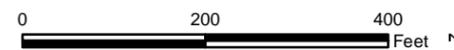
**FIGURE 5.2-2c**  
**National Wetland Inventory**  
 (within 250 feet)  
 Alamos Energy Center  
 Long Beach, California  
 April 2016



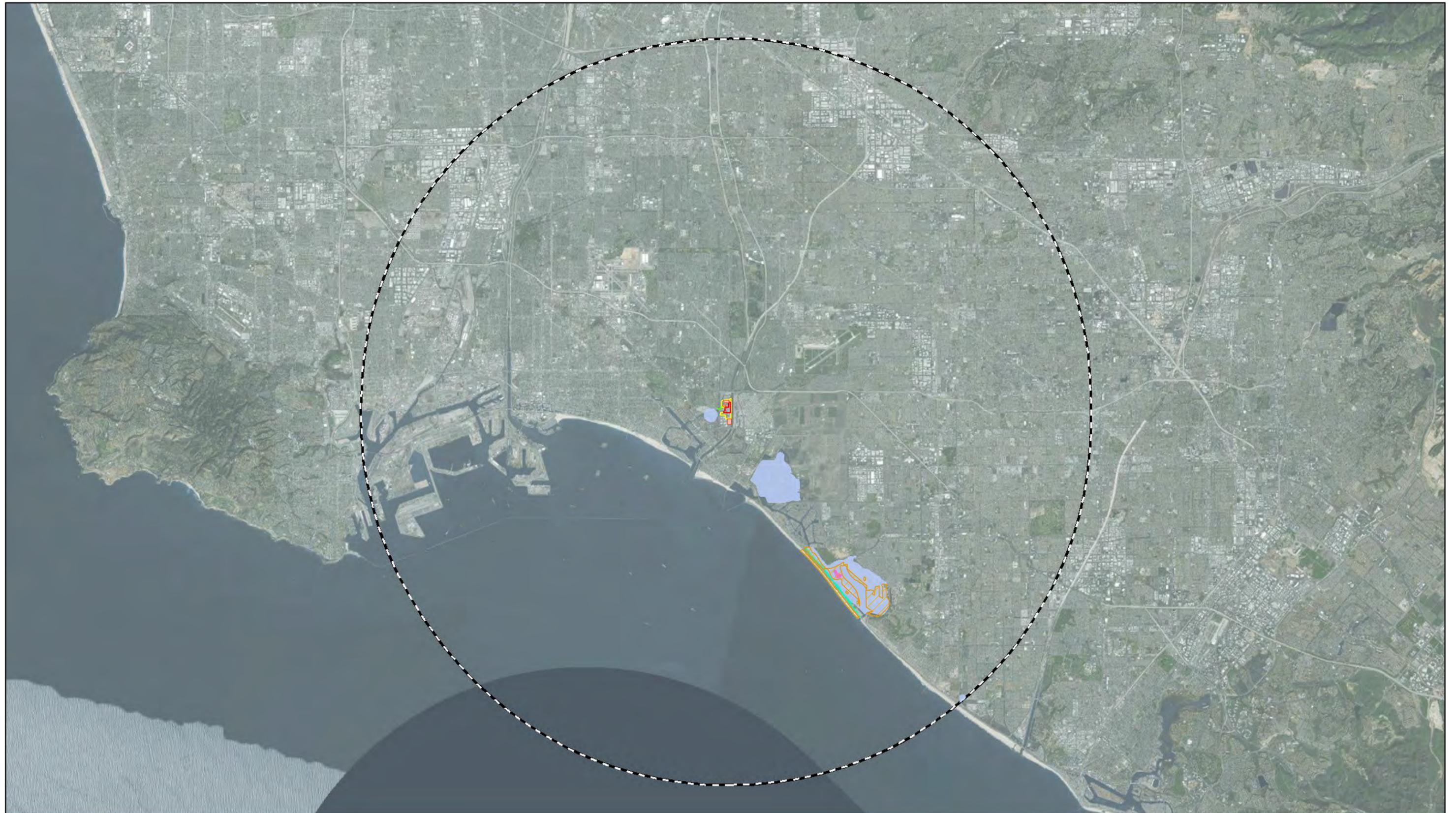
- Legend**
- AGS Boundary
  - AEC Site
  - Parking/Laydown Construction Area
  - Natural Gas Metering Station
  - 250 Foot Buffer
  - Proposed New Process/Sanitary Wastewater Pipeline to First Point of Interconnection
  - National Wetlands Inventory**
  - Estuarine and Marine Deepwater
  - Estuarine and Marine Wetland
  - Freshwater Emergent Wetland
  - Freshwater Forested/Shrub Wetland
  - Freshwater Pond
  - Riverine

Note:  
 NWI data is accurate to produce medium resolution information at a scale of 1:12,000. Larger scales will not contain the same level of accuracy.

Source: Esri World Imagery, National Wetlands Inventory, U.S. Fish and Wildlife Service (2015).



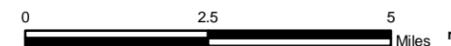
**FIGURE 5.2-2d**  
**National Wetland Inventory**  
 (within 250 feet)  
 Alamitos Energy Center  
 Long Beach, California  
 April 2016



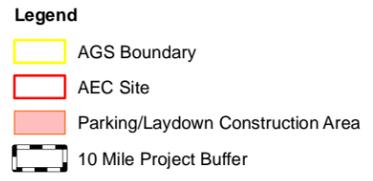
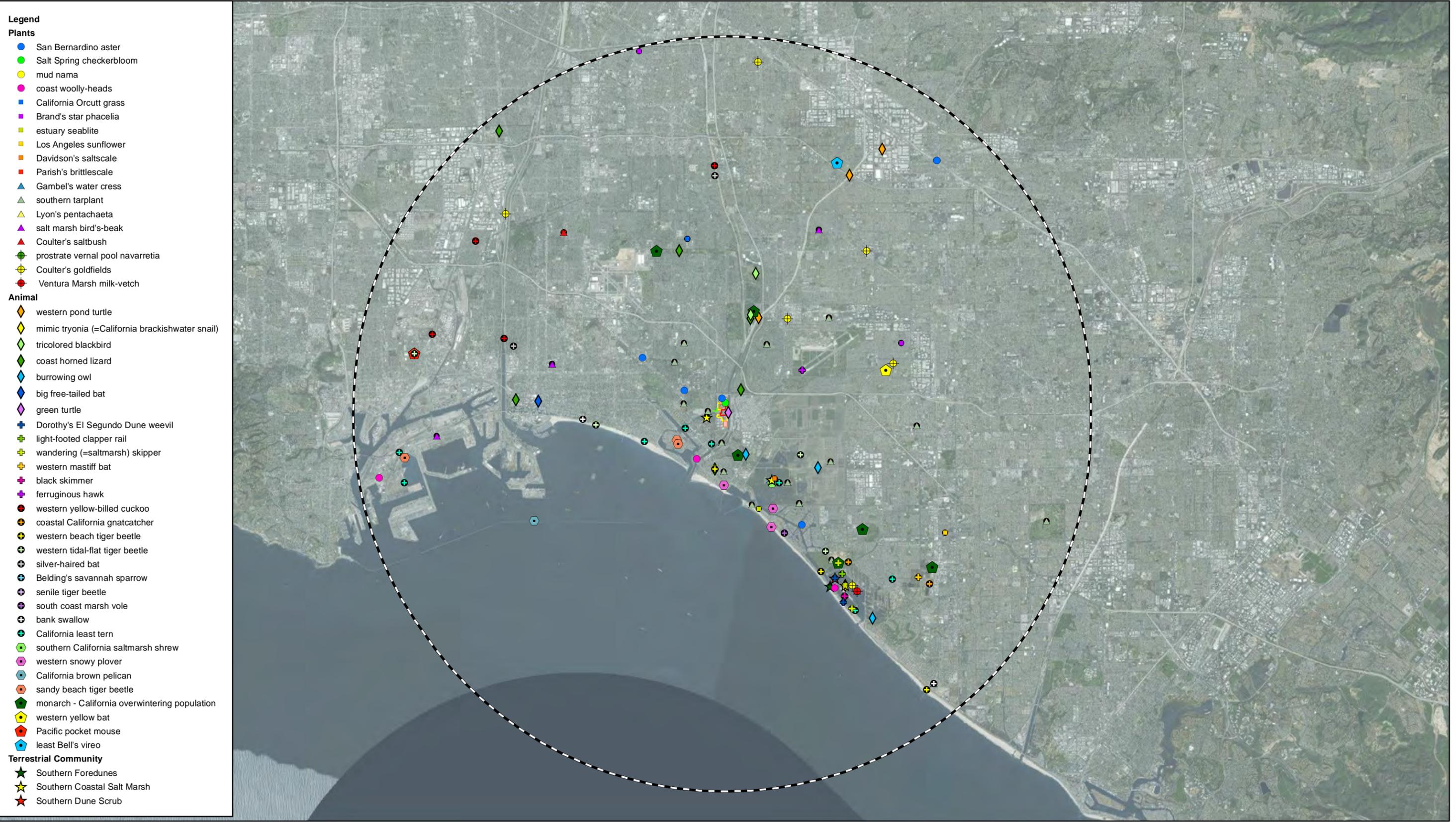
**Legend**

- |                                                                                                                      |                                                                                                                                                                         |                                                                                                                 |                                                                                                            |
|----------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|
|  AGS Boundary                      |  Proposed New Process/Sanitary Wastewater Pipeline to First Point of Interconnection | <b>Sensitive Communities</b>                                                                                    | <b>Critical Habitat</b>                                                                                    |
|  AEC Site                          |                                                                                                                                                                         |  Southern Coastal Salt Marsh |  Western snowy plover |
|  Parking/Laydown Construction Area |                                                                                                                                                                         |  Southern Dune Scrub         |                                                                                                            |
|  10 Mile Project Buffer            |                                                                                                                                                                         |  Southern Foredunes          |                                                                                                            |

Source: Esri World Imagery, CNDDB (Sep 2015), USFWS (2015).

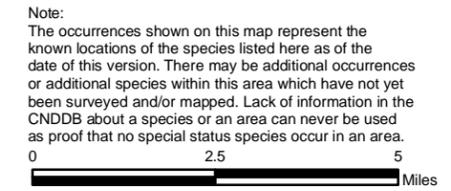


**FIGURE 5.2-3**  
**Sensitive Natural Communities and Critical Habitat**  
 Alamitos Energy Center  
 Long Beach, California  
 April 2016

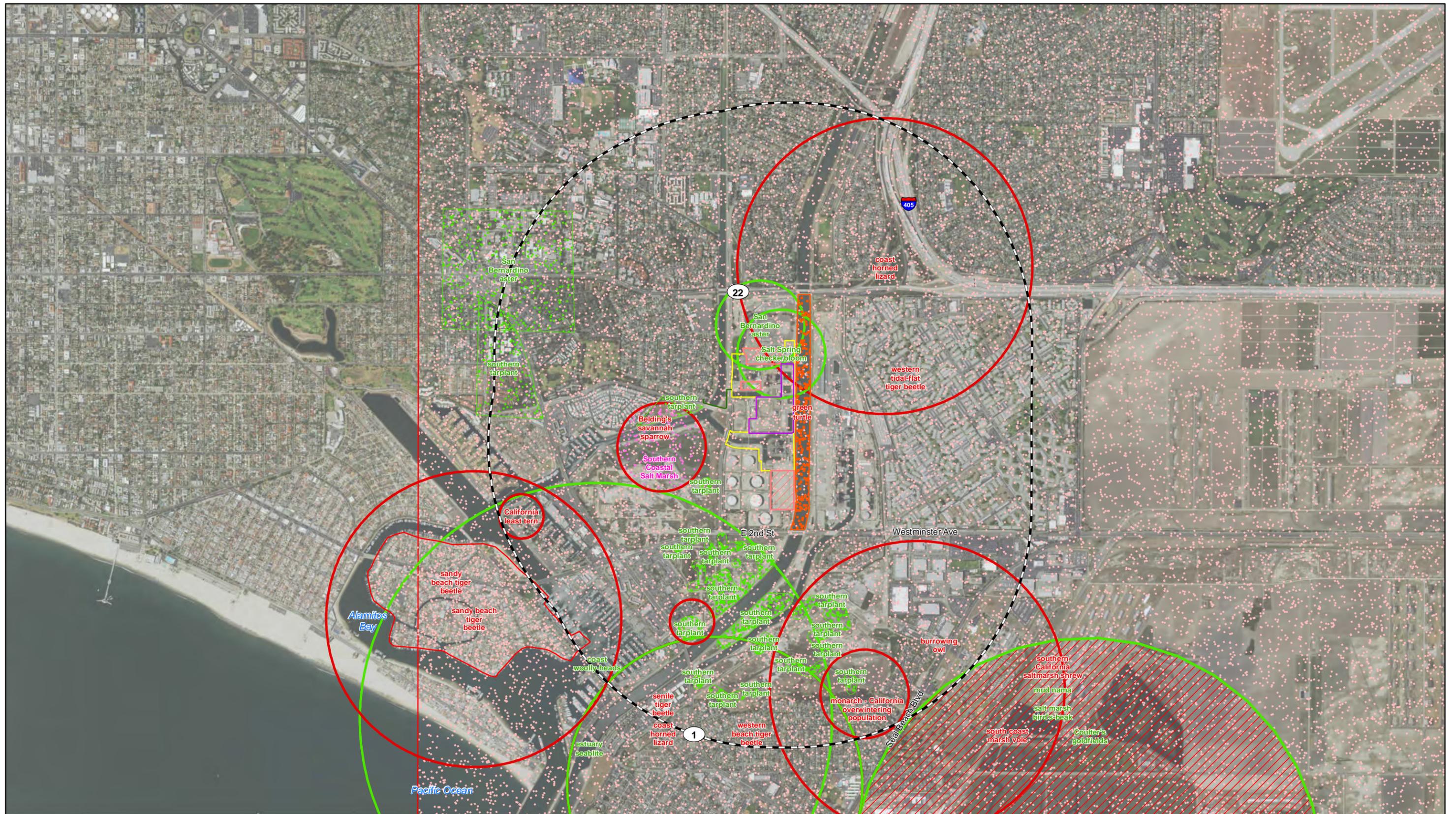


Proposed New Process/Sanitary Wastewater Pipeline to First Point of Interconnection

Source: Esri World Imagery, CNDDDB, Sep 2015.



**FIGURE 5.2-4a**  
**Special-Status Species**  
**(within 10 miles)**  
Alamitos Energy Center  
Long Beach, California  
April 2016

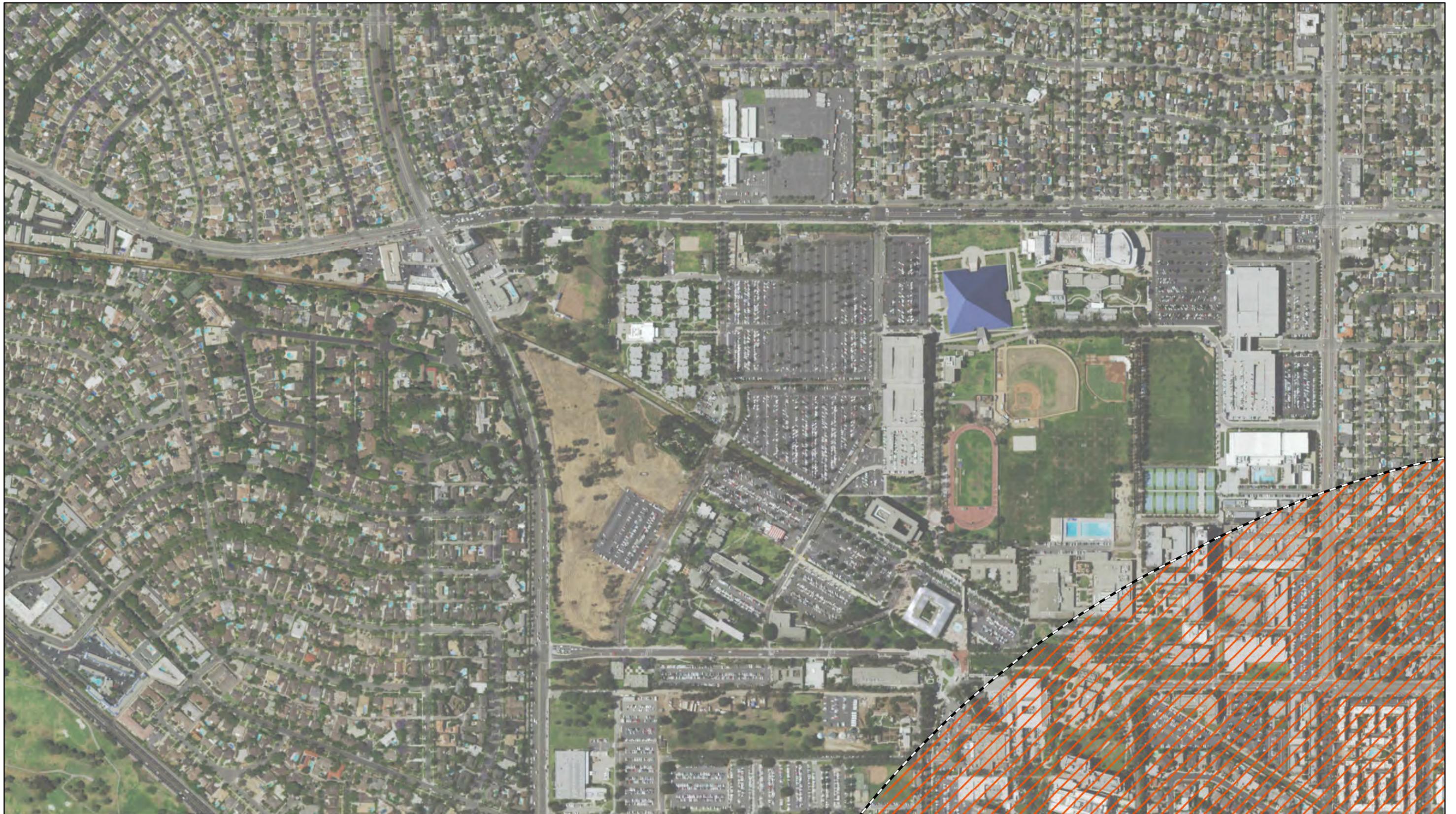


Note:  
 1. The occurrences shown on this map represent the known locations of the species listed here as of the date of this version. There may be additional occurrences or additional species within this area which have not yet been surveyed and/or mapped. Lack of information in the CNDDDB about a species or an area can never be used.  
 2. CNDDDB databases are updated every month, therefore locations identified are approximations, and may be updated and/or relocated in future versions.

Source: Esri World Imagery, CNDDDB, Sep 2015.



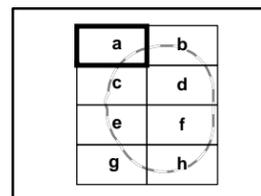
**FIGURE 5.2-4b**  
**Special-Status Species**  
**(within 1 mile)**  
 Alamitos Energy Center  
 Long Beach, California  
 April 2016



**Legend**

- AGS Boundary
- AEC Site
- Parking/Laydown Construction Area
- 250 Feet Buffer
- 1 Mile Project Buffer/0.25 Mile Sewer Line Buffer
- Proposed New Process/Sanitary Wastewater Pipeline to First Point of Interconnection
- / / / / / Urban Development
- X X X X X Industrial
- ■ ■ ■ ■ Parks and Open Space
- ■ ■ ■ ■ Privately-Owned Land/Los Cerritos Wetlands Area

Note: Urban Development also includes roads, landscaping and ruderal vegetation areas.



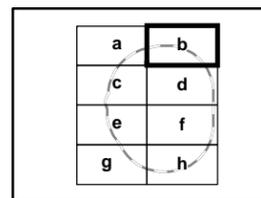
**FIGURE 5.2-5a**  
**Land Cover and Natural Community Types**  
 Alamos Energy Center  
 Long Beach, California  
 April 2016



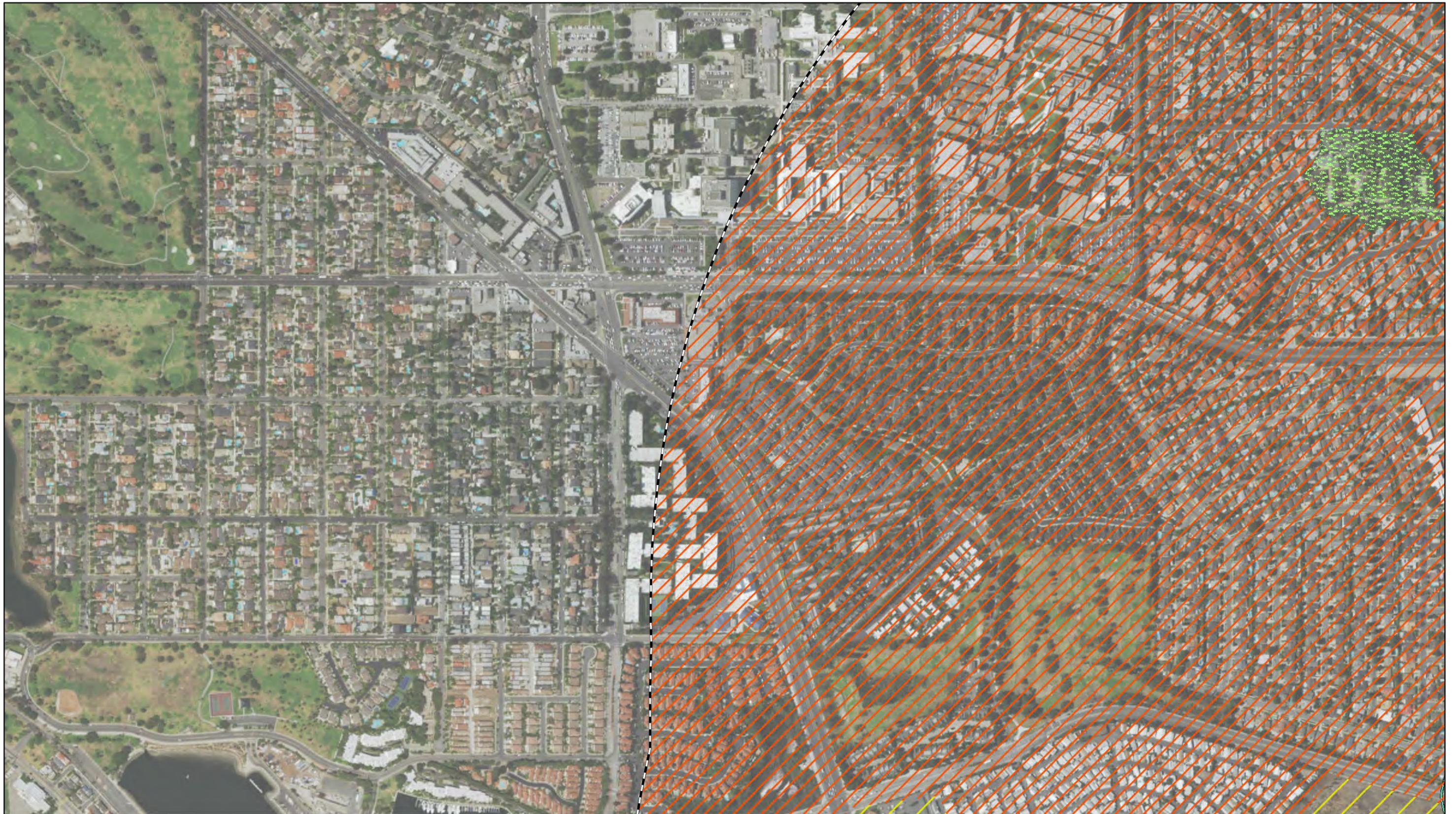
**Legend**

- AGS Boundary
- AEC Site
- Parking/Laydown Construction Area
- 250 Feet Buffer
- 1 Mile Project Buffer/0.25 Mile Sewer Line Buffer
- Proposed New Process/Sanitary Wastewater Pipeline to First Point of Interconnection
- Urban Development
- Industrial
- Parks and Open Space
- Privately-Owned Land/Los Cerritos Wetlands Area

Note: Urban Development also includes roads, landscaping and ruderal vegetation areas.



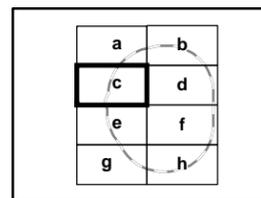
**FIGURE 5.2-5b**  
**Land Cover and Natural Community Types**  
 Alamitos Energy Center  
 Long Beach, California  
 April 2016



**Legend**

- AGS Boundary
- AEC Site
- Parking/Laydown Construction Area
- 250 Feet Buffer
- 1 Mile Project Buffer/0.25 Mile Sewer Line Buffer
- Proposed New Process/Sanitary Wastewater Pipeline to First Point of Interconnection
- Urban Development
- Industrial
- Parks and Open Space
- Privately-Owned Land/Los Cerritos Wetlands Area

Note: Urban Development also includes roads, landscaping and ruderal vegetation areas.



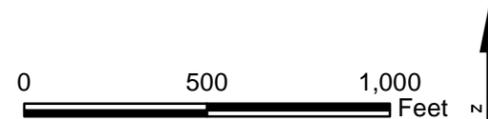
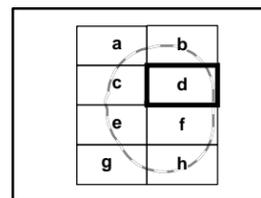
**FIGURE 5.2-5c**  
**Land Cover and Natural Community Types**  
 Alamos Energy Center  
 Long Beach, California  
 April 2016



**Legend**

- AGS Boundary
- AEC Site
- Parking/Laydown Construction Area
- 250 Feet Buffer
- 1 Mile Project Buffer/0.25 Mile Sewer Line Buffer
- Proposed New Process/Sanitary Wastewater Pipeline to First Point of Interconnection
- Urban Development
- Industrial
- Parks and Open Space
- Privately-Owned Land/Los Cerritos Wetlands Area

Note: Urban Development also includes roads, landscaping and ruderal vegetation areas.



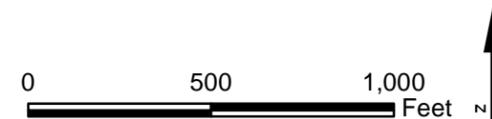
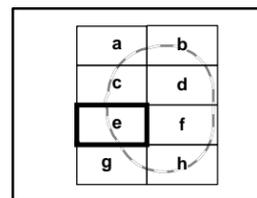
**FIGURE 5.2-5d**  
**Land Cover and Natural Community Types**  
 Alamos Energy Center  
 Long Beach, California  
 April 2016



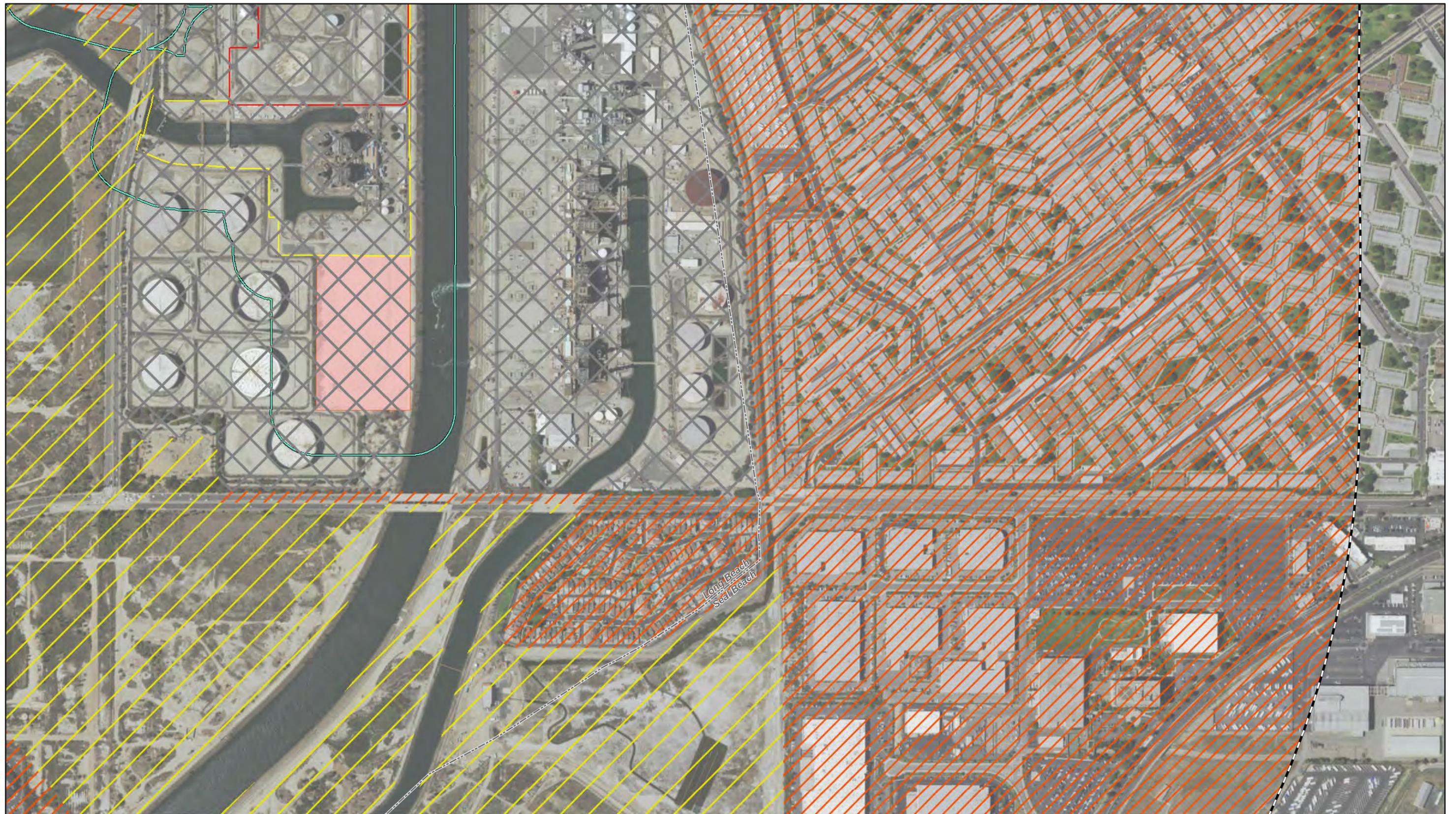
**Legend**

- AGS Boundary
- AEC Site
- Parking/Laydown Construction Area
- 250 Feet Buffer
- 1 Mile Project Buffer/0.25 Mile Sewer Line Buffer
- Proposed New Process/Sanitary Wastewater Pipeline to First Point of Interconnection
- Urban Development
- Industrial
- Parks and Open Space
- Privately-Owned Land/Los Cerritos Wetlands Area

Note: Urban Development also includes roads, landscaping and ruderal vegetation areas.



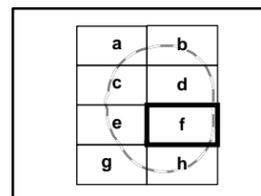
**FIGURE 5.2-5e**  
**Land Cover and Natural Community Types**  
 Alamos Energy Center  
 Long Beach, California  
 April 2016



**Legend**

- AGS Boundary
- AEC Site
- Parking/Laydown Construction Area
- 250 Feet Buffer
- 1 Mile Project Buffer/0.25 Mile Sewer Line Buffer
- Proposed New Process/Sanitary Wastewater Pipeline to First Point of Interconnection
- Urban Development
- Industrial
- Parks and Open Space
- Privately-Owned Land/Los Cerritos Wetlands Area

Note: Urban Development also includes roads, landscaping and ruderal vegetation areas.



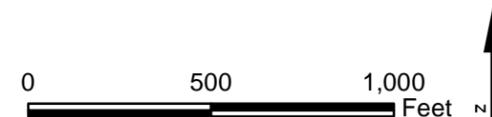
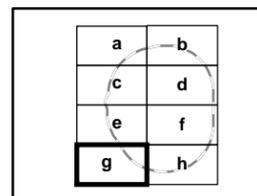
**FIGURE 5.2-5f**  
**Land Cover and Natural Community Types**  
 Alamos Energy Center  
 Long Beach, California  
 April 2016



**Legend**

- AGS Boundary
- AEC Site
- Parking/Laydown Construction Area
- 250 Feet Buffer
- 1 Mile Project Buffer/0.25 Mile Sewer Line Buffer
- Proposed New Process/Sanitary Wastewater Pipeline to First Point of Interconnection
- Urban Development
- Industrial
- Parks and Open Space
- Privately-Owned Land/Los Cerritos Wetlands Area

Note: Urban Development also includes roads, landscaping and ruderal vegetation areas.



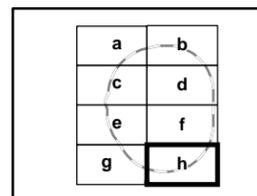
**FIGURE 5.2-5g**  
**Land Cover and Natural Community Types**  
 Alamitos Energy Center  
 Long Beach, California  
 April 2016



**Legend**

- AGS Boundary
- AEC Site
- Parking/Laydown Construction Area
- 250 Feet Buffer
- 1 Mile Project Buffer/0.25 Mile Sewer Line Buffer
- Proposed New Process/Sanitary Wastewater Pipeline to First Point of Interconnection
- Urban Development
- Industrial
- Parks and Open Space
- Privately-Owned Land/Los Cerritos Wetlands Area

Note: Urban Development also includes roads, landscaping and ruderal vegetation areas.



**FIGURE 5.2-5h**  
**Land Cover and Natural Community Types**  
 Alamos Energy Center  
 Long Beach, California  
 April 2016

**Appendix 5.2A**  
**Regional Special-status Plant and Wildlife Species**  
**List**

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Although there are no proposed changes to this appendix from what was filed in October 2015, it has been included on the following pages for completeness.

**Appendix 5.2A Special-Status Species in the Regional Vicinity of the AEC**

Name	Habitat	Status	Occurrence Potential/Nearest Identified Occurrence
<b>Plant Species</b>			
Ventura Marsh milk-vetch <i>Astragalus pycnostachyus</i> var. <i>lanosissimus</i>	Coastal dunes, coastal scrub, and edges of salt or brackish marshes and swamps	FE SE 1B.1	<b>Extirpated to Not Expected.</b> No suitable habitat present within the project area. A historic regional occurrence record for this species are from 1882, potentially extirpated (CDFW, 2015).
Coulter's saltbush <i>Atriplex coulteri</i>	Coastal bluff scrub, coastal dunes, coastal scrub, valley and foothill grassland	1B.2	<b>Extirpated.</b> No suitable habitat found within in the project area. This species was documented approximately 7 miles northwest of AEC within the Bixby Knolls; however, this population is presumed to be extirpated from site development (CDFW, 2015).
Parish's brittlescale <i>Atriplex parishii</i>	Alkali meadows, vernal pools, chenopod scrub and playas.	1B.1	<b>Not Expected.</b> No suitable habitat found within the project area. This species was documented approximately 7 miles northwest of AEC within the Bixby Knolls; however, this population is presumed to be extirpated from site development (CDFW, 2015). According to CDFW (2015), a historic record for this species was documented at Costa Station in Buena Park.
Davidson's saltscale <i>Atriplex serenana</i> var. <i> davidsonii</i>	Coastal bluff scrub and coastal scrub (alkaline soil)	1B.2	<b>Not Expected.</b> No suitable habitat present within in the project area. This species was documented in Seal Beach, but no date is associated with the occurrence record (CDFW, 2015).
Southern tarplant <i>Centromadia parryi</i> ssp. <i>australis</i>	Margins of marshes and swamps, vernally mesic grasslands, and vernal pools	1B.1	<b>Not Expected.</b> No suitable habitat present within in the project area. Several reported occurrences in the regional vicinity of the AEC (CDFW, 2015).
Salt marsh bird's-beak <i>Chloropyron maritimum</i> ssp. <i>maritimum</i>	Coastal salt marshes and swamps, and coastal dunes	FE SE 1B.2	<b>Extirpated to Not Expected.</b> No suitable habitat within in the project area. This species has been documented within the Upper Anaheim Bay in Seal Beach, but the natural population is presumed to be extirpated and the population observed in 1983 was likely introduced (CDFW, 2015).
Los Angeles sunflower <i>Helianthus nuttallii</i> ssp. <i>parishii</i>	Coastal salt and freshwater marshes and swamps	1A	<b>Not Expected.</b> No suitable habitat present on the AEC site. A historic record (1924) for this species was documented within the regional vicinity (CDFW, 2015).
Coulter's goldfields <i>Lasthenia glabrata</i> ssp. <i>coulteri</i>	Coastal salt marshes and swamps, playas, and vernal pools	1B.1	<b>Not Expected.</b> No suitable habitat within the project area. Several reported historical occurrences in the regional vicinity of the AEC (CDFW, 2015).
Mud nama <i>Nama stenocarpum</i>	Marshes and swamps (lake margins,	2B.2	<b>Not Expected.</b> No suitable habitat in the project area. A historic record (1932) for this species has been documented in the Anaheim Marsh (CDFW, 2015).

**Appendix 5.2A Special-Status Species in the Regional Vicinity of the AEC**

<b>Name</b>	<b>Habitat</b>	<b>Status</b>	<b>Occurrence Potential/Nearest Identified Occurrence</b>
	riverbanks)		
Gambel's water cress <i>Nasturtium gambelii</i>	Freshwater or brackish marshes and swamps	FE ST 1B.1	<b>Extirpated.</b> No suitable habitat in the project area. Only record in the regional vicinity is from a historic (1908) collection; this occurrence has likely been extirpated by development (CDFW, 2015).
Prostrate vernal pool navarretia <i>Navarretia prostrata</i>	Mesic sites including coastal scrub, meadows and seeps, valley and foothill grassland (alkaline), and vernal pools	1B.1	<b>Extirpated.</b> No suitable habitat in the project area. A historic record (1882) for this species was documented, but is most likely extirpated from the area (CDFW, 2015).
Coast woolly-heads <i>Nemacaulis denudata</i> var. <i>denudata</i>	Coastal dunes	1B.2	<b>Not Expected.</b> No suitable habitat in the project area. A historic record (1951) for this species was documented within Seal Beach and Alamitos (CDFW, 2015).
California Orcutt grass <i>Orcuttia californica</i>	Vernal pools	FE SE 1B.1	<b>Extirpated.</b> No suitable habitat is found within the AEC site. Species was documented approximately 4.5 miles northwest of the project area, but is presumed to be extirpated (CDFW, 2015).
Lyon's pentachaeta <i>Pentachaeta lyonii</i>	Chaparral (openings), coastal scrub, and valley and foothill grassland (rocky clay soils)	FE SE 1B.1	<b>Extirpated.</b> No suitable habitat within the AEC site and the nearest occurrence record is approximately 6 miles to the southeast. This occurrence record is not dated, but is presumed to be extirpated (CDFW, 2015).
Brand's star phacelia <i>Phacelia stellaris</i>	Coastal scrub, coastal dunes	1B.1	<b>Extirpated.</b> No suitable habitat present within the AEC site. Two occurrences records for this species have been documented, presumed to be extirpated (CDFW, 2015)
Salt spring checkerbloom <i>Sidalcea neomexicana</i>	Alkaline and mesic sites in chaparral, coastal scrub, lower montane coniferous forest, Mojavean desert scrub, and playas.	2B.2	<b>Not Expected.</b> No suitable habitat present within the AEC site and this species has been recorded approximately one-half mile north of the project area from historic collections obtained from Bryant Ranch (CDFW, 2015).
Estuary seablite <i>Suaeda esteroa</i>	Coastal salt marshes and swamps	1B.2	<b>Not Expected.</b> No suitable habitat within the project area. A historic occurrence record (1923) for this species was obtained from Seal Beach (CDFW, 2015).
San Bernardino aster <i>Symphotrichum</i>	Near ditches, streams, and springs in cismontane woodland,	1B.2	<b>Extirpated.</b> No suitable habitat in the project area. Several occurrence records for this species have been documented in the vicinity of AEC, presumed to be

**Appendix 5.2A Special-Status Species in the Regional Vicinity of the AEC**

<b>Name</b>	<b>Habitat</b>	<b>Status</b>	<b>Occurrence Potential/Neatest Identified Occurrence</b>
<i>defoliatum</i>	coastal scrub, lower montane coniferous forest, meadows and seeps, marshes and swamps, and valley and foothill grassland (vernally mesic)		extirpated (CDFW, 2015).
<b>Wildlife Species</b>			
<b>Invertebrates</b>			
Sandy beach tiger beetle <i>Cicindela hirticollis</i> <i>gravida</i>	Coastal sandy areas in the upper zone away from waves	None	<b>Extirpated.</b> No suitable habitat is present within the project area; presumed to be extirpated (CDFW, 2015).
Western beach tiger beetle <i>Cicindela latesignata</i> <i>latesignata</i>	Coastal mudflats and beaches	None	<b>Extirpated.</b> No suitable habitat is present within the project area; presumed to be extirpated (CDFW, 2015).
Western tidal-flat tiger beetle <i>Cicindela gabbii</i>	Sandy areas along estuaries and tidal flats	None	<b>Not Expected.</b> No suitable habitat is present within the project area. This species was last documented in 1998 within the regional vicinity of AEC, but the locality information is sensitive (CDFW, 2015).
Senile tiger beetle <i>Cicindela senilis frosti</i>	Marine shorelines including coastal areas, salt marshes and lakes	None	<b>Extirpated.</b> No suitable habitat is present within the project area. This species was last documented in 1979 in Seal Beach, but is presumed to be extirpated (CDFW, 2015).
Monarch butterfly <i>Danaus plexippus</i>	Roosts in protected groves of trees with nectar and water sources nearby	None	<b>Not Expected to Low.</b> Possible roosting habitat in landscape trees around the site. Species has been documented in multiple locations within the regional vicinity (CDFW, 2015).
Wandering (=saltmarsh) skipper <i>Panoquina errans</i>	Coastal salt marsh	None	<b>Not Expected.</b> No suitable habitat in the project area, but this species has been observed in the Bolsa Chica Ecological Reserve (CDFW, 2015).
Dorothy's El Segundo dune weevil <i>Trigonoscuta dorothea</i>	Coastal dunes	None	<b>Not Expected.</b> No suitable habitat in the project area. Only reported occurrences of this species are from the Bolsa Chica Ecological Reserve (CDFW, 2015).

**Appendix 5.2A Special-Status Species in the Regional Vicinity of the AEC**

<b>Name</b>	<b>Habitat</b>	<b>Status</b>	<b>Occurrence Potential/Nearest Identified Occurrence</b>
<i>dorothea</i>			
California brackishwater snail <i>Tryonia imitator</i>	Coastal lagoons, estuaries and salt marshes	None	<b>Not Expected.</b> No suitable habitat in the project area; regionally this species is known to occur at the Bolsa Chica Ecological Reserve (CDFW, 2015).
<b>Reptiles</b>			
Green turtle <i>Chelonia mydas</i>	Marine habitats with coral reefs, sea grass beds or mangroves	FT*	<b>Observed (adjacent to project site only).</b> No suitable habitat is present within the project area, but this species has been observed within one mile of the AEC site in the San Gabriel River and Los Cerritos Channel (CDFW, 2015).
Western pond turtle <i>Emys marmorata</i>	Permanent and intermittent freshwater habitats including marshes, streams, rivers, ponds and lakes	SC	<b>Extirpated to Not Expected.</b> No suitable habitat is present within the project area. This species was documented in the vicinity of the confluence of the San Gabriel River and Coyote Creek (CDFW, 2015).
Coast horned lizard <i>Phrynosoma blainvillii</i>	Inhabits open areas of sandy soil and low vegetation in valleys, foothills and semiarid mountains from sea level to 8,000 ft.	SC	<b>Extirpated to Not Expected.</b> No suitable habitat in the project area. This species was documented at the Willow Street Bridge over the San Gabriel River in City Park, Long Beach, but is possibly extirpated (CDFW, 2015).
<b>Birds</b>			
Tricolored blackbird <i>Agelaius tricolor</i>	Freshwater marshes, riparian scrublands and forests	SC	<b>Not Expected.</b> Species had been documented approximately one-half mile northwest of the AEC site within the El Dorado Regional Park (CDFG, 2015). No suitable habitat is present within the AEC site.
Burrowing owl <i>Athene cunicularia</i>	Open grasslands and shrub lands with small mammal burrows and low growing vegetation	SC	<b>Not Expected.</b> No suitable habitat in the project area. This species has been documented within one mile of the AEC site in the vicinity of Seal Beach Boulevard and Heron Pointe/Forrestal Lane, near Seal Beach (CDFW, 2015).
Ferruginous hawk <i>Buteo regalis</i>	Grassland and shrub-steppe	SC	<b>Not Expected.</b> No suitable habitat is present within the project area and this species has been recorded approximately 2.5 miles northeast of the AEC site (CDFW, 2015).
Western snowy plover	Sandy beaches, salt	FT	<b>Extirpated to Not Expected.</b> No suitable habitat is present within the AEC site.

**Appendix 5.2A Special-Status Species in the Regional Vicinity of the AEC**

<b>Name</b>	<b>Habitat</b>	<b>Status</b>	<b>Occurrence Potential/Nearest Identified Occurrence</b>
<i>Charadrius alexandrinus nivosus</i>	pond levees and edges of large alkaline lakes	SC	Historic occurrence records for this species has been documented (CDFW, 2015). All nesting populations in the region have been extirpated.
Western yellow-billed cuckoo <i>Coccyzus americanus occidentalis</i>	Riparian	FT SE	<b>Not Expected.</b> No suitable habitat is present within the project area. Historic occurrence records for this species have been documented within the regional vicinity (CDFW, 2015).
Belding's savannah sparrow <i>Passerculus sandwichensis beldingi</i>	Coastal salt marsh	SE	<b>Not Expected.</b> No suitable habitat on the project site, but this species has been documented in the Los Cerritos Marsh (CDFW, 2015).
California brown pelican <i>Pelecanus occidentalis californicus</i>	Coastal marine and estuarine environments	Delisted FP	<b>Not Expected.</b> No suitable present within the AEC site. This species has been documented offshore approximately 6 miles southwest of the AEC site (CDFW, 2015).
Coastal California gnatcatcher <i>Polioptila californica californica</i>	Coastal sage scrub	FT SC	<b>Not Expected.</b> No suitable habitat within the project area. This species has been documented near Huntington Harbor in 2004 (CDFW, 2015).
Light-footed clapper rail <i>Rallus longirostris levipes</i>	Coastal salt marshes	FE SE FP	<b>Not Expected.</b> No suitable habitat within the project area, but this species has been documented within Seal Beach National Wildlife Refuge (CDFW, 2015).
Bank swallow <i>Riparia riparia</i>	Vertical banks/cliffs with fine-textured/sandy soils near streams, rivers, lakes, and the ocean	ST	<b>Not Expected.</b> No suitable habitat within the AEC site. A historic occurrence record for species from 1919 was documented near Bixby Park (CDFW, 2015).
Black skimmer <i>Rynchops niger</i>	Nest on gravel bars and open sandy beaches	SC	<b>Not Expected.</b> No suitable nesting habitat within the project area. The only reported nesting habitat for this species is at the Bolsa Chica Ecological Reserve (CDFW, 2015).
California least tern <i>Sternula antillarum browni</i>	Nest in coastal areas in bare or sparsely vegetated areas, sandy beaches, alkali flats landfills and paved areas	FE SE FP	<b>Not Expected.</b> No suitable habitat on the project site. Multiple occurrence records for this species have been documented within the regional vicinity (CDFW, 2015).
<b>Mammals</b>			

**Appendix 5.2A Special-Status Species in the Regional Vicinity of the AEC**

<b>Name</b>	<b>Habitat</b>	<b>Status</b>	<b>Occurrence Potential/Nearest Identified Occurrence</b>
Western mastiff bat <i>Eumops perotis californicus</i>	Known to roost in high buildings, forages in a variety of habitats	SC	<b>Not Expected to Low.</b> Potential to forage over the open water and wetlands around the site; this species has been observed within the regional vicinity (CDFW, 2015).
Silver-haired bat <i>Lasionycteris noctivagans</i>	Forests	None	<b>Not Expected.</b> No suitable habitat is present within the project area. This species has been recorded within 10 miles of the AEC site (CDFW, 2015).
Western yellow bat <i>Lasiurus xanthinus</i>	Desert regions, dry tropical forest to semi-tropical wet forests	SC	<b>Not Expected.</b> No suitable habitat is present within the project area. This species will roost in native and non-native palm trees. This species has been documented in the vicinity of Garden Grove (CDFW, 2013).
South coast marsh vole <i>Microtus californicus stephensi</i>	Tidal marshes	SC	<b>Not Expected.</b> No suitable habitat is present within the project area. This species has been documented within the Seal Beach Wildlife Refuge (CDFW, 2015).
Big free-tailed bat <i>Nyctinomops macrotis</i>	Rugged, rocky areas in both lowland and highland habitats	SC	<b>Not Expected.</b> No suitable habitat present within the project area. This species was last observed in 1983 in the general vicinity of Long Beach (CDFW, 2015).
Pacific pocket mouse <i>Perognathus longimembris pacificus</i>	Fine-grain, sandy substrates on the coastal strand, coastal dunes, river alluvium and coastal sage scrub habitats within 2.5 miles of the ocean	FE SC	<b>Extirpated.</b> No suitable habitat within the project area. This species is presumed to be extinct in the area and the last documented occurrence record was from 1865 in Wilmington (CDFW, 2015). The Pacific pocket mouse was discovered in two general locations on the Marine Corps Base, Camp Pendleton in San Diego County and at the Dana Point Headlands (USFWS, 1998).
Southern California salt marsh shrew <i>Sorex ornatus salicornicus</i>	Coastal salt marsh	SC	<b>Not Expected.</b> No suitable habitat is present within the project area. A historic occurrence record for this species was obtained in 1968 in the general vicinity of Seal Beach Naval Weapons Station (CDFG, 2015).
Least Bell's vireo <i>Vireo bellii pusillus</i>	Summer resident; riparian habitats along watercourses	FE SE	<b>Not Expected.</b> No suitable habitat is present within the project area. This species has been documented approximately 1 mile south southwest of the intersection of Interstate (I) 605 and I-91.

**Status Codes**

FE – Federally listed as endangered  
 FT – Federally listed as threatened  
 FP – State listed as fully protected  
 SE – State listed as endangered  
 ST – State listed as threatened

**Appendix 5.2A Special-Status Species in the Regional Vicinity of the AEC**

Name	Habitat	Status	Occurrence Potential/Nearest Identified Occurrence
<p>SC – State Species of Concern</p> <p><u>California Native Plant Society</u></p> <p>1A - Plants Presumed Extinct in California</p> <p>1B.1 - Plants rare, threatened, or endangered in California and elsewhere; seriously endangered in California</p> <p>1B.2- Plants rare, threatened, or endangered in California and elsewhere; fairly endangered in California</p> <p>2B.2 - Plants endangered in California; fairly endangered in California</p> <p>*The green sea turtle is federally threatened species throughout its Pacific Range.</p> <p><b>Sources:</b></p> <p>California Department of Fish and Game (CDFG). 2015. California Natural Diversity Database. RareFind5.</p> <p>California Native Plant Society (CNPS). 2015. Inventory of Rare and Endangered Plants (online edition, v8-02). California Native Plant Society. Sacramento, CA.</p> <p>United States Fish and Wildlife Service (USFWS). 1998. Pacific pocket mouse (<i>Perognathus longimembris pacificus</i>) Recovery Plan. Portland, OR. 112 pp.</p>			

**Appendix 5.2B**  
**CNDDDB RareFind Checklist/AEC Photo Log**

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Although there are no proposed changes to this appendix from what was filed in October 2015, it has been included on the following pages for completeness.



**Selected Elements by Scientific Name**  
**California Department of Fish and Wildlife**  
**California Natural Diversity Database**



Query Criteria: Imported file selection

Species	Element Code	Federal Status	State Status	Global Rank	State Rank	Rare Plant Rank/CDFW SSC or FP
<i>Agelaius tricolor</i> tricolored blackbird	ABPBXB0020	None	None	G2G3	S1S2	SSC
<i>Astragalus pycnostachyus var. lanosissimus</i> Ventura Marsh milk-vetch	PDFAB0F7B1	Endangered	Endangered	G2T1	S1	1B.1
<i>Athene cunicularia</i> burrowing owl	ABNSB10010	None	None	G4	S3	SSC
<i>Atriplex coulteri</i> Coulter's saltbush	PDCHE040E0	None	None	G2	S2	1B.2
<i>Atriplex parishii</i> Parish's brittle scale	PDCHE041D0	None	None	G1G2	S1	1B.1
<i>Atriplex serenana var. davidsonii</i> Davidson's salt scale	PDCHE041T1	None	None	G5T1	S1	1B.2
<i>Buteo regalis</i> ferruginous hawk	ABNKC19120	None	None	G4	S3S4	WL
<i>Centromadia parryi ssp. australis</i> southern tarplant	PDAST4R0P4	None	None	G3T2	S2	1B.1
<i>Charadrius alexandrinus nivosus</i> western snowy plover	ABNNB03031	Threatened	None	G3T3	S2	SSC
<i>Chelonia mydas</i> green turtle	ARAAA02010	Threatened	None	G3	S1	
<i>Chloropyron maritimum ssp. maritimum</i> salt marsh bird's-beak	PDSCR0J0C2	Endangered	Endangered	G4?T1	S1	1B.2
<i>Cicindela gabbii</i> western tidal-flat tiger beetle	IICOL02080	None	None	G2G4	S1	
<i>Cicindela hirticollis gravida</i> sandy beach tiger beetle	IICOL02101	None	None	G5T2	S1	
<i>Cicindela latesignata latesignata</i> western beach tiger beetle	IICOL02113	None	None	G2G4T1T2	S1	
<i>Cicindela senilis frosti</i> senile tiger beetle	IICOL02121	None	None	G2G3T1T3	S1	
<i>Coccyzus americanus occidentalis</i> western yellow-billed cuckoo	ABNRB02022	Threatened	Endangered	G5T2T3	S1	
<i>Danaus plexippus pop. 1</i> monarch - California overwintering population	IILEPP2012	None	None	G4T2T3	S2S3	
<i>Emys marmorata</i> western pond turtle	ARAAD02030	None	None	G3G4	S3	SSC
<i>Eumops perotis californicus</i> western mastiff bat	AMACD02011	None	None	G5T4	S3S4	SSC
<i>Helianthus nuttallii ssp. parishii</i> Los Angeles sunflower	PDAST4N102	None	None	G5TH	SH	1A



Selected Elements by Scientific Name  
California Department of Fish and Wildlife  
California Natural Diversity Database



Species	Element Code	Federal Status	State Status	Global Rank	State Rank	Rare Plant Rank/CDFW SSC or FP
<i>Lasionycteris noctivagans</i> silver-haired bat	AMACC02010	None	None	G5	S3S4	
<i>Lasiurus xanthinus</i> western yellow bat	AMACC05070	None	None	G5	S3	SSC
<i>Lasthenia glabrata ssp. coulteri</i> Coulter's goldfields	PDAST5L0A1	None	None	G4T2	S2	1B.1
<i>Microtus californicus stephensi</i> south coast marsh vole	AMAFF11035	None	None	G5T1T2	S1S2	SSC
<i>Nama stenocarpa</i> mud nama	PDHYD0A0H0	None	None	G4G5	S1S2	2B.2
<i>Nasturtium gambelii</i> Gambel's water cress	PDBRA270V0	Endangered	Threatened	G1	S1	1B.1
<i>Navarretia prostrata</i> prostrate vernal pool navarretia	PDPLM0C0Q0	None	None	G2	S2	1B.1
<i>Nemacaulis denudata var. denudata</i> coast woolly-heads	PDPGN0G011	None	None	G3G4T2	S2	1B.2
<i>Nyctinomops macrotis</i> big free-tailed bat	AMACD04020	None	None	G5	S3	SSC
<i>Orcuttia californica</i> California Orcutt grass	PMPOA4G010	Endangered	Endangered	G1	S1	1B.1
<i>Panoquina errans</i> wandering (=saltmarsh) skipper	IILEP84030	None	None	G4G5	S2	
<i>Passerculus sandwichensis beldingi</i> Belding's savannah sparrow	ABPBX99015	None	Endangered	G5T3	S3	
<i>Pelecanus occidentalis californicus</i> California brown pelican	ABNFC01021	Delisted	Delisted	G4T3	S3	FP
<i>Pentachaeta lyonii</i> Lyon's pentachaeta	PDAST6X060	Endangered	Endangered	G1	S1	1B.1
<i>Perognathus longimembris pacificus</i> Pacific pocket mouse	AMAFD01042	Endangered	None	G5T1	S1	SSC
<i>Phacelia stellaris</i> Brand's star phacelia	PDHYD0C510	None	None	G1	S1	1B.1
<i>Phrynosoma blainvillii</i> coast horned lizard	ARACF12100	None	None	G3G4	S3S4	SSC
<i>Poliophtila californica californica</i> coastal California gnatcatcher	ABPBJ08081	Threatened	None	G3T2	S2	SSC
<i>Rallus longirostris levipes</i> light-footed clapper rail	ABNME05014	Endangered	Endangered	G5T1T2	S1	FP
<i>Riparia riparia</i> bank swallow	ABPAU08010	None	Threatened	G5	S2	
<i>Rynchops niger</i> black skimmer	ABNNM14010	None	None	G5	S2	SSC



Selected Elements by Scientific Name  
California Department of Fish and Wildlife  
California Natural Diversity Database



Species	Element Code	Federal Status	State Status	Global Rank	State Rank	Rare Plant Rank/CDFW SSC or FP
<b><i>Sidalcea neomexicana</i></b> Salt Spring checkerbloom	PDMAL110J0	None	None	G4	S2	2B.2
<b><i>Sorex ornatus salicornicus</i></b> southern California saltmarsh shrew	AMABA01104	None	None	G5T1?	S1	SSC
<b><i>Southern Coastal Salt Marsh</i></b> Southern Coastal Salt Marsh	CTT52120CA	None	None	G2	S2.1	
<b><i>Southern Dune Scrub</i></b> Southern Dune Scrub	CTT21330CA	None	None	G1	S1.1	
<b><i>Southern Foredunes</i></b> Southern Foredunes	CTT21230CA	None	None	G2	S2.1	
<b><i>Sternula antillarum browni</i></b> California least tern	ABNNM08103	Endangered	Endangered	G4T2T3Q	S2	FP
<b><i>Suaeda esteroa</i></b> estuary seablite	PDCHE0P0D0	None	None	G3	S2	1B.2
<b><i>Symphotrichum defoliatum</i></b> San Bernardino aster	PDASTE80C0	None	None	G2	S2	1B.2
<b><i>Trigonoscuta dorothea dorothea</i></b> Dorothy's El Segundo Dune weevil	IICOL51021	None	None	G1T1	S1	
<b><i>Tryonia imitator</i></b> mimic tryonia (=California brackishwater snail)	IMGASJ7040	None	None	G2	S2	
<b><i>Vireo bellii pusillus</i></b> least Bell's vireo	ABPBW01114	Endangered	Endangered	G5T2	S2	

Record Count: 52



**Alamitos Energy Center (AEC).** Photograph of the proposed project area, view facing west.



**AEC.** Photograph of the proposed project area, view facing south.



**AEC.** Photograph of the proposed project area, view facing south southwest.



**AEC.** Photograph of the proposed project area, view facing southwest.



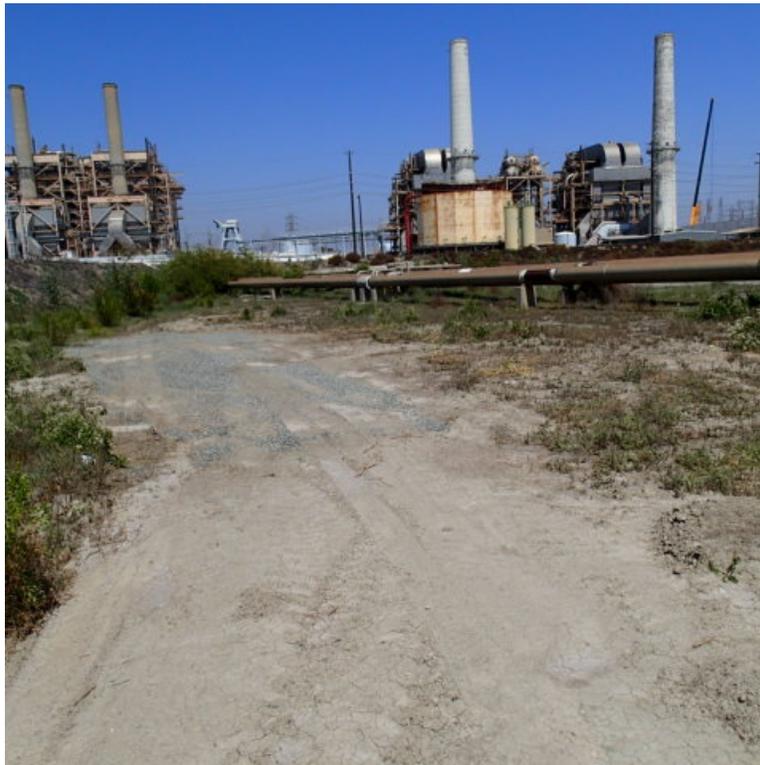
**AEC.** Photograph of the proposed project area, view facing west.



**AEC.** Photograph of the proposed project area, view facing west.



**AEC.** Photograph of the proposed project area, view facing north.



**AEC.** Photograph of the proposed project area, view facing north northwest.



**AEC.** Photograph of the proposed project area, view facing north.



**AEC.** Photograph of the proposed project area, view facing north.

**Appendix 5.2C**  
**List of Observed Species**

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Although there are no proposed changes to this appendix from what was filed in October 2015, it has been included on the following pages for completeness.

TABLE 1  
**Wildlife Species Observed Within and Adjacent to the Project Site**  
*Alamitos Energy Center*

Common Name	Scientific Name
Anna's hummingbird	<i>Calypte anna</i>
Black phoebe	<i>Sayornis nigricans</i>
Cormorant	<i>Phalacrocorax sp.</i>
Great blue heron	<i>Ardea herodias</i>
Great egret	<i>Ardea alba</i>
Green heron	<i>Butorides virescens</i>
Green sea turtle	<i>Chelonia mydas*</i>
House finch	<i>Carpodacus mexicanus</i>
Killdeer	<i>Charadrius vociferous</i>
Mourning dove	<i>Zenaida macroura</i>
Red-tailed hawk	<i>Buteo jamaicensis</i>
Western fence lizard	<i>Sceloporus occidentalis</i>
Western gull	<i>Larus occidentalis</i>

\*Although green sea turtles were not observed during the site survey, site personnel have observed this species within the Los Cerritos Channel.

TABLE 2  
**Plant Species Observed Within the Project Site**  
*Alamitos Energy Center*

Common Name	Scientific Name
Brome	<i>Bromus ssp.</i>
Cheeseweed	<i>Malva parviflora</i>
Common iceplant	<i>Mesembryanthemum crystallinum</i>
Coyote brush	<i>Baccharis pilularis</i>
Mulefat	<i>Baccharis salicifolia</i>
Pampas grass	<i>Cortaderia sp.</i>
Pink powderpuff	<i>Calliandra surinamensis</i>
Russian thistle	<i>Salsola tragus</i>
Slender oat	<i>Avena barbata</i>
Spotted spurge	<i>Chamaesyce maculata</i>
Tree tobacco	<i>Nicotiana glauca</i>
Washington fan palm	<i>Washingtonia robusta</i>

**Appendix 5.2D**  
**Biological Staff Resumes**

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Although there are no proposed changes to this appendix from what was filed in October 2015, it has been included on the following pages for completeness.

# **Melissa Fowler**

## **Small Mammal Ecologist/Wildlife Biologist**

### **Education**

M.S., Environmental Studies, Emphasis: Environmental Science, California State University, Fullerton (2010)

B.S., Biological Science, California State University, Fullerton (2005)

A.A., Liberal Studies, Fullerton College, Fullerton (2001)

### **Relevant Experience**

Ms. Fowler is a biologist specializing in small mammal ecology, particularly desert species, and wildlife biology. She has over 13 years of experience conducting a variety of wildlife studies in a range of California habitats, including aquatic (freshwater and marine) and terrestrial ecosystems, and has worked with a wide range of species that include large carnivores, small mammals, raptors and other avian species, reptiles, marine fishes and aquatic macroinvertebrates. Ms. Fowler has conducted a variety of surveys for commercial and federal projects including botanical surveys, wildlife surveys, habitat assessments, vegetation mapping, biological monitoring, rare plant surveys (primarily in the Mojave Desert ), re-vegetation monitoring and wetland delineations. She has a scientific collecting permit for mammals and reptiles in Kern, Los Angeles, Riverside and San Bernardino Counties and the coast horned lizard in Region 5 (SC-11611). In addition, she has prepared a wide variety of environmental documents, including Application for Certifications (AFC), Environmental Impact Reports/Environmental Impact Statements (EIR/EIS), Environmental Impact Assessments/Environmental and Social Impact Assessments (EIA/ESIA), permitting, environmental compliance-related documents and mitigation plans.

### **Specialized Training**

- California Rapid Assessment Method (CRAM) Trained Professional (2014)
- Certified Ecologist, Ecological Society of America (2013-2018)
- Wetland Training Institute: Basic Wetland Delineation 40-hour Training (2012)
- Desert Tortoise Council: Introduction to Surveying, Monitoring, and Handling Techniques Workshop (2011)
- Legends of the Fall: Exploring the Clandestine Flora of Early Fall in the Eastern Mojave Desert Workshop (2011)
- Occupational Safety and Health Administration 10-hour Construction Safety and Health certified
- Safety Coordinator - Construction
- CPR, AED, and First Aid certified
- United States Fish and Wildlife Service, Pacific Pocket Mouse Monitoring Workshop for Marine Corps Base Camp Pendleton Pacific Pocket Mouse Working Group (2007)

### **Representative Projects**

**Biologist, AES Southland Development, Alamitos Energy Center (AEC), Los Angeles County, California.** Prepared the biological resources section for an AFC for a natural gas-fired

power plant, coordinated with resource agencies and conducted site reconnaissance survey.

**Biologist, AES Southland Development, Redondo Beach Energy Project (RBEP), Los Angeles County, California.** Prepared the biological resources section for an AFC for a natural gas-fired power plant, coordinated with resource agencies and conducted site reconnaissance survey. Responded to California Energy Commission (CEC) data requests and comments; participated in agency site tour.

**Biologist, AES Southland Development, Huntington Beach Energy Project (HBEP), Orange County, California.** Assisted with the preparation of the biological resources section for an AFC for a natural gas-fired power plant, coordinated with resource agencies, conducted initial site visit and supplemental botanical and wildlife survey, technical representative for public workshops, and responded to CEC data requests and comments in the discovery phase.

**Biologist, NRG Energy, Carlsbad Energy Center Project (CECP), San Diego County, California.** Assisted with a site survey for the Initial Construction Phase for CECP - construction of the CEMS concrete to support air permitting issues. Prepared and provided the associated Worker Environmental Awareness Training (WEAP) to site personnel and conducted biological monitoring.

**Biologist, Confidential Client, United Arab Emirates.** Prepared biological resources and marine ecology sections for a Terms of Reference/scoping report for a confidential project. Prepared the biological resources section for the associated EIA.

**Biologist, Confidential Client, Saudi Arabia.** Prepared baseline sections for terrestrial biological resources and marine ecology, impact assessments, and mitigation sections for an EIA for a chemical plant.

**Biologist, Confidential Client, San Bernardino County, California and Mohave County, Arizona.** Assisted with wetland delineations and vegetation mapping.

**Biologist, Union Pacific Railroad, Imperial County, California.** Conducted preconstruction clearance surveys for burrowing owls, habitat assessments and construction monitoring for desert pupfish.

**Biologist, San Timoteo Canyon Derailment, Union Pacific Railroad, Riverside County, California.** Conducted re-vegetation monitoring of site restoration activities for derailment affected areas, replanting of native vegetation and establishment of weed management areas were conducted in accordance with U.S. Army Corps of Engineers (USACE) (USACE #2006-01654-JPL) and State Water Resources Control Board (State Water Board) (WDID #836C343929) requirements. Prepared annual re-vegetation monitoring report.

**Biologist, Confidential Solar Energy Client, Kern County, California.** Conducted raptor migration and raptor landscape use surveys throughout the proposed wind energy site.

**Biologist, Confidential Client, Saudi Arabia.** Prepared baseline sections for terrestrial ecology and marine ecology, impact assessments, and mitigation sections for an EIA for an expansion project for an existing refinery.

**Biologist, Confidential Client. Iraq.** Prepared baseline ecology, impact assessment, and mitigation sections for an ESIA for a water treatment plant. Ecology baseline included terrestrial and wetland habitats.

**Biologist, Confidential Solar Energy Client, Inyo County, California.** Prepared the Clean Water Act (CWA) Section 401 Water Quality Certification (WQC) for the Colorado River Basin Regional Water Quality Control Board (RWQCB).

**Biologist, Confidential Wind Energy Client, Riverside County, California.** Prepared application packages for a proposed wind energy project for a Lake and Streambed Alteration (LSA) Notification for California Department of Fish and Wildlife (CDFW) and the CWA Section 401 WQC for the Colorado River Basin RWQCB.

**Biologist, Confidential Wind Energy Client, San Bernardino County, California.** Conducted delineation surveys of ephemeral washes for a potential mitigation site in the Mojave Desert. Prepared associated report and analyzed the suitability of confidential location as a mitigation site for a solar project.

**Biologist and Task Manager, Los Angeles World Airports (LAWA). Los Angeles, California.** Prepared cost estimate and met with client for the Riverside Fairy Shrimp relocation project to help determine the cost effectiveness of mitigation site alternatives. Coordinated with client and subcontractors, ensured tasks are within scope of work, finalized and distributed deliverables, prepared meeting agendas and summaries.

**Biologist, Confidential Solar Energy Client, Riverside County, California.** Prepared the Evaporation Pond Plan and assisted with preparing the Biological Resources Mitigation Implementation and Monitoring Plan.

**Biologist, TID Almond 2 Power Plant, Turlock Irrigation District, Stanislaus County, California.** Conducted construction and dewatering monitoring for the giant garter snake within areas of suitable habitat.

**Biologist, Oakdale Irrigation District, Stanislaus County, California.** Prepared a jurisdictional delineation of wetlands and Waters of the United States report.

**Biologist, Terra-Gen Power, LLC, Kern County, California.** Supported multiple projects by conducting wetland delineations, habitat assessments, vegetation mapping, condor and raptor monitoring and multiple wildlife surveys, desert tortoise and Mohave ground squirrel monitoring, geotechnical escorting, potholing monitoring, preconstruction clearance surveys, assisted with protocol southwestern willow flycatcher surveys, supported project permitting, including multiple LSAs and Section 401 Waste Discharge Requirements (WDR), and prepared

technical memos. Lead the re-vegetation monitoring effort for multiple projects and prepared associated annual reports.

**Biologist, North Sky River Wind Energy Project, NextEra, Kern County, California.**

Conducted rare plants surveys along a transmission line corridor. Attended county planning meeting and participated in the renewable energy forum, which included multiple stakeholders. Assisted with biological monitoring during the construction phase.

**Biologist, Confidential Solar Energy Client, Imperial County, California.** Prepared and revised avian and bat protection plans for two proposed solar farms in Imperial County, California.

**Biologist, Chiquita Canyon Landfill Master Plan Revision, Waste Management, Inc., Los Angeles County, California.** Revised and updated the biological resources section of the Draft EIR. Conducted vegetation mapping, oak tree surveys, re-vegetation monitoring, amphibian surveys, and updated all vegetation mapping in accordance with the expanded project boundary.

**Biologist, Alpine Solar Project, NRG Solar Alpine, LLC, Los Angeles County, California.** Conducted preconstruction surveys for coast horned lizards, burrowing owls and badgers, rare plants surveys and assisted with preparing the biological technical report for an additional 35-acre project.

**Biologist, Beaver to Junction, Central Federal Lands Highway Division, Fishlake National Forest, Utah.** Performed acoustic goshawk surveys in summer of 2010.

**Biologist and Field Lead, Tehachapi Renewable Transmission Project (TRTP) – Segments 4-11 Compliance Monitoring, Southern California Edison (SCE), California.** CH2M HILL is providing environmental compliance support to SCE during construction of the TRTP in accordance with the National Environmental Policy Act (NEPA) and California Environmental Quality Act (CEQA). The TRTP includes construction of new and upgrade of 173 miles of transmission lines, construction of one new substation, major upgrade of one existing substation and upgrade of other ancillary facilities. When complete the TRTP will deliver up to 4300 MW of renewable energy to the Los Angeles Basin and the western Inland Empire. Provided general project support including preparing mitigation plans, conducting historical research on oil fields and obtaining abandonment details when applicable for the entire project. Field lead for preconstruction photographic documentation, coordinated with subcontractors, quality assurance/quality control of fieldwork and data, developed field protocols to streamline and standardize fieldwork and prepared task-related deliverables.

**Biologist, Devers-Palo Verde No. 2 Transmission Line Project (DPV2) - Compliance Monitoring, SCE, California.** CH2M HILL provided environmental compliance support to SCE during construction of the DPV2 in accordance with the NEPA and CEQA. The DPV2 included construction of 153 miles of new transmission lines, construction of one new substation, major upgrades of two existing substations and upgrade of other ancillary facilities. Data entry of environmental data sheets, compiled all environmental data entry into a single

database, prepared summaries of surveys needed and tasks completed at a proposed substation, and reviewed project-related mitigation plans.

## **Experience Prior to CH2M HILL**

**Research Assistant, California State University, Fullerton. Vertebrate Ecology and Conservation Laboratory of Dr. Paul Stapp (2009).** Assisted with the completion of a long-term research project in the Mojave National Preserve. Monitoring the abundance of small mammals, and the effects of large and small herbivores and granivores on post-fire vegetation recovery.

**Research Associate, Irvine Ranch Conservancy, Irvine, California (2007-2009).** Established and managed the wildlife and human access monitoring project with remote cameras, supervised and directed project volunteers, trained project interns, maintained and created the project database, quality control of database, compiled data entry from various project interns, edited and contributed with preparing project-related documents, collaborated with other organizations, and coordinated and facilitated small mammal monitoring projects with consultants. Assisted with other department projects as needed, such as restoration projects.

**Research Assistant, California State University, Fullerton. Vertebrate Ecology and Conservation Laboratory of Dr. Paul Stapp (2003-2006).** Researched the foraging behaviors of desert rodents (*Chaetodipus penicillatus* and *C. formosus*) in response to moonlight effects and rattlesnake olfactory cues in the Mojave National Preserve, CA. Prepared and published project manuscript. Received an Undergraduate Student Research Award from the American Society of Mammalogists for this work. Assisted with developing the experimental design and site selection of a long-term monitoring project in the Mojave National Preserve investigating the effects of small and large herbivores and granivores on post-fire vegetation recovery. In addition, conducted live-trapping for field demonstrations and lab activities for Dr. Stapp's courses.

**Teaching Assistant, California State University, Fullerton (2005-2006).** Developed weekly lesson plans, quizzes, tests, instructional materials, presented 30- 60 minute lectures for 2 laboratory sections/week, and graded all course-related materials.

**Student Assistant, Tucker Wildlife Sanctuary, Modjeska Canyon, California (2004-2005).** Assisted with restoration of woodland, chaparral and riparian habitats. Cared for museum animals, such as captive desert tortoises other reptiles, amphibians, mammals and invertebrates, maintained facilities, and led educational tours. Monitored local avian species.

**Student Research Scholar. California State University, Fullerton. Southern California Ecosystems Research Program (SCERP) (2002-2005).** Worked in the Mojave National Preserve researching the road effects on desert perennials, monitored water quality and measured biodiversity of macroinvertebrates in two creeks located in the Starr Ranch Sanctuary in

southern Orange County, compared the nursery function of two different habitats in the Upper Newport Bay, and assisted with pitfall trapping herpetofauna in the Mojave Desert.

## Professional Affiliations and Memberships

- American Society of Mammalogists
- California Native Plant Society
- Ecological Society of America

## Publications and Presentations

“Small mammal community structure in response to post-fire vegetation changes in the Mojave National Preserve.” California State University, Fullerton (2010).

“Foraging behaviors of *Chaetodipus* spp. (pocket mice) in response to predation risk.” Published in *Dimensions* (2006).

“Foraging of *Chaetodipus* pocket mice in response to rattlesnake odors” (poster). Presented at the American Society of Mammalogists in Springfield, Missouri. Co-authored with Dr. Paul Stapp (2005).

“Foraging behavior of desert rodents in response to rattlesnake olfactory cues and predation risk” (poster). Presented at the Southern California Animal Behavior annual meeting in Riverside, California. Co-authored with Dr. Paul Stapp (2005).

"Road effects on desert perennials, *Larrea tridentata* and *Ambrosia dumosa*, across a bajada in the eastern Mojave Desert" (poster). Presented at the Society for Advancement of Chicanos and Native Americans in Science (SACNAS) Anaheim, California. Co-authored with Robert Rodarte, Victor Galvan, Susana Espino-Hernandez, and Maria Vega-Velez (2002).

"Anthropogenic effects on water quality and the potential impact on diversity of macroinvertebrates in southern California creeks" (poster). Presented at the Society for Advancement of Chicanos and Native Americans in Science (SACNAS) in Anaheim, California. Co-authored with Robert Rodarte, Victor Galvan, Susana Espino-Hernandez, and Maria Vega-Velez (2002).

“Differential Habitat Use by Fishes in Upper Newport Bay: Evidence for Nursery Function.” A presentation to the local community of the Upper Newport Bay at the Marine Studies Center in Newport, California. Co-authored with Victor Galvan, Susana Espino-Hernandez, Robert Rodarte, Maria Vega-Velez, and Dr. Michael Horn (2002).

## References

- Jay Lorenz (CH2M HILL), Technologist Professional, (503) 736-4033  
Bridget Canty (CH2M HILL), Biologist, (831) 430-6326  
Ava Edens (CH2M HILL), Biologist, (714) 435-6217

Newport, California. Co-authored with Victor Galvan, Susana Espino-Hernandez, Robert Rodarte, Maria Vega-Velez, and Dr. Michael Horn (2002).

## **Specialized Training**

- Certified Ecologist, Ecological Society of America (2013-2018)
- Wetland Training Institute: Basic Wetland Delineation 40-hour Training (2012)
- Desert Tortoise Council: Introduction to Surveying, Monitoring, and Handling Techniques Workshop (2011)
- Legends of the Fall: Exploring the Clandestine Flora of Early Fall in the Eastern Mojave Desert Workshop (2011)
- Occupational Safety and Health Administration 10-hour Construction Safety and Health certified
- Safety Coordinator - Construction
- CPR, AED, and First Aid certified
- United States Fish and Wildlife Service, Pacific Pocket Mouse Monitoring Workshop for Marine Corps Base Camp Pendleton Pacific Pocket Mouse Working Group (2007)

## **References**

References are available upon request.

# René Langis

Project Manager  
Senior Environmental Permitting Specialist  
Senior Technical Consultant  
Wetland Scientist

## Education

PhD, Water Sciences, University of Quebec, 1989  
MS, Environmental Engineering, University of Montreal, 1982  
BS, Environmental Biology, Mc Gill University, 1979

## Distinguishing Qualifications

- Twenty one years of experience in environmental documentation and permitting
- Sixteen years of environmental permitting experience in the United States, including negotiations with USACE, USFWS, NMFS and state environmental agencies
- Five years of environmental permitting experience in Canada
- Proven experience in preparation of environmental impact assessments and reports
- Manager for numerous environmental and biological studies and analyses, including environmental and permitting tasks for the a variety of public and private organizations
- Twenty-one years of experience in addressing biological issues in environmental impact assessments and reports (including CEQA, NEPA, and CEC documents)
- Sixteen years of experience in wetland permitting

## Relevant Experience

Dr. **Langis** is a senior technical consultant with over 25 years of experience in applied aquatic ecology, and 21 years of experience in environmental consulting in Canada and the United States. He has coordinated and negotiated environmental compliance issues and mitigation plans with resources agencies for several projects. Dr. Langis serves as Senior Technical Consultant for biological resources on various environmental assessments.

## Representative Projects

**Redondo Beach Energy Project.** Senior reviewer for biological resources on the Application for Certification and responsible for addressing potential wetland issues with California Coastal Commission and US Army Corps of Engineers..

**Wetland Restoration Ecologist: Oil Sands Restoration Planning; Multiple Clients; Client Confidential; Athabasca Oil Sands Region, Alberta.** Preparing detailed site reclamation plans for thousands of hectares of oil sands extraction and tailings areas.

**Project Manager: New Irvington Tunnel (NIT).** Environmental Compliance Manager for the construction of a 3.5 mile, \$326 million water conveyance tunnel. Environmental compliance issues included neighborhood air and noise

# René Langis

disturbance, storm water control, creek and upland restoration and protection of sensitive species among four separate active work sites. The NIT project is part of City of San Francisco's \$4.3 billion improvement of the Water System Improvement Program.

**Permitting Lead: Shell Pond Cleanup and Wetland Restoration Project.** Environmental Permitting Lead for the clean-up and tidal marsh restoration of a 73-acre wastewater retention pond located within the San Francisco Bay marsh land. Tasks included participation in development of wetland restoration concept, as well as CEQA documentation and multi agency permitting and coordination (USACE, Regional Water Quality Control Board, San Francisco Bay Conservation and Development Commission, and California Fish and Game Department, USFWS and NOAA-NMFS).

**Senior Technical Consultant: Twelvemile Creek Bank Stabilization.** Senior Technical Consultant for design and implementation of geomorphic bank stabilization measures along Twelvemile Creek, Liberty, South Carolina. Task was part the Schlumberger Technology Corporation Twelvemile Creek Dredging Project, recipient of a 2012 CEO Excellence Award.

**Task Manager: Wetland Mitigation Concepts, Pittsburg California.** Task manager for the development of several mitigation wetland concepts in San Francisco Bay Delta for the Pittsburg Dow Chemical facility.

**Task Manager: San Jose/Santa Clara WPCP Pond A18 Master Plan.** Managed and prepared the water and endangered species, sediment quality sections of the opportunities and constraints report for future use of a former South Bay salt pond (Pond A18).

**Senior Technical Consultant: Confidential submarine transmission line; San Francisco, CA.** Senior reviewer for the hydrology-water quality section of the environmental assessment for a 3-mile 230 kV submarine transmission line.

**Task Manager: City of San Jose Trail Projects; City of San José, San Joé, CA.** Environmental Lead for design and environmental support for various City of San Jose Trail Projects. Task included the preparation of various documents necessary to bring projects in compliance with NEPA.

**Project Manager: Lower Silver Creek Trail Initial Study Negative Declaration, City of San José, San José CA.** Managed the preparation of the CEQA environmental document for the 5-mile Lower Silver Creek Trail between Coyote Creek and Lake Cunningham Park.

**Senior Biologist: Santa Clara Habitat Conservation Plan; Santa Clara County, CA.** Senior biologist on the Santa Clara Habitat Conservation Plan Environmental Impact Report/Statement (EIR/S). Managed the preparation of the biological resource chapter of the EIS/EIR, as well as prepared the sections describing impacts and mitigation for specific Santa Clara County species.

**Task Lead/Permitting Specialist: Saratoga Creek Raw Water Intake Improvement Project; San Jose Water Company, CA.** Managed the CEQA clearance (Categorical Exemption) and permits/authorizations, including UA Army Corps of Engineers (Section 404), Regional Water Quality Control Board (RWQCB) Water Quality Certification (Section 401), and California Department of Fish and Game (CDFG) Streambed Alteration Agreement (Section 1602), including coordination of protective measures for the federally listed California red-legged frog.

**Environmental Coordinator and Lead Biologist: Coyote Watershed Program; Santa Clara Valley Water District; San José, CA.** Responsible for US Army Corps of Engineers, Regional Water Quality Control Board, and California Department of Fish and Game permitting, regulatory negotiation and environmental documentation per CEQA and NEPA. The program is implementing a series of stream restoration and flood control improvement projects within the

watershed, many of which under an accelerated schedule. Major issues include wetlands, endangered species, cold water fisheries, and habitat conservation and restoration. Dr. Langis also conducted a number of interagency meetings that included the National Marine Fisheries Service, US Fish and Wildlife Service, USACE (Regulatory Branch), California Fish and Game, and the Regional Water Quality Control Board to discuss project impacts and proposed mitigation.

**Project Manager: Phase II of the Gilroy Hot Springs Road Repair Project; Santa Clara County; Gilroy, CA:** Conducted resource agency coordination for the realignment of a section of Coyote Creek using fluvial geomorphic and bio-engineered methods. This project involved the preparation of an Initial Study/Negative Declaration per CEQA and the preparation of US Army Corps of Engineers (Section 404), Regional Water Quality Control Board (Section 401), and California Department of Fish and Game permits. The project required Section 7 Consultations for the federally listed California red-legged frog and the preparation of a mitigation plan for the state protected foothill yellow legged frog.

**Project Manager: Upper Penitencia Creek Flood Control Project Environmental Impact Statement/Report (EIS/R), Phase 1; USACE; San Jose, CA.** Dr. Langis was the Project Manager for Phase 1 of the EIS/EIR completed in August 2006. Managed the collection of data, evaluation and documentation of the existing condition along Upper Penitencia Creek as well as the preparation of a Waters of the US and Wetland Delineation Report.

**Project Manager: Nesting Bird Surveys for the Upper Guadalupe River Flood Control Project; USACE; San José, CA.** Coordinated the seasonal nesting raptor and bird surveys in Reach 10 of Upper Guadalupe River for compliance with the Migratory Bird Treaty Act and California Fish and Game Code from 2008 through 2011.

**Senior Aquatic Biologist: Pond A-4 Tidal Wetland Restoration; Santa Clara Valley Water District, Santa Clara, CA.** Task leader for preparation of the Water Quality Section of the Opportunity and Constraints Memorandum. Task included analysis of existing conditions and of potential effects on water quality of opening Pond to tidal exchange including potential effect on mobilization of toxic material.

**Senior Technical Consultant: Caltrans District 4 On-Call Environmental Services; San Francisco Bay Area, CA.** Senior reviewer— task leader, intimately familiar with Caltrans projects, procedures, and document standards. Provided senior review on the preparation of Natural Environment Study reports and Biological Assessments as well as provided strategy and support for Caltrans' permitting efforts with the California Department of Fish and Game, US Fish and Wildlife Service, California Regional Water Quality Control Board, and US Army Corps of Engineers.

**Permitting Manager: Seismic Retrofit of Richmond-San Rafael Bridge; Caltrans District 4 CA; Richmond, CA.** Task manager for all environmental permitting efforts associated with the seismic retrofit of the Richmond-San Rafael Bridge. Required permits included permits from USACE, RWQCB, and BCDC as well as Section 7 Endangered Species Act consultations with FWS. Coordinated the preparation of environmental permits/authorizations, including US Army Corps of Engineers Individual Permit (Section 404), Dredge Material Management Office Permit, San Francisco Bay Conservation and Development Commission Major Permit, RWQCB Water Quality Certification (Section 401), United States Fish and Wildlife Service/National Marine Fisheries Service (USFWS/NMFS) Section 7 Consultation Endangered Species Act. Also prepared a mitigation and monitoring plan for potential negative impacts to eelgrass beds. Coordinated the development of mitigation and monitoring plans for the peregrine falcon, the Pacific herring, harbor seals, and double-crested cormorants. Incorporated permit requirements in project PS&E.

**Permitting Manager: Los Esteros Critical Energy Facility Permanent Stormwater Outfall; Calpine Corporation, San José CA:** Task manager for the preparation and coordination of US Army Corps of Engineers, Regional Water Quality Control Board, and California Department of Fish and Game (CDFG) permit applications, as well as coordinated with National Marine Fisheries Service and CDFG regarding rare, threatened and endangered species.

# René Langis

**Project Manager: Montevina Raw Water Pipeline, San Jose Water Company, San José, CA:** Managed the preparation of environmental document under CEQA (Initial Study Negative Declaration) and permits/authorizations, including Section 404 and 401 of the Clean Water Act and Section 1602 of the California Fish and Game Code.

**Permitting Specialist: On-call Environmental Services; Alameda Public Works Agency; Oakland, CA.** Managed CEQA compliance and permitting/authorizations, including Section 404-401 of the Clean Water Act and Section 1602 of California Fish and Game Code.

**Bécancour Energy Project, TransAlta.** Managed the preparation of the environmental document and addressed public hearing on water quality and biological resources sections for a combined-cycle gas turbine power plant in Bécancour, Québec.

## Publications

Kimmelshue, J.E., R. Langis, M. Dellinger and J. Bays. 2000. Wildlife Habitat and Treatment Wetlands Design and Construction. Treatment Wetlands for Water Quality Improvement - Quebec 2000 Conference Proceedings (Selected Papers). CH2M HILL, Waterloo.

Kimmelshue, J.E., M. Dellinger, R. Langis, and J. Bays. 2000. Basin 2000/Lyons Creek wildlife habitat and treatment wetlands design and construction. WEFTEC 2000 Technical Proceedings.

Langlois, C. and R. Langis. 1995. Presence of airborne contaminants in the wildlife of northern Québec. *Science of the Total Environment*, 160/161: 391-402.

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Gibson, K.D., J.B. Zedler and R. Langis. Limited response of cordgrass (*Spartina foliosa*) to soil amendments in a constructed marsh. 1994. *Ecological Applications* 4(4): 757-767.

Zedler, J.B., M. Busnardo, T. Sinicrope, R. Langis, R. Gersberg and S. Baczkowski. 1994. Pulse-discharge wastewater wetlands: the potential for solving multiple problems by varying hydroperiod. In: Mitsch, W.J. (ed.) *Global Wetlands, Old World and New*. Elsevier, Amsterdam: 363-368.

Busnardo, M.J., R.M. Gersberg, R. Langis, T.L. Sinicrope and J.B. Zedler. 1992. Nitrogen and phosphorus removal by wetland mesocosms subjected to different hydroperiods. *Ecological Engineering* 1: 287-307.

Sinicrope, T.L., R. Langis, R.M. Gersberg, M.J. Busnardo and J.B. Zedler. 1992. Metal removal by wetland mesocosms subjected to different hydroperiods. *Ecological Engineering*. 1 : 309-322.

Zedler, J.B. and R. Langis. 1992. Urban Wetland Restoration: A San Diego Bay Example. Proceedings: Third Annual "Country in the City" Symposium, Portland, Oregon, April 1990; Audubon Society of Portland.

Zedler, J.B. and R. Langis. 1992. Urban Wetland Restoration: A San Diego Bay Example. Proceedings: Third Annual "Country in the City" Symposium, Portland, Oregon, April 1990; Audubon Society of Portland, 1992.

Langis, R., M. Zalejko and J.B. Zedler. 1991. Nitrogen assessments in a constructed and natural salt marsh from San Diego Bay. *Ecological Applications* 1(1):40-51, 1991.

Zedler, J.B., R. Langis, J. Cantilli, M. Zalejko and S. Rutherford. 1989. Assessing the functioning of constructed marshes. pp. 311-318, in Hughes, H.G. and T.M. Bonnicksen, eds., Restoration '89: The new management challenge. Proceedings of the first annual meeting of the Society for Ecological restoration, January 16-20, 1989, Oakland, CA; Society for Ecological Restoration, Madison, WI.

Zedler, J.B., R. Langis, J. Cantilli, M. Zalejko, K. Swift and S. Rutherford. 1988. Assessing the functions of mitigation marshes in southern California. pp. 323-330, in Kusler, J.A., S. Daly and J. Brooks, eds., Urban Wetlands, Proceedings: National Wetlands Symposium, June 26-29, 1988. Oakland, CA., Association of Wetland Managers, Berne, NY.

Cluis, D., R. Langis and P. Couture. 1988. Contribution of atmospheric and groundwater sources to surface water quality during extreme hydrologic events. *Atmosphere Ocean* 28(3):437-448.

Langis, R., D. Proulx, J. de la Noüe and P. Couture. 1988. Influence of a biofilm on an intensive *Daphnia* culture. *Aquacultural Engineering* 7:21-38.

Langis, R., P. Couture, J. de la Noüe and N. Méthot. 1986. Induced response on algal growth and phosphate removal by three molecular weight DOM fractions from a secondary effluent. *J. Wat. Pollution Control Fed.*, 58:1073-1077.

## Conferences

Langis, R., M.R. Tompkins, A. Falzone and M. Klemencic. 2009. The Lower Silver Creek Project, San José, California - From an Urban Flood Control Channel to a Naturally Functioning Urban Creek. 3rd National Conference On Ecosystem Restoration. July 20-24, 2009, Los Angeles, California.

Langis, R. and M. Busnardo. 2006. Using the Pulse-Discharge Concept to Protect Estuarine Salt Marsh Habitats from Freshwater Dilution: A Case Study. The 3rd National Conference on Coastal and Estuarine Habitat Restoration, December 9-13, 2006, New Orleans, Louisiana.

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Kimmelshue, J., Dellinger, M., Langis, R.\* and Bays, J. 2000. Design and construction of Lyons creek wildlife habitat and treatment wetlands, Lake County, California. Symposium on Constructed Wetlands For Wastewater and Stormwater Applications. Society for Wetland Scientist. Quebec City, August 2000.

Langis, R., Ngim, L., Byron, E., Winslow, K. and P. LaCivita. 1999. In-situ Use of Irradiance and Turbidity to Monitor Effects on Eelgrass (*Zostera marina*) Beds During Dredging Episodes at Richmond Harbor, California. 4th Biennial State of the Estuary Conference. San Francisco, CA, March 17-19, 1999.

Langlois, C. R. Langis and M. Pérusse. 1994. Mercury contamination in Northern Québec environment and wildlife. International Conference on Mercury as a Global Pollutant. Whistler, B.C. July 10-14, 1994.

Langis, R. 1990. The significance, disruption and restoration of California's coastal wetlands. 8th Symposium Marine Biology. June 4-8, 1990, Ensenada, Baja California, Mexico (Invited).

Langis and J.B. Zedler. 1989. Some aspects of nutrient dynamics in natural vs. man-made salt marshes. Presented at the Society for Ecological Restoration and Management Annual Meeting, Jan. 16-20, 1989, Oakland, California.

# René Langis

Langis, R., J.B. Zedler, M. Zalejko and J. Cantilli. 1989. Assessing the development status of a constructed marsh. 10th Biennial International Estuarine Research Conference, October 8-12, 1989, Baltimore, MD.

Langis, R., P. Couture and P.G.C. Campbell. 1988. Effect of dissolved organic matter on iron bioavailability to a freshwater green alga. ASLO Winter Meetings, San Francisco, December 1988.

## Specialized Training

Fluvial Geomorphology in River and Stream Restoration: Principles and Applications Symposium taught by Dr. G. Matthias Kondolf of U.C. Berkeley. Owens Valley Laboratory, Bishop, CA. 2003

Creating and Using Wetlands for Wastewater and Stormwater Treatment/Water Quality Improvement, Part I and II, University of Wisconsin, Madison. 1998.

Tidal Wetland Restoration, American Society of Civil Engineers, 1997

Jurisdictional Delineation of Wetlands, University of California Berkeley, 1997

Wetlands Regulation and Mitigation, University of California Davis, 1996

**Appendix 5.2E**  
**Agency Consultation Correspondences**

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Although there are no proposed changes to this appendix from what was filed in October 2015, it has been included on the following pages for completeness.

**From:** Fowler, Melissa/SCO  
**To:** ["Christine\\_Medak@fws.gov"](mailto:Christine_Medak@fws.gov)  
**Cc:** ["Jonathan\\_D\\_Snyder@fws.gov"](mailto:Jonathan_D_Snyder@fws.gov); [Salamy, Jerry/SAC](#); [Langis, Rene/BOS](#); [Madams, Sarah/SAC](#)  
**Subject:** Alamitos Energy Center  
**Date:** Tuesday, September 17, 2013 11:17:00 AM  
**Attachments:** [AEC Presentation-FINAL-8-19-13.pdf](#)

---

Christine,

On behalf of AES Southland Development, we would like to initiate consultation with your agency to discuss the proposed Alamitos Energy Center (AEC). You are familiar with two other AES projects, the Huntington Beach Energy Project (HBEP) and Redondo Beach Energy Project (RBEP), this one is a separate and third proposed project in southern California. The project's objectives and basic project elements are described below for your review. Introductory project information is also provided in the attached PDF file.

AEC was designed to address the local capacity requirements within the Los Angeles Basin with the following objectives:

- Provide the most efficient, reliable, and predictable generating capacity available by using combined-cycle, natural-gas-fired combustion turbine technology to replace the OTC generation, support the local capacity requirements of southern California's western Los Angeles Basin Local Reliability Area and be consistent with SCAQMD Rule 1304(a)(2).
- Develop a 1,936-MW project that provides efficient operational flexibility with rapid-start and steep ramping capability to allow for the efficient integration of renewable energy sources into the California electrical grid.
- Serve southern California energy demand with efficient and competitively priced electrical generation.
- Develop on a brownfield site of sufficient size and reuse existing onsite electrical, water, natural gas infrastructure and land to minimize terrestrial resource impacts.
- Site the project to serve the western Los Angeles Basin load center without constructing new transmission facilities.
- Assist in developing increased local generation projects, thus reducing dependence on imported power and associated transmission infrastructure.
- Ensure potential environmental impacts can be avoided, eliminated, or mitigated to less-than-significant levels.

In addition, AEC would eliminate the use of ocean water at the existing power plant by replacing the current water cooling system with air cooled condensers.

Please let us know if you need additional information and if you would like us to schedule a conference call or a meeting to discuss your concerns or comments.

Thank you very much for your time.

Best regards,

Melissa Fowler, M.S.  
Biologist  
Certified Ecologist, Ecological Society of America  
*Environmental Services*

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6 Hutton Centre Drive, Suite 700  
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Mobile 714.768.1173  
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**From:** Fowler, Melissa/SCO  
**To:** "[KSchmoker@dfg.ca.gov](mailto:KSchmoker@dfg.ca.gov)"; "[TDICKERSON@dfg.ca.gov](mailto:TDICKERSON@dfg.ca.gov)"  
**Cc:** [Salamy, Jerry/SAC](#); [Langis, Rene/BOS](#); [Madams, Sarah/SAC](#)  
**Subject:** Alamitos Energy Center  
**Date:** Tuesday, September 17, 2013 11:26:00 AM  
**Attachments:** [AEC Presentation-FINAL-8-19-13.pdf](#)

---

Good morning,

On behalf of AES Southland Development, we would like to initiate consultation with your agency to discuss the proposed Alamitos Energy Center (AEC). The project's objectives and basic project elements are described below for your review. Introductory project information is also provided in the attached PDF file.

AEC was designed to address the local capacity requirements within the Los Angeles Basin with the following objectives:

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In addition, AEC would eliminate the use of ocean water at the existing power plant by replacing the current water cooling system with air cooled condensers.

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Thank you very much for your time.

**Best regards,**

Melissa Fowler, M.S.  
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## Fowler, Melissa/SCO

---

**From:** Medak, Christine [christine\_medak@fws.gov]  
**Sent:** Tuesday, November 12, 2013 3:11 PM  
**To:** Fowler, Melissa/SCO  
**Subject:** Re: Alamitos Energy Center

Melissa,

I apologize for the delayed response regarding Los Alamitos Energy Center. The proposed project would be constructed adjacent to Los Cerritos Wetlands. Concerns in this area are similar to concerns we provided regarding the HBEP (i.e., noise/construction related effects on sensitive wetland birds adjacent to the construction site). In addition, because Los Cerritos is slated for restoration, it would be worth talking about how changes in plant design and water discharges from the plant could potentially be modified to benefit the restoration project (i.e., consolidation of facilities to increase the potential restoration area, will the discharge channel still be required?). Finally, I believe there are sea turtles gathering near the discharge channel due to warm water effluent. Since your message was sent long ago it may be helpful to talk about the current status of the project at this point and what level of input you are looking for.

Christine L. Medak  
Fish and Wildlife Biologist  
U.S. Fish and Wildlife Service  
2177 Salk Avenue, Suite 250  
Carlsbad, CA 92008  
Phone: (760) 431-9440 ext. 298  
Fax: (760) 431-9624  
<http://www.fws.gov/carlsbad/>

Follow us on Facebook at <http://facebook.com/USFWSPacificSouthwest>  
Follow us on Twitter at <http://twitter.com/USFWSPacSWest>

"I'd like to offer a plug for actually having the natural processes instead of having to simulate them."  
— Nadav Nur, PRBO Conservation Science

On Tue, Sep 17, 2013 at 11:17 AM, <[Melissa.Fowler@ch2m.com](mailto:Melissa.Fowler@ch2m.com)> wrote:

Christine,

On behalf of AES Southland Development, we would like to initiate consultation with your agency to discuss the proposed Alamitos Energy Center (AEC). You are familiar with two other AES projects, the Huntington Beach Energy Project (HBEP) and Redondo Beach Energy Project (RBEP), this one is a separate and third proposed project in southern California. The project's objectives and basic project elements are described below for your review. Introductory project information is also provided in the attached PDF file.

AEC was designed to address the local capacity requirements within the Los Angeles Basin with the following objectives:

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- Develop a 1,936-MW project that provides efficient operational flexibility with rapid-start and steep ramping capability to allow for the efficient integration of renewable energy sources into the California electrical grid.
- Serve southern California energy demand with efficient and competitively priced electrical generation.
- Develop on a brownfield site of sufficient size and reuse existing onsite electrical, water, natural gas infrastructure and land to minimize terrestrial resource impacts.
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- Assist in developing increased local generation projects, thus reducing dependence on imported power and associated transmission infrastructure.
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In addition, AEC would eliminate the use of ocean water at the existing power plant by replacing the current water cooling system with air cooled condensers.

Please let us know if you need additional information and if you would like us to schedule a conference call or a meeting to discuss your concerns or comments.

Thank you very much for your time.

Best regards,

Melissa Fowler, M.S.

Biologist

Certified Ecologist, Ecological Society of America

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**Attachment 3**  
**SAFC Section 5.9, Public Health**

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## 5.9 Public Health

This section describes and evaluates the public health effects of the Alamitos Energy Center (AEC or project). Section 5.9.1 describes the Project setting and Section 5.9.2 discusses the affected environment.

Section 5.9.3 presents the analysis of the public health effects of the AEC. Section 5.9.4 evaluates any potential cumulative effects to public health, and Section 5.9.5 addresses proposed mitigation measures that would avoid or minimize any adverse impacts. Section 5.9.6 describes the laws, ordinances, regulations, and standards (LORS) that apply to the Project. Section 5.9.7 presents agency contacts, and Section 5.9.8 identifies the permits and permit schedule related to public health. Section 5.9.9 provides the references used to prepare this section.

### 5.9.1 Setting

AES Alamitos Energy, LLC, will construct, own, and operate the ~~Alamitos Energy Center (AEC)~~, a natural-gas-fired, air-cooled, combined-cycle and simple-cycle, electrical generating facility in Long Beach, California. The proposed AEC will have a nominal generating capacity of 1,040 megawatts (MW). The AEC will be constructed on the site of the existing AES Alamitos Generating Station (AGS), located on an approximately 21-acre site within a larger, 71.1-acre parcel.

The AEC will feature two gas turbine power blocks. Combined-cycle power block will consist of two natural-gas-fired combustion turbine generators (CTG) in a combined-cycle configuration, two unfired heat recovery steam generators (HRSG), one steam turbine generators, an air-cooled condenser, an auxiliary boiler, and related ancillary equipment. Simple-cycle power block will consist of four simple-cycle LMS-100PB CTGs with fin-fan coolers and ancillary facilities.

The AEC will meet the demand for new generation in the Los Angeles basin local electrical reliability area. The demand is caused in large part by the closure of the San Onofre Nuclear Generating Station and the anticipated retirement of the older, natural-gas-fired generation currently using once-through ocean water-cooling (OTC). As a result of the promulgation of the California State Water Resources Control Board's (SWRCB) *Water Quality Control Policy on the Use of Coastal and Estuarine Waters for Power Plant Cooling* (SWRCB, 2010), more than 4,000 MW of OTC generation are expected to be retired in the Los Angeles local electrical reliability area by December 31, 2020.

The AEC will use water provided by the City of Long Beach Water Department (LBWD) for construction, operational process, and sanitary uses but at substantially lower volumes than the existing AGS historically has used. This water will be supplied through existing, onsite water lines. The AEC will include a new, 1,000-foot process/sanitary wastewater pipeline to the first point of interconnection with the existing LBWD sewer system, ~~the potential upgrade of an additional 4,000 feet of existing pipeline downstream from the first point of interconnection~~, and the elimination of the current practice of treatment and discharge of process/sanitary wastewater to the San Gabriel River. Stormwater runoff from the power block areas will be directed to oil/water separators and to an existing retention basin and then ultimately discharged to the Los Cerritos channel via existing stormwater outfalls.

The AEC will interconnect to the existing, Southern California Edison (SCE) 230-kilovolt (kV) switchyard adjacent to the north side of the AGS. Natural gas will be supplied to the AEC via the existing, offsite, 30-inch-diameter pipeline owned and operated by Southern California Gas Company (SoCalGas) that currently serves Units 5 and 6 of the AGS. The AEC will require construction of new natural gas-metering facilities and construction of two new natural gas compressor buildings within the AEC footprint.

The AEC is designed to serve both peak and intermediate loads with the added capabilities of rapid startup, significant turndown capability (ability to turn down to a low load), and fast ramp rates. As California's intermittent renewable energy portfolio continues to grow, operating in either load-following or partial shutdown mode will become necessary to maintain electrical grid reliability, thus placing an increased

importance upon the rapid startup, high turndown, steep ramp rate, and superior heat rate employed at the AEC.

As an in-basin generating asset, the AEC will provide local generating capacity, voltage support, and reactive power that are essential for transmission system reliability in the Western Los Angeles basin subarea and larger Los Angeles basin local reliability area. The AEC will be able to provide system stability by supplying reactive power, voltage support, frequency stability, and rotating mass in the heart of the critical Western Los Angeles local reliability area. By virtue of its location in a transmission constrained load center, the AEC also helps to avoid potential transmission line overloads and can provide reliable local energy supplies when electricity from more distant generating resources is unavailable. In recognition of its critical grid reliability benefits, the AEC combined-cycle CTGs were selected by SCE in its Local Capacity Requirements Request for Offer on November 5, 2014, and the simple-cycle CTGs will meet the capacity needs anticipated to be identified in future California Public Utilities Commission Long-term Procurement Plans.

Owing to the critical need for generating capacity at the AEC site at all times, existing Units 1 through 6 will remain in operation through much of the AEC development and construction. Given that the removal of existing Units 1 through 6 is not required for construction of the AEC, the continued operation of the AGS will not impede AEC construction. Demolition of the retired and decommissioned turbine peaking generating Unit 7 and fuel tank, ancillary equipment, small maintenance shops, and two retention basins will be required for site preparation for the construction of the AEC. Construction and site preparation activities at the AEC site are anticipated to last 56 months, from the first quarter of 2017 until the third quarter of 2021. The project will commence construction with the removal of former Unit 7's building and ancillary equipment, fuel storage tank, tank berms, small maintenance shops and two waste water retention basins in January 2017 to make room for construction and laydown area for the AEC combined-cycle gas turbine block (CCGT). Construction of the AEC CCGT will commence during the second quarter of 2017 and will be completed by the second quarter of 2020. The AEC CCGT is expected to commence commercial operation before May 1, 2020. Construction of the AEC simple-cycle gas turbine block (SCGT) is scheduled to proceed from the second quarter of 2020 through the third quarter of 2021, and Power Block 2 is expected to commence commercial operation in the third quarter of 2021. A temporary construction access road may be constructed offsite beginning at the intersection of Studebaker Road and Loynes Drive traveling southeast to the AEC site. Construction of the AEC will require the use of onsite laydown areas (approximately 8 acres dispersed throughout the existing site) and an approximately 10-acre laydown area located adjacent to the existing site.

### 5.9.1.1 Project Overview as it Relates to Public Health

The AEC's CCGT will consist of two General Electric (GE) Frame 7FA.05 CTGs, one steam turbine generator, an air-cooled condenser, and an auxiliary boiler. Each CTG will be equipped with an unfired HRSG. The combined-cycle CTGs will use dry low oxides of nitrogen (NO<sub>x</sub>) burners and selective catalytic reduction (SCR) to limit NO<sub>x</sub> emissions to 2 parts per million by volume (ppmv). Emissions of carbon monoxide (CO) will be limited to 2 ppmv and volatile organic compounds (VOC) to 2 ppmv through the use of best combustion practices and an oxidation catalyst. The auxiliary boiler will use SCR and flue gas recirculation to limit NO<sub>x</sub> emissions to 5 ppmv and CO emissions to 50 ppmv. Best combustion practices and the use of pipeline-quality natural gas will minimize emissions of the remaining pollutants from the combined-cycle CTGs and auxiliary boiler.

The AEC's simple-cycle gas turbine (SCGT) will consist of four GE LMS-100PB CTGs with fin-fan coolers. The simple-cycle CTGs will use dry low NO<sub>x</sub> burners and SCR to limit NO<sub>x</sub> emissions to 2.5 ppmv. Emissions of CO will be limited to 4 ppmv and VOC to 2 ppmv through the use of best combustion practices and an oxidation catalyst. Best combustion practices and the use of pipeline-quality natural gas will minimize emissions of the remaining pollutants.

This section presents the methodology and results of the human health risk assessment (HRA) that was conducted to assess the potential public health impacts and exposure associated with airborne emissions

from the proposed construction and routine operation of the AEC. The quantities of hazardous materials proposed to be stored onsite, a description of their uses, and the potential concerns regarding these materials are presented in Section 5.5, Hazardous Materials Handling. A discussion of the potential concerns associated with electromagnetic field exposure is presented in Section 3.0, Transmission System Engineering.

## 5.9.2 Affected Environment

Based on the Environmental Data Resources (EDR) *Offsite Receptor Report* (EDR, 2015), approximately 584,644 residents live within a 6-mile radius of the AEC. Per California Energy Commission (CEC) siting regulation Appendix B (g)(9)(E)(i), sensitive receptors include infants and children, the elderly, the chronically ill, and any other member of the general population who is more susceptible to the effects of exposure than the population at large. Therefore, schools (public and private), daycare facilities, convalescent homes, and hospitals are of particular concern. Sensitive receptors within a 6-mile radius of the project site identified in the EDR *Offsite Receptor Report* include:

- 651 preschool/daycare centers
- 21 nursing homes
- 177 schools
- 739 hospitals, clinics, and/or pharmacies
- 8 colleges
- 1 arena
- 2 prisons

The EDR *Offsite Receptor Report*, which includes a figure and list of the sensitive receptors located within a 6-mile radius of the project site, is presented in Appendix 5.9A. A supplemental list of sensitive receptors within a 6-mile radius of the project site was also developed based on an internet data search (Yahoo, 2015) and aerial imagery (GoogleEarth, 2015). The supplemental list is provided in Appendix 5.9B. With this additional survey, 50 schools/preschools/daycares, 16 hospitals/clinics, and 38 senior care facilities were identified within a 6-mile radius of the project site. Figures 5.9-1A and 5.9-1B include the sensitive receptors within 6 miles of the project site, as identified in Appendixes 5.9A and 5.9B. The closest sensitive receptor is the Rosie the Riveter Charter High School, a privately owned and operated school located on the AGS site, approximately 971 feet (296 meters) from the nearest proposed stack location. The closest sensitive receptor outside the AEC property is Kettering Elementary, which is approximately 2,297 feet (700 meters) northwest of the nearest proposed stack location. Apart from the Rosie the Riveter Charter High School and Kettering Elementary, there are no other schools within approximately 0.5 mile of the AEC site.

The nearest residents are located approximately 1,165 feet (355 meters) west of the proposed stack locations along E. Mariquita Street and approximately 1,329 feet (405 meters) east of the proposed stack locations along Nassau Drive. The nearest businesses are located approximately 525 feet (160 meters) east of the AEC site.

Per CEC siting regulation Appendix B (g)(9)(c), a search of available health studies concerning the potentially affected populations within a 6-mile radius is required. In October 1997, the Multiple Air Toxics Exposure Study (MATES) II study was initiated as part of the Environmental Justice Initiatives adopted by the South Coast Air Quality Management District (SCAQMD) Governing Board. It consisted of a comprehensive monitoring program, an updated emissions inventory, and a modeling effort to characterize health risks associated with human exposures to ambient concentrations of toxic air contaminants (TAC) in the South Coast Air Basin (SCAB). The results of the MATES II study estimated that the excess lifetime carcinogenic risk from exposures to airborne TACs in the SCAB averages about 1,400 in 1 million ( $1.4 \times 10^{-3}$ ), meaning that an individual exposed over a 70-year lifetime would have about a 0.14 percent additional chance of contracting cancer. Estimated carcinogenic risk was found to be rather uniform across the SCAB. For example, risk ranged from about 1,120 in 1 million to about 1,740 in 1 million for the sites monitored.

The MATES II study showed that mobile sources (for example, cars, trucks, trains, ships, and aircraft) represent the greatest contributors to the estimated risks. Approximately 70 percent of all carcinogenic risk is attributed to diesel particulate matter (DPM) emissions; about 20 percent is attributed to other toxics associated with mobile sources (including benzene, butadiene, and formaldehyde); and about 10 percent is attributed to emissions from stationary sources (which include industries and other businesses, such as dry cleaners and chrome plating operations). Updating the findings of MATES II, SCAQMD completed the MATES III study by issuing a final report in September 2008, based on data collected between April 2004 and March 2006. Similar to the earlier MATES II study, the MATES III study found that mobile sources continued to dominate cancer risk in the SCAB by accounting for an estimated 94 percent of the overall carcinogenic risk. DPM emissions alone accounted for 84 percent of the carcinogenic risk. Overall, the general trend in risk exposure has been decreasing with the estimated carcinogenic risk from exposure to airborne toxics reduced to 1,200 in 1 million. The MATES III study found that nondiesel risk has been lowered from the earlier MATES II estimates by 50 percent.

Updating the findings of MATES III, SCAQMD completed the MATES IV study by issuing a final report in May 2015, based on data collected between July 2012 and June 2013. Similar to the earlier MATES III study, the MATES IV study found that mobile sources continued to dominate carcinogenic risk in the SCAB by accounting for an estimated 90 percent of the overall carcinogenic risk. DPM emissions alone accounted for 68 percent of the carcinogenic risk. Again, the general trend in risk exposure was found to be decreasing with the estimated carcinogenic risk from exposure to airborne toxics reduced by approximately 60 percent to 480 in 1 million.<sup>1</sup>

### 5.9.3 Environmental Analysis

#### 5.9.3.1 Air Toxics Exposure Assessment (Operation Impacts)

Human health risks potentially associated with hazardous substance emissions from the proposed operation of the AEC, which includes compounds on the list of Office of Environmental Health Hazard Assessment (OEHHA) TACs and U.S. Environmental Protection Agency (EPA) hazardous air pollutants (HAP), were evaluated. The HRA was conducted in accordance with SCAQMD Rules 212 and 1401 and the following guidance:

- *Air Toxic Hot Spots Guidance Manual for Preparation of Health Risk Assessments* (OEHHA, 2015)
- *Supplemental Guidelines for Preparing Risk Assessments for the Air Toxics "Hot Spots" Information and Assessment Act (AB2588)* (SCAQMD, 2015a)
- *Guideline on Air Quality Models* (EPA, 2005)
- *Dispersion Modeling Protocol for the Alamos Energy Center* (CH2M HILL Engineers, Inc., 2015)

The HRA modeling was conducted using the California Air Resources Board's (ARB) *Hotspots Analysis Reporting Program Version 2* (HARP 2) Air Dispersion Modeling and Risk Assessment Tool (ADMRT). To facilitate calculation of annual TAC ground-level concentrations at each modeled receptor, the American Meteorological Society / EPA Regulatory Model (AERMOD) air dispersion modeling output plot files were imported into HARP 2.

The HRA process requires four general steps to estimate health impacts: (1) identify and quantify project-generated emissions; (2) evaluate pollutant transport (air dispersion modeling) to estimate ground-level TAC concentrations at each receptor location; (3) assess human exposure; and (4) use a risk characterization model to estimate the potential health risk at each receptor location. The following sections describe in detail the methods used in this HRA.

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<sup>1</sup> Note that with implementation of the Office of Environmental Health Hazard Assessment's (OEHHA) updated methods for estimating carcinogenic risks, the estimated carcinogenic risk from exposure to airborne toxics is closer to 1,000 in 1 million.

**Air Toxics Emission Calculations.** Air toxics (TAC and HAP) emissions associated with the project will consist of combustion byproducts produced by two GE 7FA.05 combined-cycle CTGs, four LMS-100PB simple-cycle CTGs, and one auxiliary boiler, all of which are fired exclusively on natural gas. TACs are compounds designated by OEHHA as pollutants that may pose a significant health hazard. HAPs are compounds designated by EPA as pollutants that are known or suspected to cause cancer or other serious health effects, such as reproductive effects or birth defects, or adverse environmental effects.

**Combustion Turbines.** Air toxics emission factors for the CTGs were ~~provided by SCAQMD obtained from EPA's AP-42 (EPA, 2000), with the exception of ammonia and formaldehyde.~~ The ammonia emission factor was based on an operating exhaust ammonia limit of 5 ppmv at 15 percent oxygen and an F-factor of 8,710. ~~The SCAQMD's emission factor of  $3.6 \times 10^{-4}$  pound(s) per million British thermal unit (lb/MMBtu) was used to estimate formaldehyde emissions.~~ Additionally, polycyclic aromatic hydrocarbons (PAH) emissions were conservatively assumed to be controlled up to 50 percent through the use of an oxidation catalyst (EPA, 2000), which is proposed for use with both the AEC CCGT and the AEC SCGT.

A summary of the air toxics emissions resulting from operation of AEC, as included in the HRA, is presented in Table 5.9-1. These estimates conservatively assume that the AEC CCGT operates 4,100 hours per turbine per year with 500 startups and shutdowns (estimated at ~~54012~~ hours) per turbine per year and that the AEC SCGT operates 2,000 hours per turbine per year with 500 startups and shutdowns (estimated at 358 hours) per turbine per year. Detailed emission calculations are provided in Appendix 5.1B.

TABLE 5.9-1

**Air Toxic Emission Rates Modeled for AEC Operation: Combustion Turbines**

Pollutant <sup>a</sup>	CAS Registry Number	AEC CCGT Emissions (per turbine)		AEC SCGT Emissions (per turbine)	
		lb/hr <sup>b</sup>	lb/yr <sup>b</sup>	lb/hr <sup>c</sup>	lb/yr <sup>c</sup>
Ammonia <sup>d</sup>	7664417	15.3	<del>70,00469,582</del>	6.09	14,309
Acetaldehyde <sup>e</sup>	75070	<del>0.39094</del>	<del>1,789415</del>	<del>0.15035</del>	<del>35482.6</del>
Acrolein <sup>e</sup>	107028	<del>0.008045</del>	<del>36.766.4</del>	<del>0.003156</del>	<del>7.2613.2</del>
Benzene <sup>e</sup>	71432	<del>0.007227</del>	<del>33.1424</del>	<del>0.002844</del>	<del>6.5524.8</del>
1,3-Butadiene	106990	0.0010	<del>4.346</del>	<del>0.000378</del>	<del>0.869</del>
Ethylbenzene	100414	<del>0.0713</del>	<del>32432</del>	<del>0.0278</del>	<del>646.1</del>
Formaldehyde <sup>e</sup>	50000	<del>0.802</del>	<del>3,648735</del>	<del>0.312</del>	<del>72243</del>
Naphthalene	91203	<del>0.002930</del>	<del>13.25</del>	0.0011	<del>2.628</del>
PAHs <sup>f</sup>	1151	<del>0.001025</del>	<del>4.5611.4</del>	<del>0.0003840</del>	<del>0.902-27</del>
Propylene Oxide	75569	<del>0.0636</del>	<del>290301</del>	0.025	<del>58.29.9</del>
Toluene	108883	<del>0.2930</del>	<del>1,32249</del>	0.11	<del>2628</del>
Xylenes	1330207	<del>0.145</del>	<del>64964</del>	<del>0.0556</del>	<del>12832</del>

<sup>a</sup> ~~Emission rates provided by SCAQMD via e-mail correspondence on November 3, 2015, with the exception of ammonia. Unless otherwise noted, emission rates based on EPA's AP-42 (EPA, 2000).~~

<sup>b</sup> Hourly emission rates are based on a maximum turbine heat input of 2,275 MMBtu/hr (high heat value). The annual emission rates are based on ~~4,64012~~ hours of turbine operation with an average annual heat input of 2,250 MMBtu/hr (high heat value) (see Appendix 5.1B for detailed emission estimates).

<sup>c</sup> Hourly emission rates are based on a maximum turbine heat input of 879 MMBtu/hr (high heat value). The annual emission rates are based on 2,358 hours of turbine operation with an average annual heat input of 876 MMBtu/hr (high heat value) (see Appendix 5.1B for detailed emission estimates).

<sup>d</sup> Based on the operating exhaust ammonia limit of 5 ppmv at 15 percent oxygen and an F-factor of 8,710.

<sup>e</sup> ~~Emission rates account for the use of an oxidation catalyst, as provided by SCAQMD via e-mail correspondence on November 3, 2015. -recommended emission factor of  $3.6 \times 10^{-4}$  lb/MMBtu.~~

<sup>f</sup> Per Section 3.1.4.3 of AP-42 (EPA, 2000), PAH emissions were assumed to be controlled up to 50 percent through the use of an oxidation catalyst.

TABLE 5.9-1

**Air Toxic Emission Rates Modeled for AEC Operation: Combustion Turbines**

Pollutant <sup>a</sup>	CAS Registry Number	AEC CCGT Emissions (per turbine)		AEC SCGT Emissions (per turbine)	
		lb/hr <sup>b</sup>	lb/yr <sup>b</sup>	lb/hr <sup>c</sup>	lb/yr <sup>c</sup>

Notes:

CAS = Chemical Abstracts Service

lb/hr = pound(s) per hour

lb/yr = pound(s) per year

MMBtu/hr = million British thermal unit(s) per hour

**Auxiliary Boiler.** A summary of the air toxics emissions resulting from operation of the auxiliary boiler, as included in the HRA, is presented in Table 5.9-2. Air toxics emission factors for the auxiliary boiler were provided by SCAQMD, with the exception of ammonia obtained from EPA's AP-42 (EPA, 1998). The ammonia emission factor was based on an operating exhaust ammonia limit of 5 ppmv at 3 percent oxygen and an F-factor of 8,710. Similar to the CTGs, the maximum hourly emissions were estimated based on the maximum heat input rating of 70.8 million British thermal units per hour (MMBtu/hr). The annual emissions were estimated based on 120 startups and the maximum heat input rating of 189,155 million British thermal units per year (MMBtu/yr), which includes two cold starts, four warm starts, and four hot starts per month. Detailed emission calculations are provided in Appendix 5.1B.

TABLE 5.9-2

**Air Toxic Emission Rates Modeled for AEC Operation: Auxiliary Boiler**

Pollutant <sup>a</sup>	CAS Registry Number	Auxiliary Boiler Emissions	
		lb/hr <sup>b</sup>	lb/yr <sup>b</sup>
<del>2-Methylnaphthalene</del> Ammonia <sup>c</sup>	<del>915767664417</del>	<del>1.5967E-016</del>	<del>4.237.30E+-023</del>
<del>3-Methylchloranthrene</del>	<del>56495</del>	<del>1.25E-07</del>	<del>5.47E-04</del>
<del>7,12-Dimethylbenz(a)anthracene</del>	<del>57976</del>	<del>1.11E-06</del>	<del>4.86E-03</del>
<del>Acenaphthene</del>	<del>83329</del>	<del>1.25E-07</del>	<del>5.47E-04</del>
<del>Acenaphthylene</del>	<del>208968</del>	<del>1.25E-07</del>	<del>5.47E-04</del>
<del>Anthracene</del>	<del>120127</del>	<del>1.67E-07</del>	<del>7.30E-04</del>
<del>Benz(a)anthracene</del>	<del>56553</del>	<del>1.25E-07</del>	<del>5.47E-04</del>
<del>Benzene</del>	<del>71432</del>	<del>3.911.46E-04</del>	<del>1.046.38E+-001</del>
<del>Benzo(a)pyrene</del>	<del>50328</del>	<del>8.33E-08</del>	<del>3.65E-04</del>
<del>Benzo(b)fluoranthene</del>	<del>205992</del>	<del>1.25E-07</del>	<del>5.47E-04</del>
<del>Benzo(g,h,i)perylene</del>	<del>191242</del>	<del>8.33E-08</del>	<del>3.65E-04</del>
<del>Benzo(k)fluoranthene</del>	<del>207089</del>	<del>1.25E-07</del>	<del>5.47E-04</del>
<del>Butane <sup>e</sup></del>	<del>106978</del>	<del>1.46E-01</del>	<del>6.38E+02</del>
<del>Chrysene</del>	<del>218019</del>	<del>1.25E-07</del>	<del>5.47E-04</del>
<del>Dibenzo(a,h)anthracene</del>	<del>53703</del>	<del>8.33E-08</del>	<del>3.65E-04</del>
<del>Dichlorobenzene</del>	<del>25321226</del>	<del>8.33E-05</del>	<del>3.65E-01</del>
<del>Ethane <sup>e</sup></del>	<del>74840</del>	<del>2.15E-01</del>	<del>9.42E+02</del>
<del>Fluoranthene</del>	<del>206440</del>	<del>2.08E-07</del>	<del>9.12E-04</del>
<del>Fluorene</del>	<del>86737</del>	<del>1.94E-07</del>	<del>8.51E-04</del>
<del>Formaldehyde</del>	<del>50000</del>	<del>8.295.21E-043</del>	<del>2.228E+001</del>
<del>PAHs</del>	<del>1151</del>	<del>6.74E-06</del>	<del>1.80E-02</del>

TABLE 5.9-2

## Air Toxic Emission Rates Modeled for AEC Operation: Auxiliary Boiler

Pollutant <sup>a</sup>	CAS Registry Number	Auxiliary Boiler Emissions	
		lb/hr <sup>b</sup>	lb/yr <sup>b</sup>
Hexane	110543	<del>3.10E-04</del>	<del>8.29E+01</del>
<del>Indeno(1,2,3-cd)pyrene</del>	<del>193395</del>	<del>1.25E-07</del>	<del>5.47E-04</del>
Naphthalene	91203	<del>2.02E-05</del>	<del>5.40E-02</del>
<del>Pentane</del> <sup>c</sup> Acetaldehyde	<del>10966075070</del>	<del>2.09E-04</del>	<del>5.58E+01</del>
<del>Phenanthrene</del> Acrolein	<del>85018107028</del>	<del>1.82E-04</del>	<del>4.86E-01</del>
<del>Propane</del> <sup>c</sup> Propylene	<del>74986115071</del>	<del>3.57E-02</del>	<del>9.55E+01</del>
Pyrene	129000	<del>3.47E-07</del>	<del>1.52E-03</del>
Toluene	108883	<del>1.79E-03</del>	<del>4.77E+00</del>
<del>Arsenic</del> Xylene	<del>74403821330207</del>	<del>1.33E-03</del>	<del>3.55E+00</del>
<del>Barium</del> Ethylbenzene	<del>7440393100414</del>	<del>4.63E-04</del>	<del>1.23E+00</del>
Beryllium	7440417	<del>8.33E-07</del>	<del>3.65E-03</del>
Cadmium	7440439	<del>7.64E-05</del>	<del>3.34E-01</del>
Chromium	7440473	<del>9.72E-05</del>	<del>4.26E-01</del>
Cobalt	7440484	<del>5.83E-06</del>	<del>2.55E-02</del>
Copper	7440508	<del>5.90E-05</del>	<del>2.58E-01</del>
Manganese	7439965	<del>2.64E-05</del>	<del>1.16E-01</del>
Mercury	7439976	<del>1.80E-05</del>	<del>7.90E-02</del>
<del>Molybdenum</del> <sup>c</sup>	<del>7439987</del>	<del>7.64E-05</del>	<del>3.34E-01</del>
Nickel	7440020	<del>1.46E-04</del>	<del>6.38E-01</del>
Selenium	7782492	<del>1.67E-06</del>	<del>7.30E-03</del>
Vanadium	7440622	<del>1.60E-04</del>	<del>6.99E-01</del>
Zinc	7440666	<del>2.01E-03</del>	<del>8.82E+00</del>

<sup>a</sup> Emission rates provided by SCAQMD in a letter dated November 20, 2015, with the exception of ammonia based on EPA's AP-42 (EPA, 1998).

<sup>b</sup> Hourly emission rates are based on the auxiliary boiler operating at a maximum heat input of 70.8 MMBtu/hr (high heat value). The annual emission rates are based on the auxiliary boiler operating at a maximum heat input of 189,155 MMBtu/yr (high heat value), which includes with two cold starts, four warm starts, and four hot starts per month (see Appendix 5.1B for detailed emission estimates).

<sup>c</sup> Although emissions were calculated for these reportable toxics, they did not contribute to the predicted impacts as they are not contained in the HARP 2 database and were not, therefore, modeled as part of the HRA. Based on the operating exhaust ammonia limit of 5 ppmv at 3 percent oxygen and an F-factor of 8,710.

**Dispersion Modeling.** The EPA-approved AERMOD dispersion model (Version 15181) was used to predict ground-level concentrations of air toxic emissions associated with the AEC. The AERMOD settings, source parameters, meteorological data, and source definition for the risk assessment were the same as the air quality impact analysis methodology (see Section 5.1, Air Quality). A unit emission rate (1 gram per second [g/s]) was used to model each source, as outlined in the HARP 2 ADMRT manual.<sup>2</sup>

<sup>2</sup> Note that the HARP 2 ADMRT manual is made available within the "Help" module of the HARP 2 program itself or the *User Manual For the Hotspots Analysis And Reporting Program Air Dispersion Modeling and Risk Assessment Tool Version 2* (ARB, 2015)

The maximum hourly CTG impacts were predicted using the exhaust parameters for the 65.3 degrees Fahrenheit (°F), minimum load case, which represents the turbine exhaust parameters associated with the maximum predicted 1-hour ground-level impact in Section 5.1, combined with the maximum possible TAC emission rates. The annual CTG impacts were also predicted for the 65.3°F, minimum load case, which represents the average annual temperature and load scenario resulting in the maximum predicted annual ground-level impact in Section 5.1. Maximum hourly and annual impacts from the auxiliary boiler were also predicted, based on the auxiliary boiler operating at 100-percent load and the maximum hourly and annual heat input ratings, respectively. Detailed modeling source parameters for the AEC are presented in Appendix 5.1C.

The 50-kilometer radius discrete receptor grid used for the HRA was the same as the receptor grid used in the air quality impact analysis. In addition to the discrete receptor grid, the census block receptor locations and sensitive receptors within 6 miles of the AEC site were also included in the HRA.<sup>3</sup>

**Risk Characterization.** The results of the dispersion modeling analysis represent an intermediate product in the HRA process. The AERMOD output plot files were imported into HARP 2. HARP 2 was subsequently used to determine cancer, chronic, and acute health risks.

Cancer risks were evaluated based on the 5-year average air toxics ground-level concentrations, inhalation cancer potency, oral slope factor, frequency and duration of exposure at the receptor, and breathing rate of the exposed persons. Per OEHHA guidance, cancer risks were estimated using the required conservative assumption of 30-year continuous exposure duration for residential and sensitive receptors and a 25-year, 5-days-per-week, 8-hours-per-day exposure duration for commercial/industrial receptors (OEHHA, 2015).

If a predicted cancer risk, per individual-permit unit, is greater than 1 in 1 million, the cancer burden is calculated for each census block receptor. Cancer burden is defined as the estimated increase in the occurrence of cancer cases in a population resulting from exposure to carcinogenic air contaminants. The population data for census block receptors within 6 miles of the AEC site are based on the population information made available by ARB.

Chronic toxicity is defined as adverse health effects from prolonged chemical exposure caused by chemicals accumulating in the body. Per CEC Siting Regulations, “a chronic exposure is one which is greater than twelve (12) percent of a lifetime of seventy (70) years.”<sup>4</sup> Acute toxicity is defined as adverse health effects caused by a brief chemical exposure of no more than 24 hours. Per CEC Siting Regulations, “an acute exposure is one which occurs over a time period of less than or equal to one (1) hour.”<sup>5</sup> To assess chronic and acute noncancer exposures, annual and 1-hour air toxics ground-level concentrations are compared with the Reference Exposure Levels (REL) developed by OEHHA to obtain a chronic or acute hazard index. The REL is a concentration in ambient air at or below which no adverse health effects are anticipated.

**OEHHA/ARB Cancer and Noncancer RELs.** The HRA included potential health impacts from home-grown produce, dermal absorption, soil ingestion, and mother’s milk, as required by OEHHA guidelines (OEHHA, 2015). The inhalation cancer potency, oral slope factor values, and RELs used to characterize health risks associated with the modeled impacts were obtained from the *Consolidated Table of OEHHA/ARB Approved Risk Assessment Health Values* (OEHHA and ARB, 2015), and are shown in Table 5.9-3.

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<sup>3</sup> All census block receptors were included within a 6-mile radius of the project site with the exception of the census block receptors located within the AGS property boundary. The census block receptors within the AGS property boundary were excluded from the analysis.

<sup>4</sup> Data Adequacy Checklist, Appendix B (g)(9)(E)(iii)

<sup>5</sup> Data Adequacy Checklist, Appendix B (g)(9)(E)(ii)

TABLE 5.9-3  
Risk Assessment Health Values for Air Toxic Substances

Compound	Inhalation Cancer Potency (mg/kg-day)	Oral Cancer Slope Factor (mg/kg-day)	Chronic Inhalation Reference Exposure Level ( $\mu\text{g}/\text{m}^3$ )	Chronic Oral Reference Exposure Level (mg/kg-day)	Acute Inhalation Reference Exposure Level ( $\mu\text{g}/\text{m}^3$ )
PAHs <sup>a</sup>	3.9E+00	1.2E+01	—	—	—
Xylenes	—	—	7.0E+02	—	2.2E+04
Formaldehyde	2.1E-02	—	9.0E+00	—	5.5E+01
Benzene	1.0E-01	—	3.0E+00	—	2.7E+01
Acetaldehyde	1.0E-02	—	1.4E+02	—	4.7E+02
Propylene Oxide	1.3E-02	—	3.0E+01	—	3.1E+03
Naphthalene <sup>b</sup>	1.2E-01	—	9.0E+00	—	—
Ethylbenzene	8.7E-03	—	2.0E+03	—	—
1,3-Butadiene	6.0E-01	—	2.0E+00	—	6.6E+02
Acrolein	—	—	3.5E-01	—	2.5E+00
Toluene	—	—	3.0E+02	—	3.7E+04
Ammonia	—	—	2.0E+02	—	3.2E+03
2-Methylnaphthalene	—	—	—	—	—
3-Methylchloranthrene	2.2E+01	2.2E+01	—	—	—
7,12-Dimethylbenz(a)anthracene	2.5E+02	2.5E+02	—	—	—
Acenaphthene	—	—	—	—	—
Acenaphthylene	—	—	—	—	—
Anthracene	—	—	—	—	—
Benz(a)anthracene	3.9E-01	1.2E+00	—	—	—
Benzo(a)pyrene	3.9E+00	1.2E+00	—	—	—
Benzo(b)fluoranthene	3.9E-01	1.2E+00	—	—	—
Benzo(g,h,i)perylene	—	—	—	—	—
Benzo(k)fluoranthene	3.9E-01	1.2E+00	—	—	—
Chrysene	3.9E-02	1.2E-01	—	—	—
Dibenzo(a,h)anthracene	4.1E+00	4.1E+00	—	—	—
Dichlorobenzene	—	—	—	—	—
Fluoranthene	—	—	—	—	—
Fluorene	—	—	—	—	—
Hexane	—	—	7.0E+03	—	—
Propylene	—	—	3.0E+03	—	—
Indeno(1,2,3-cd)pyrene	3.9E-01	1.2E+00	—	—	—
Phenanthrene	—	—	—	—	—
Pyrene	—	—	—	—	—
Arsenic	1.2E+01	1.5E+00	1.5E-02	3.5E-06	2.0E-01
Barium	—	—	—	—	—
Beryllium	8.4E+00	—	7.0E-03	2.0E-03	—
Cadmium	1.5E+01	—	2.0E-02	5.0E-04	—
Chromium	—	—	—	—	—
Cobalt	—	—	—	—	—

TABLE 5.9-3

## Risk Assessment Health Values for Air Toxic Substances

Compound	Inhalation Cancer Potency (mg/kg-day)	Oral Cancer Slope Factor (mg/kg-day)	Chronic Inhalation Reference Exposure Level ( $\mu\text{g}/\text{m}^3$ )	Chronic Oral Reference Exposure Level (mg/kg-day)	Acute Inhalation Reference Exposure Level ( $\mu\text{g}/\text{m}^3$ )
Copper	—	—	—	—	1.0E+02
Manganese	—	—	9.0E-02	—	—
Mercury	—	—	3.0E-02	1.6E-04	6.0E-01
Nickel	9.1E-01	—	1.4E-02	1.1E-02	2.0E-01
Selenium	—	—	2.0E+01	5.0E-03	—
Vanadium	—	—	—	—	3.0E+01
Zinc	—	—	—	—	—

<sup>a</sup> Risk assessment health values for PAHs are considered representative of any generic PAH, with the exception of naphthalene.

<sup>b</sup> Although naphthalene is a PAH, naphthalene-specific risk assessment health values were used to provide a level of refinement.

Notes:

$\mu\text{g}/\text{m}^3$  = microgram(s) per cubic meter

mg/kg-day = milligram(s) per kilogram per day

Source: OEHHA and ARB, 2015

### Significance Criteria.

**Cancer Risk.** Cancer risk is the probability or chance of contracting cancer over a human life span (assumed to be 30 years). Carcinogens are not assumed to have a threshold below which there is no human health impact. In other words, any exposure to a carcinogen is assumed to have some probability of causing cancer; the lower the exposure (time or mass), the lower the cancer risk (that is, a linear, no-threshold model). State and local regulations in California use an excess (that is, an incremental increase from the project) cancer risk greater than 10 in 1 million as the significant impact level for public health impact assessments. The excess cancer risk calculation also uses conservative assumptions and techniques to ensure that the excess cancer risk number bounds the actual risk. For example, the 10 in 1 million risk level is used by the Air Toxics Hot Spots (AB 2588) program and California's Proposition 65 as the public notification level for air toxic emissions from existing sources. An excess cancer risk below 1 in 1 million for a project is typically considered the *de minimis* impact level, meaning an excess cancer risk for a project less than 1 in 1 million would result in a less-than-significant health risk.

Based on SCAQMD Rule 1401 and the SCAQMD California Environmental Quality Act (CEQA) significance thresholds (SCAQMD, 2015b), a source with a maximum individual cancer risk (MICR) less than 1 in 1 million individuals and a project increment MICR of less than 10 in 1 million individuals would result in a less-than-significant health risk. Individual sources with a MICR between 1 and 10 in 1 million would be required to install best available control technology for toxics (T-BACT). Therefore, the predicted health risk values for each individual source were compared to the incremental increase in cancer risk of 1 in 1 million individuals per source (that is, each of the CTGs and the auxiliary boiler), and the predicted incremental increase in cancer risk for the project will be compared to the 10 in 1 million individuals threshold.

Based on SCAQMD Rule 1401 and the SCAQMD CEQA significance thresholds (SCAQMD, 2015b), a cancer burden greater than 0.5 excess cancer cases in areas with an incremental increase greater than 1 in 1 million individuals is considered significant.

**Noncancer Risk.** Noncancer health effects can be either chronic or acute. In determining potential noncancer health risks (chronic and acute) from air toxics, it is assumed there is a dose of the air toxic

substance below which there would be no impact on human health. The air concentration corresponding to this dose is called the REL. Noncancer health risks are measured in terms of a hazard quotient, which is the calculated exposure of each contaminant divided by its REL. Hazard quotients for pollutants affecting the same target organ are typically summed with the resulting totals expressed as hazard indexes for each organ system. Based on SCAQMD Rule 1401 and the SCAQMD CEQA significance thresholds (SCAQMD, 2015b), a chronic or acute hazard index of less than 1.0 for each source and the project increment, respectively, is considered to be a less-than-significant health risk.

**Summary of Air Toxic Exposure Assessment Results.** A summary of the MICR, chronic health index, and acute health index at the point of maximum impact (PMI) locations, as well as the maximum predicted public health impacts for worker, residential, and sensitive receptors, has been included in Tables 5.9-4 and 5.9-5. In accordance with SCAQMD Rule 1401, the results in Table 5.9-4 represent the predicted risk for each individual emission unit, while the results in Table 5.9-5 represent a comparison of the total predicted AEC impact to the SCAQMD CEQA significance thresholds. The receptor grid used to evaluate the predicted impacts is included in Appendix 5.1C. Additionally, the HARP 2 report files were also prepared and are provided with this application on compact disc.

As shown in Table 5.9-4, the ~~AEC CCGT's predicted impacts do not exceed the incremental increase in cancer risk threshold of 1 in 1 million; therefore, T-BACT will not be required for these units. The AEC CCGT, AEC SCGT's, and auxiliary boiler do not trigger the regulatory requirement for T-BACT as their predicted impacts are below the incremental increase in cancer risk threshold of 1 in 1 million. Although not required in all cases,~~ the emission control technologies included in the AEC for all emission sources are considered to be T-BACT. All sources have predicted impacts below the chronic and acute hazard index of 1.0.

TABLE 5.9-4

**Health Risk Assessment Summary: Individual Units <sup>a</sup>**

Risk <sup>b</sup>	AEC CCGT- 01	AEC CCGT- 02	AEC SCGT- <del>100-01</del>	AEC SCGT- <del>100-02</del>	AEC SCGT- <del>100-03</del>	AEC SCGT- <del>100-04</del>	Auxiliary Boiler
Cancer Risk at the PMI <sup>c</sup> (per million)	<del>0.681-5</del>	<del>0.681-5</del>	<del>0.05312</del>	<del>0.05412</del>	<del>0.05412</del>	<del>0.05312</del>	<del>0.03140</del>
Cancer Risk at the MEIR <sup>c</sup> (per million)	<del>0.481-1</del>	<del>0.471-0</del>	<del>0.04811</del>	<del>0.04810</del>	<del>0.04710</del>	<del>0.04710</del>	<del>0.009112</del>
Cancer Risk at a Sensitive Receptor <sup>c</sup> (per million)	<del>0.481-0</del>	<del>0.491-1</del>	<del>0.02249</del>	<del>0.02350</del>	<del>0.02657</del>	<del>0.02658</del>	<del>0.006280</del>
Cancer Risk at the MEIW <sup>d</sup> (per million)	0.02543	0.02443	0.001934	0.001935	0.001935	0.001934	0.000911 8
Chronic Hazard Index at the PMI	0.00179	0.00179	0.000145	0.000145	0.000145	0.000145	0.000100 -011
Chronic Hazard Index at the MEIR	0.00123	0.00123	0.000124	0.000123	0.0001213	0.000123	0.000028 0.0031
Chronic Hazard Index at a Sensitive Receptor	0.00123	0.00123	0.0000576 3	0.0000586 4	0.0000667 3	0.0000687 4	0.000019 0.0021
Chronic Hazard Index at the MEIW	0.00179	0.00179	0.000145	0.000145	0.000145	0.000145	0.000100 -011
Acute Hazard Index at the PMI	0.006673	0.006774	0.00246	0.003943	0.00247	0.00246	0.000490 -0026
Acute Hazard Index at the MEIR	0.006673	0.006673	0.0017	0.0017	0.00179	0.00179	0.000320 -0017

TABLE 5.9-4

**Health Risk Assessment Summary: Individual Units <sup>a</sup>**

Risk <sup>b</sup>	AEC CCGT-	AEC CCGT-	AEC SCGT-	AEC SCGT-	AEC SCGT-	AEC SCGT-	Auxiliary Boiler
	01	02	<del>100-01</del>	<del>100-02</del>	<del>100-03</del>	<del>100-04</del>	
Acute Hazard Index at a Sensitive Receptor	0.005864	0.005358	0.00156	0.00156	0.00157	0.00168	<del>0.000109</del> 0.00054
Acute Hazard Index at the MEIW	0.006673	0.006774	0.00246	0.003943	0.00247	0.00246	<del>0.000490</del> 0.0026

<sup>a</sup> The results in Table 5.9-4 represent the predicted excess risk for each individual emission unit in accordance with SCAQMD Rule 1401.

<sup>b</sup> A source with an excess cancer risk less than 1 in 1 million individuals is considered to be less than significant. ~~A source with an excess cancer risk less than 10 in 1 million is considered less than significant if T-BACT is installed.~~ A chronic or acute hazard index less than 1.0 for each source is considered to be a less-than-significant health risk.

<sup>c</sup> Cancer risk values are based on the Draft Risk Management Policy (RMP) methodology.

<sup>d</sup> Cancer risk values are based on the OEHHA Derived methodology.

**Notes:**

MEIR = maximum exposed individual resident

MEIW = maximum exposed individual worker

A risk analysis was also performed to evaluate the potential facility-wide impacts. The potential health impacts at the PMI, maximum exposed individual resident (MEIR), maximum exposed individual worker (MEIW), and maximum exposed sensitive receptor resulting from AEC operation are summarized in Table 5.9-5. It should be noted that the maximum impacts reported in Table 5.9-5 represent the maximum predicted impacts at one receptor from all sources combined. In contrast, the maximum impacts reported for each individual source in Table 5.9-4 may occur at different receptors. Therefore, the AEC totals in Table 5.9-4 are not directly additive and should not be directly compared to the results presented in Table 5.9-5.

TABLE 5.9-5

**Health Risk Assessment Summary: Facility <sup>a</sup>**

Risk <sup>b</sup>	Receptor Number	Receptor Coordinates (UTM, m)		Value
		Easting	Northing	
Cancer Risk at the PMI <sup>c</sup> (per million)	681	398450	3736900	<del>1.443</del> 2
Cancer Risk at the MEIR <sup>c</sup> (per million)	688	398800	3736900	<del>1.112</del> 5
Cancer Risk at a Sensitive Receptor <sup>c</sup> (per million)	<del>1940519406</del>	397913	3737192	<del>1.032</del> 3
Cancer Risk at the MEIW <sup>d</sup> (per million)	681	398450	3736900	<del>0.0520</del> 10
Chronic Hazard Index at the PMI	<del>68111</del>	<del>398450398280</del>	<del>37369003736757</del>	<del>0.00360</del> 013
Chronic Hazard Index at the MEIR	688	398800	3736900	<del>0.00280</del> 0047
Chronic Hazard Index at a Sensitive Receptor	<del>1940519406</del>	397913	3737192	<del>0.00260</del> 0050
Chronic Hazard Index at the MEIW	<del>68111</del>	<del>398450398280</del>	<del>37369003736757</del>	<del>0.00360</del> 013
Acute Hazard Index at the PMI	597	397900	3736750	<del>0.0190</del> 021
Acute Hazard Index at the MEIR	769	397700	3737100	<del>0.0180</del> 019

TABLE 5.9-5  
Health Risk Assessment Summary: Facility <sup>a</sup>

Risk <sup>b</sup>	Receptor Number	Receptor Coordinates (UTM, m)		Value
		Easting	Northing	
Acute Hazard Index at a Sensitive Receptor	<u>1940519406</u>	397913	3737192	<u>0.0170-019</u>
Acute Hazard Index at the MEIW	597	397900	3736750	<u>0.0190-021</u>

<sup>a</sup> The results in Table 5.9-5 represent the combined predicted risk for all five-7 combustion units operating simultaneously.

<sup>b</sup> A facility with an excess cancer risk less than 10 in 1 million individuals is considered to be less than significant. A chronic or acute hazard index less than 1.0 for the facility is considered to be a less-than-significant health risk.

<sup>c</sup> Cancer risk values are based on the Draft RMP methodology.

<sup>d</sup> Cancer risk values are based on the OEHHA Derived methodology.

Notes:

m = meter(s)

UTM = Universal Transverse Mercator

As shown in Table 5.9-5, predicted impacts for the AEC are below the significance thresholds of 10 in 1 million for excess cancer risk and chronic and acute hazard index of 1.0. Therefore, the predicted health risks associated with the AEC will be less than significant.

~~Because the AEC's predicted cancer risk, per individual unit, is greater than 1 in 1 million, the~~ The AEC facility cancer burden was calculated for each census block receptor consistent with SCAQMD guidance (SCAQMD, 2015a). The cancer burden for the AEC facility was estimated at  $1.79 \times 10^{-89}$ , which is well below the significance threshold of 0.5. Therefore, the AEC will not significantly increase cancer burden in the vicinity of the project site.

### 5.9.1.2 Uncertainty in the Public Health Impact Assessment

Sources of uncertainty in the HRA include emissions estimates, numerical dispersion modeling calculations, exposure characteristics, and extrapolation of toxicity data in animals to humans. Assumptions used in HRAs are designed to provide sufficient health protection to avoid underestimation of risk to the public, which may add an additional level of conservativeness in the predicted impacts. Some sources of uncertainty and conservativeness applicable to this HRA are discussed below.

As noted in Section 3.1, Stationary Gas Turbines, of EPA's AP-42 (EPA, 2000), uncontrolled HAP emissions could be reduced by up to 85 to 90 percent with the use of an oxidation catalyst system.<sup>6</sup> The AEC design includes the use of an oxidation catalyst to reduce CO and VOC emissions to the best available control levels of 2 ppmv and 2 ppmv, respectively. Therefore, it is expected that the actual HAP emissions, and resulting predicted health risk impacts, would be significantly less than the potential risk presented in this analysis. Long-term emissions were also estimated, assuming the AEC CCGTs would operate at an annual average heat input rate for 4,100 hours per year, plus 500 startup and shutdown events, the AEC SCGTs would operate at an annual average heat input rate for 2,000 hours per year, plus 500 startup and shutdown events, and the auxiliary boiler would operate at a maximum heat input rate of 189,155 MMBtu/yr for 8,760 hours per year, which includes plus 120 startup events. Under normal operating conditions, the CTGs and auxiliary boiler would likely be operated less than the permitted levels on an annual basis. Consequently, the emissions used for this HRA are expected to be higher than the actual quantities during normal operation.

<sup>6</sup> AP-42, page 3.1-7—The oxidation process takes place spontaneously, without the requirement for introducing reactants. The performance of these oxidation catalyst systems on combustion turbines results in 90-plus percent control of CO and about 85 to 90 percent control of formaldehyde. Similar emission reductions are expected on other HAP pollutants.

The models used in dispersion modeling contain assumptions that tend to over-predict ground-level concentrations. For example, the modeling performed in the HRA assumed a conservation of mass (that is, all of the pollutants emitted from the sources remained in the atmosphere while being transported downwind). During the transport of pollutants from sources to receptors, none of the material was assumed to be removed through chemical reaction or to be lost at the ground surface through reaction, gravitational settling, precipitation, or turbulent impaction. In reality, these mechanisms work to reduce the level of pollutants remaining in the atmosphere.

The long-term exposure characteristics assessed in the HRA included the assumption that residents were exposed to turbine emissions continuously at the same location for 24 hours per day, 365 days per year, for 30 years. It is extremely unlikely that any person would meet this condition. The conservative exposure assumption tends to over-predict risk estimates in the HRA process.

The toxicity data used in the HRA contain uncertainties due to the extrapolation of data from animals to humans. Typically, safety factors are applied when doing the extrapolation. Furthermore, the human population is much more diverse, both genetically and culturally, than animals used for experimental exposures and bred and housed under controlled conditions; thus, the intraspecies variability among humans is expected to be much greater than in laboratory animals. With all of the uncertainty in the assumptions used to extrapolate toxicity data, significant measures are taken to ensure that sufficient health protection is built into the available health effects data.

### 5.9.1.3 Air Toxics Exposure Assessment (Construction Impacts)

The emissions of air toxics associated with the construction of the AEC will consist primarily of combustion byproducts generated during movement of onsite construction equipment and onsite and offsite movement (vehicular miles traveled) of vehicles associated with the project's construction activities.

The primary air toxic pollutant of concern associated with construction activities is DPM. The total DPM exhaust emissions from construction activities, calculated per methodology in Section 5.1 as presented in Appendix 5.1A, were averaged over the 56-month construction period and spatially distributed in: (1) the area associated with construction of the AEC CCGT and (2) the area associated with the construction of the AEC SCGT.<sup>7</sup> These emission rates are presented in Table 5.9-6.

TABLE 5.9-6

**Air Toxic Emission Rates Modeled for AEC Construction**

Construction Areas	DPM Exhaust Emissions	
	Total (tons/ <del>project</del> )	Annualized (tpy) <sup>a</sup>
AEC CCGT Construction	0.05 <del>83</del>	0.01 <del>23</del>
AEC SCGT Construction	0.02 <del>93</del>	0.00 <del>6154</del>

<sup>a</sup> Annualized emissions were calculated by averaging the total emissions over a 56-month construction period.

Note:

~~tons/project = ton(s) per project~~

tpy = ton(s) per year

The construction HRA estimated the rolling cancer risks for each 56-month period<sup>8</sup> during a 30-year exposure duration (starting with exposure during the third trimester) for residential exposure and a 10-year

<sup>7</sup> ~~Activities associated with the removal of former Unit 7's building and ancillary equipment, fuel storage tank, tank berms, small maintenance shops, and two waste water retention basins are expected to will occur as site preparation prior to construction in the same areas associated with construction of the AEC CCGT and SCGT.~~

<sup>8</sup> ~~The AEC construction period is expected to be 51 months, or 4.25 years. The first calculated value for the exposure duration includes the third trimester and the first four years of life. All subsequent cancer risk calculations were conservatively assumed to last for five years.~~

exposure duration (from age 16 to 25) for worker exposure, aligned with the expected construction duration, at the PMI, MEIR, MEIW, and maximum exposed sensitive receptor. The excess cancer risks were estimated using the following:

- Equations 5.4.1.1 and 8.2.4A from the *Air Toxic Hot Spots Guidance Manual for Preparation of Health Risk Assessments* (OEHHA, 2015) for residential exposure
- Equations 5.4.1.2A, 5.4.1.2B, and 8.2.4B from the *Air Toxic Hot Spots Guidance Manual for Preparation of Health Risk Assessments* (OEHHA, 2015) for worker exposure
- The maximum annual ground-level concentrations used to estimate risk were determined through dispersion modeling with AERMOD
- The AERMOD modeling approach followed that used to prepare the criteria pollutant modeling analysis, except that the receptor grid included census and sensitive receptors and excluded receptors located within AES-controlled property (see Appendix 5.9C for the AERMOD setup)
- The construction emission estimates modeled are presented in Table 5.9-6

Chronic risks were also estimated for the PMI, MEIR, MEIW, and maximum exposed sensitive receptor, based on the same emission rates and ground-level concentrations described above. To calculate chronic risk, as characterized by a health index, the maximum annual ground-level concentration was divided by the DPM REL of 5 micrograms per cubic meter ( $\mu\text{g}/\text{m}^3$ ) (OEHHA, 2015).

The results of the construction HRA show that the excess cancer risks at the PMI, MEIR, MEIW, and maximum exposed sensitive receptor are 4.~~9071~~, ~~0.893-03~~, 0.16, and 1.19, respectively, which are less than the significance threshold of 10 in 1 million. Similarly, the chronic hazard indices at the PMI, MEIR, MEIW, and maximum exposed sensitive receptor are 0.0026, 0.00~~04717~~, 0.0026, and 0.0006~~45~~, respectively, which are less than the significance threshold of 1.0. Therefore, predicted impacts associated with the finite construction activities are less than significant. Detailed calculations are provided in Appendix 5.9C. The model input and output files are included with this submission on compact disc.

## 5.9.4 Cumulative Effects

### 5.9.1.4 Operational Cumulative Effects

As previously discussed, the MATES II, MATES III, and MATES IV studies consisted of a comprehensive monitoring program, an updated emissions inventory, and a modeling effort to characterize health risks associated with human exposures to ambient concentrations of TACs in the SCAB. In the MATES II study, the estimated carcinogenic risk was found to be rather uniform across the SCAB, ranging from about 1,120 in 1 million to about 1,740 in 1 million for the sites monitored. The MATES III study was completed in September 2008. Similar to the earlier MATES II study, the MATES III study found that mobile sources continued to dominate cancer risk in the SCAB by accounting for an estimated 94 percent of the overall cancer risk, with diesel emissions alone accounting for 84 percent. The MATES III study also found that the estimated cancer risk from exposure to airborne toxics had decreased to 1,200 in 1 million. The MATES IV study was completed in May 2015 and again found that mobile sources dominated cancer risk in the SCAB by accounting for an estimated 90 percent of the overall cancer risk, with diesel emissions alone accounting for 68 percent. The MATES IV study found that the estimated cancer risk had decreased by approximately 60 percent from the MATES III study to 480 in 1 million.

The maximum incremental increase in the facility-wide cancer risk predicted at the PMI for the AEC is ~~1.443-2~~ in 1 million. The maximum facility-wide chronic and acute hazard indices at the PMI are 0.00~~3613~~ and 0.0~~1921~~, respectively. These levels are below the SCAQMD CEQA significance *de minimis* thresholds for cancer risk of 10 in 1 million and the chronic and acute hazard index of 1.0. Furthermore, the results of the MATES IV study indicate that the cumulative background cancer risk from exposure to airborne toxics is

approximately 480 in 1 million<sup>9</sup>, with an estimated 90 percent of the overall cancer risk due to mobile sources. Therefore, facility-wide stationary source emissions from the AEC are expected to contribute to approximately less than 0.~~3029~~~~67~~ percent of the background risk in the vicinity of the project site. ~~Though not~~As required, T-BACT emission control technologies will also be installed as part of the project, which will reduce the TAC emissions to the extent technically feasible. Therefore, it is concluded that the AEC will not have a significant cumulative human health risk impact.

### 5.9.1.5 Construction

The maximum incremental increase in the cancer risk predicted at the PMI associated with construction activities is 4.~~9071~~ in 1 million, which is below the SCAQMD CEQA significance *de minimis* threshold for cancer risk of 10 in 1 million. The maximum chronic hazard index at the PMI is 0.0026, which is below the chronic hazard index of 1.0. Additionally, the AEC construction activities would be finite, and best available emission control techniques would be used throughout the ~~561~~-month activity period to control pollutant emissions. Therefore, the potential cumulative human health risk impacts from construction are expected to be less than significant.

## 5.9.5 Mitigation Measures

### 5.9.1.6 Criteria Pollutants

**Operation.** The results of the air dispersion modeling presented in Section 5.1 concluded that the AEC emissions during operation will not cause or contribute to a violation of the ambient air quality standards (either National Ambient Air Quality Standards [NAAQS] or California Ambient Air Quality Standards) for those pollutants for which the area is designated as attainment. These standards are intended to protect the general public with a wide margin of safety. Therefore, the AEC is not expected to have a significant impact on public health from emissions of criteria pollutants. For those criteria pollutants (and their precursor pollutants) where the ambient air quality standards are categorized as nonattainment, mitigation will be provided to reduce the impacts to less-than-significant levels (see Section 5.1). The AEC will also include emission-control technologies necessary to meet the required emission standards specified for criteria pollutants under SCAQMD rules.

**Construction/Demolition.** The construction and demolition activities would be finite and best available emission control techniques would be used throughout the 56-month construction activity period to control criteria pollutant and DPM emissions. Construction impacts would be further reduced with the implementation of the additional construction mitigation measures presented in Section 5.1 and the implementation of a construction fugitive dust and diesel-fueled engine control plan.

### 5.9.1.7 Air Toxic Substances

As presented in Section 5.9.3.1.4, the maximum per emission unit incremental increases in cancer risk predicted at the PMI, MEIR, MEIW, and maximum exposed sensitive receptor are ~~0.681-5~~, ~~10.48-1~~, 0.02543, and ~~0.491-1~~ in 1 million, respectively. As these levels are, ~~in some cases none of the units, are below above~~ the per unit emission significance threshold for cancer risk of 1 in 1 million, ~~T-BACT will not be required for the AEC, the AEC has incorporated T-BACT emission control technologies.~~ The associated cancer burden for the AEC ~~facility~~ was estimated at  $1.79 \times 10^{-99}$ , which is well below the significance threshold of 0.5. ~~Therefore, the AEC will only require the installation of T-BACT.~~

The maximum facility incremental increases in cancer risk predicted at the PMI, MEIR, MEIW, and maximum exposed sensitive receptor are ~~1.443-2~~, ~~1.112-5~~, 0.05240 and ~~1.032-3~~ in 1 million, respectively. The maximum facility chronic and acute hazard indices are 0.003613 and 0.01921, respectively. These levels are below the facility significance thresholds for cancer risk of 10 in 1 million, and the chronic and acute hazard

<sup>9</sup> Note that with implementation of OEHHA's updated methods for estimating cancer risks, the estimated cancer risk from exposure to airborne toxics is closer to 1,000 in 1 million.

index of 1.0. Therefore, additional mitigation measures are not required for air toxic emissions from operation of the AEC.

As presented in Section 5.9.3.3, the predicted incremental increases in cancer risk at the PMI, MEIR, MEIW, and maximum exposed sensitive receptor associated with construction activities are 4.~~9071~~, ~~0.893-03~~, 0.16, and 1.19 in 1 million, respectively. The predicted chronic hazard indices at the PMI, MEIR, MEIW, and maximum exposed sensitive receptor are 0.0026, 0.00~~4717~~, 0.0026, and 0.0006~~45~~, respectively. These levels are below the significance threshold for cancer risk of 10 in 1 million and the chronic hazard index of 1.0. Additionally, the construction activities would be finite and best available emission control techniques would be used throughout the ~~561~~-month construction period to control air toxic substance emissions. Construction impacts would be further reduced with the implementation of the additional construction mitigation measures presented in Section 5.1 and the implementation of a construction fugitive dust and diesel-fueled engine control plan.

## 5.9.6 Laws, Ordinances, Regulations, and Standards

An overview of the relevant LORS that affect public health as well as the conformity of the project to each of the LORS are identified in Table 5.9-7.

## 5.9.7 Agencies and Agency Contacts

Table 5.9-8 provides contact information for agencies involved with public health.

## 5.9.8 Permits and Permit Schedule

Consistent with the CEC Siting Regulations, SCAQMD is responsible for issuing the required operating permits related to public health. Sections 5.1.9 and 5.1.11 include a summary of the SCAQMD and EPA permits required and expected issuance schedule.

TABLE 5.9-7

## Laws, Ordinances, Regulations, and Standards for Public Health

LORS	Requirements/Applicability	Administering Agency	Analyses of Conformance
<b>Federal</b>			
Title 40 <a href="#">Code of Federal Regulations</a> (CFR) Part 63	Establishes national emission standards to limit emissions of HAPs, or air pollutants identified by EPA as causing or contributing to the adverse health effects of air pollution but for which NAAQS have not been established, from facilities in specific categories.	SCAQMD with EPA Region IX Oversight	The AEC has proposed a formaldehyde emission limit of 120 parts per billion, by volume (ppbv); as a result, the estimated annual AEC HAP emissions are less than the major source thresholds for HAPs (10 tpy for any one pollutant or 25 tpy for all HAPs combined), and no lower pollutant-specific maximum achievable control technology (MACT) thresholds apply to the AEC emission units. Therefore, National Emissions Standards for Hazardous Air Pollutants (NESHAP) regulations do not apply.
<b>State</b>			
California Health & Safety Code, Sections 44360 to 44366 (Air Toxics "Hot Spots" Information and Assessment Act—AB 2588)	Requires preparation and biennial updating of a facility's emission inventory of hazardous substances; risk assessments.	SCAQMD with Oversight from ARB/OEHHA	An estimate of TAC emissions and associated risk was conducted as part of this analysis (see conformance description for SCAQMD Rule 1401 [Permits – Toxics New Source Review] below).
California Health & Safety Code, Section 25249.5 et seq. (Safe Drinking Water and Toxic Enforcement Act of 1986— Proposition 65)	Provides notification of Proposition 65 chemicals.	OEHHA	The <del>Applicant</del> <del>Project Owner</del> will comply with all signage and notification requirements.
<b>Local</b>			
SCAQMD Rule 1401 (Permits – Toxics New Source Review)	The purpose of this rule is to provide for the review of new and modified sources of TAC emissions in order to evaluate potential public exposure and health risk, to mitigate potentially significant health risks resulting from these exposures, and to provide net health risk benefits by improving the level of control when existing sources are modified or replaced.	SCAQMD	T-BACT shall be applied to any new or modified source (i.e., individual permit unit) of TACs where the source risk is a cancer risk greater than 1 in 1 million ( $1 \times 10^{-6}$ ), a chronic hazard index greater than 1.0, or an acute hazard index greater than 1.0.  The predicted MICR at the MEIR and MEIW for an individual unit are <del>0.4814</del> and <del>0.02543</del> in 1 million, respectively, <del>both of which, Although these values are not, in some cases, below</del> the individual source threshold of 1 in 1 million ( $1 \times 10^{-6}$ ); <del>However,</del> the AEC will incorporate T-BACT emission control technologies, which will <del>further</del> reduce impacts <del>to a less than significant impact level</del> . The predicted MICR at the MEIR and MEIW for the project are <del>1.1125</del> and <del>0.05240</del> in 1 million, respectively. These values are below the Permit to Construct or Permit to Operate facility thresholds for cancer risk of 10 in 1 million. The maximum predicted chronic and acute hazard indices for the project are <del>0.003613</del> and <del>0.01921</del> , respectively, both of which are below the chronic and acute hazard index of 1.0. Therefore, additional mitigation measures will not be required.

TABLE 5.9-7

**Laws, Ordinances, Regulations, and Standards for Public Health**

LORS	Requirements/Applicability	Administering Agency	Analyses of Conformance
SCAQMD Rule 212 (Permits – Public Notice)	The purpose of this rule is to establish standards for approving permits and issuing public notice.	SCAQMD	<p>Rule 212 requires public notification if:</p> <ul style="list-style-type: none"> <li>a. Any new or modified permit unit, source under Regulation XX, or equipment under Regulation XXX that may emit air contaminants is located within 1,000 feet from the outer boundary of a school; or</li> <li>b. Any new or modified facility that has onsite emission increases exceeding any of the daily maximums specified in subdivision (g) of this rule; or</li> <li>c. Any new or modified permit unit, source under Regulation XX, or equipment under Regulation XXX with increases in emissions of toxic air contaminants for which the Executive Officer has made a determination that a person may be exposed to a MICR greater than 1 in 1 million (<math>1 \times 10^{-6}</math>), due to a project's proposed construction, modification, or relocation for facilities with more than one permitted equipment unless the applicant can show that the total facility-wide MICR is below 10 in 1 million (<math>10 \times 10^{-6}</math>).</li> </ul> <p>The predicted total facility-wide MICR is less than 10 in 1 million. However, the AEC will be within 1,000 feet from the outer boundary of a school, and the onsite emissions will exceed the daily maximums listed in subdivision (g) of this rule. Therefore, a public notice consistent with the requirements outlined in Rule 212 will be issued. The process for public notification and comment will include all of the applicable provisions of 40 CFR 51, Section 51.161(b), and 40 CFR 124, Section 124.10.</p>

TABLE 5.9-8

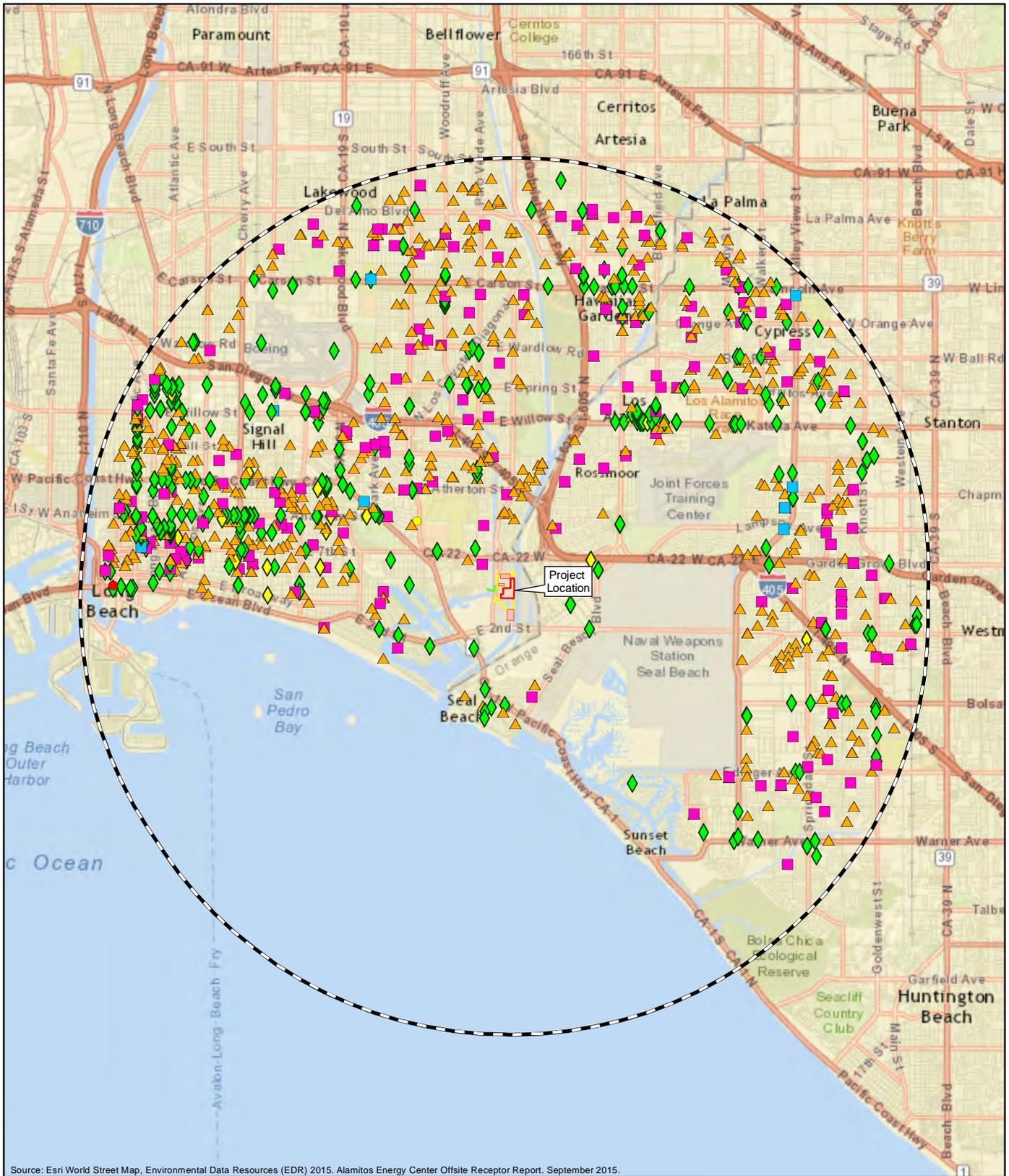
**Agency Contacts for Public Health**

Issue	Agency Contacted	Person Contacted
Regulatory oversight	EPA Region IX	Gerardo Rios EPA Region IX 75 Hawthorne Street San Francisco, CA 94105 (415) 947-3974
Regulatory oversight	ARB	Michael Tollstrup Project Assessment Branch California Air Resources Board 2020 L Street Sacramento, CA 95814 (916) 322-6026
Permit issuance, enforcement	SCAQMD	<del>Mohsen Nazemi</del> Vicky Lee South Coast Air Quality Management District 21865 Copley Drive Diamond Bar, CA 91765 (909) 396- <del>284567</del>

### 5.9.9 References

- California Air Resources Board (ARB). 2015. *User Manual for the Hotspots Analysis And Reporting Program Air Dispersion Modeling and Risk Assessment Tool Version 2*. March.
- CH2M HILL Engineers, Inc. 2015. *Dispersion Modeling Protocol for the Alamitos Energy Center*. September.
- Environmental Data Resources (EDR). 2015. *Alamitos Energy Center Offsite Receptor Report*. September.
- Google Earth. 2015. Aerial view 6 miles surrounding the AEC, 690 N. Studebaker Road, Long Beach, CA 90803. Viewed September 2015.
- Office of Environmental Health Hazard Assessment (OEHHA). 2015. *Air Toxics Hot Spots Program Risk Assessment Guidelines*. February.
- Office of Environmental Health Hazard Assessment (OEHHA) and California Air Resources Board (ARB). 2015. *Consolidated Table of OEHHA/ARB Approved Risk Assessment Health Values*. May.
- South Coast Air Quality Management District (SCAQMD). 2015a. *Supplemental Guidelines for Preparing Risk Assessments for the Air Toxics "Hot Spots" Information and Assessment Act (AB2588)*. June.
- South Coast Air Quality Management District (SCAQMD). 2015b. *SCAQMD Air Quality Significance Thresholds*. March.
- State Water Resources Control Board (SWRCB). 2010. *Water Quality Control Policy on the Use of Coastal and Estuarine Waters for Power Plant Cooling*.
- U.S. Environmental Protection Agency (EPA). 1998. *AP-42, Compilation of Air Pollutant Emission Factors*. Chapter 1, Section 1.4, Natural Gas Combustion. Volume 1. Fifth Edition.
- U.S. Environmental Protection Agency (EPA). 2000. *AP-42, Compilation of Air Pollutant Emission Factors*. Chapter 3, Section 3.1, Stationary Gas Turbines. Volume 1. Fifth Edition.
- U.S. Environmental Protection Agency (EPA). 2005. *Guideline on Air Quality Models*, 40 CFR 51, Appendix W. November.

Yahoo Yellowpages (Yahoo). 2015. Search focused on 6 miles surrounding the AEC, 690 N. Studebaker Road, Long Beach, CA 90803. Schools, Hospitals/Clinics, and Senior Care Facilities. Available online at: <http://www.yellowpages.com>. Accessed September 2015.



Source: Esri World Street Map, Environmental Data Resources (EDR) 2015, Alamitos Energy Center Offsite Receptor Report, September 2015.

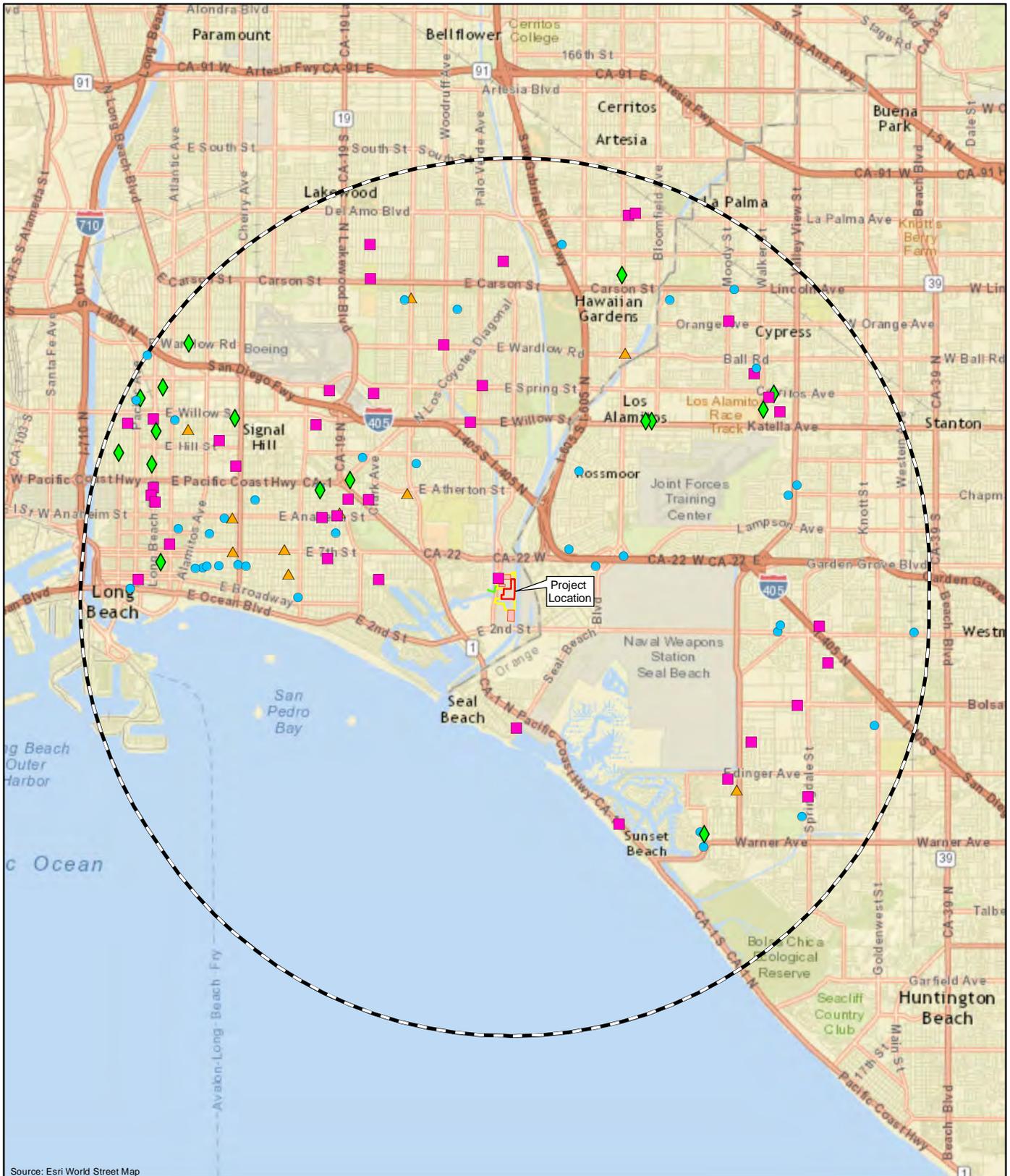
**Legend**

- AEC Site
- AGS Boundary
- Parking/Laydown Construction Area
- 6-Mile Buffer
- Proposed New Process/Sanitary Wastewater Pipeline to First Point of Interconnection
- Sensitive Receptors**
- Arena
- Prison
- School
- College
- Daycare
- Hospital
- Nursing



**FIGURE 5.9-1A**  
**Sensitive Receptors**  
**Within 6 miles –**  
**EDR Report**

Alamitos Energy Center  
 Long Beach, California  
 April 2016



Source: Esri World Street Map

**Legend**

- AEC Site
- AGS Boundary
- Parking/Laydown Construction Area
- 6-Mile Buffer
- Proposed New Process/Sanitary Wastewater Pipeline to First Point of Interconnection
- Sensitive Receptors**
- School
- Daycare
- Senior Facility
- Hospital

**FIGURE 5.9-1B**  
**Sensitive Receptors**  
**Within 6 miles –**  
**Supplemental**  
 Alamitos Energy Center  
 Long Beach, California  
 April 2016



**Appendix 5.9A**  
**Sensitive Receptors Report**

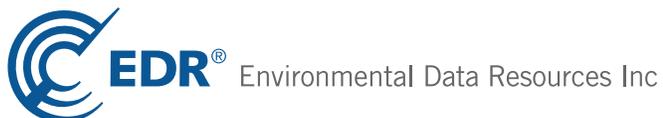
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Although there are no proposed changes to this appendix from what was filed in October 2015, it has been included on the following pages for completeness.

**Alamitos Energy Center**  
690 North Studebaker Road  
Long Beach, CA 90803

Inquiry Number: 4422162.1s  
September 28, 2015

## EDR Offsite Receptor Report



6 Armstrong Road, 4th floor  
Shelton, CT 06484  
Toll Free: 800.352.0050  
[www.edrnet.com](http://www.edrnet.com)

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Census Map	3
Census Findings	4
Receptor Map	7
Map Findings	8
Records Searched/Data Currency Tracking Addendum	1153

**Thank you for your business**  
Please contact EDR at 1-800-352-0050  
with any questions or comments.

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## EXECUTIVE SUMMARY

A search of available records was conducted by Environmental Data Resources, Inc. (EDR). The EDR Offsite Receptor Report provides information which may be used to comply with the Clean Air Act Risk Management Program 112-R. *"The rule requires that you estimate in the RMP residential populations within the circle defined by the endpoint for your worst-case and alternative release scenarios (i.e., the center of the circle is the point of release and the radius is the distance to the endpoint). In addition, you must report in the RMP whether certain types of public receptors and environmental receptors are within the circles."*

The address of the subject property, for which the search was intended, is:

ALAMITOS ENERGY CENTER  
690 NORTH STUDEBAKER ROAD  
LONG BEACH, CA 90803

Distance Searched: 6.000 miles from subject property

### RECEPTOR SUMMARY

An X indicates the presence of the receptor within the search radius.

#### Residential Population

Estimated population within search radius: 584644 persons.

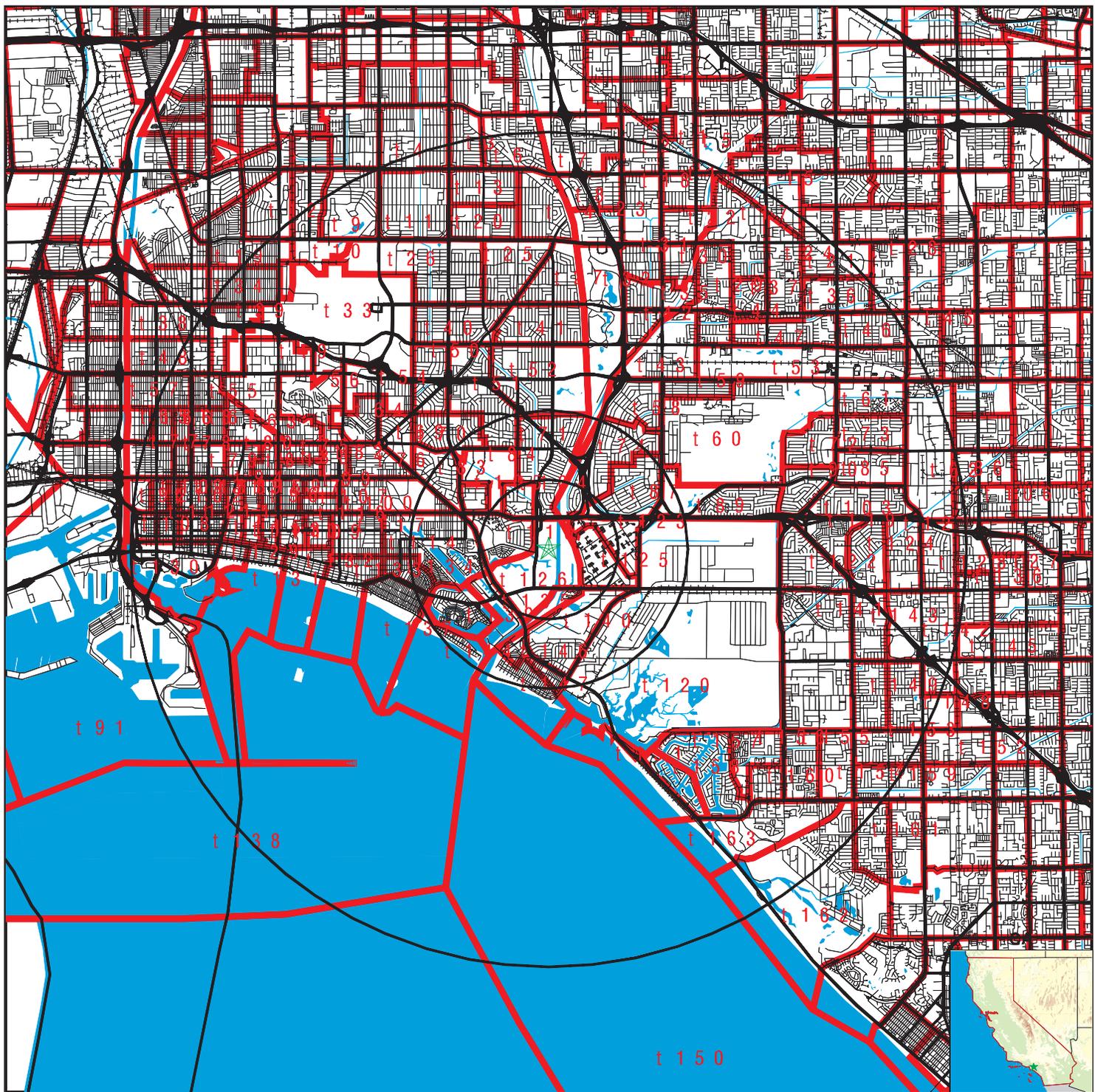
#### Other Public Receptors

Type	Within Search Radius	Sites Total
Day Care Centers:	<input checked="" type="checkbox"/>	651
Medical Centers:	<input type="checkbox"/>	
Nursing Homes:	<input checked="" type="checkbox"/>	21
Schools:	<input checked="" type="checkbox"/>	177
Hospitals:	<input checked="" type="checkbox"/>	739
Colleges:	<input checked="" type="checkbox"/>	8
Arena:	<input checked="" type="checkbox"/>	1
Prison:	<input checked="" type="checkbox"/>	2

#### Environmental Receptors

Type	Within Search Radius	Sites Total
Federal Land:	<input checked="" type="checkbox"/>	8

# CENSUS MAP - 4422162.1s



- ★ Target Property
- ⚡ Roads
- ⚡ Waterways
- ⚡ Census Tracts

0 2 4 8 Miles



TARGET PROPERTY: Alamitos Energy Center  
ADDRESS: 690 North Studebaker Road  
CITY/STATE/ZIP: Long Beach CA 90803  
LAT/LONG: 33.7677 / 118.1002

CUSTOMER: CH2M Hill, Inc.  
CONTACT: Angela Wolfe  
INQUIRY #: 4422162.1s  
DATE: September 28, 2015 10:06 am

## CENSUS FINDINGS

Map ID	Tract Number	Total Population	Population in Radius	Total Area(sq.mi.)	Area in Radius(sq.mi.)
T1	5545.16	3902	979.8	0.56	0.14
T2	5545.15	3703	1942.7	0.47	0.25
T3	5709.02	3616	1703.8	0.41	0.19
T4	5708.00	5540	1197.9	0.93	0.20
T5	5545.19	3613	228.7	0.67	0.04
T6	5709.01	5647	3646.7	0.70	0.45
T7	5545.22	4787	3075.5	0.85	0.54
T8	5550.01	5411	5411.0	0.50	0.50
T9	5713.00	4414	3607.3	0.81	0.66
T10	5714.00	4770	3133.1	0.83	0.55
T11	5712.00	7828	7828.0	1.01	1.01
T12	5715.04	4699	350.5	0.59	0.04
T13	5711.01	4574	4574.0	0.51	0.51
T14	5710.00	5747	5747.0	0.68	0.68
T15	1101.02	5780	2607.0	0.60	0.27
T16	5551.03	4727	4727.0	0.38	0.38
T17	1101.11	5736	5736.0	0.84	0.84
T18	5551.02	6526	6526.0	0.57	0.57
T19	5719.00	5509	1378.0	0.75	0.19
T20	5711.02	3877	3877.0	0.48	0.48
T21	1101.10	5706	3011.4	0.76	0.40
T22	5551.04	4239	4239.0	0.34	0.34
T23	5550.02	3475	3475.0	0.35	0.35
T24	1101.04	6024	6024.0	0.69	0.69
T25	5737.00	4554	4554.0	0.71	0.71
T26	5736.01	6114	6114.0	1.43	1.43
T27	5738.00	4284	4284.0	0.59	0.59
T28	1102.02	7762	768.7	0.51	0.05
T29	1101.17	5920	5920.0	0.52	0.52
T30	5552.12	4561	4561.0	0.27	0.27
T31	5552.11	5818	5818.0	0.31	0.31
T32	9800.06	0	0.0	1.31	1.31
T33	9800.18	1	1.0	2.86	2.86
T34	5720.01	5278	3969.6	0.56	0.42
T35	5552.02	3399	3399.0	0.42	0.42
T36	1101.09	5045	4992.2	0.51	0.50
T37	1101.18	2668	2668.0	0.26	0.26
T38	5722.01	6197	758.5	0.60	0.07
T39	5734.01	1439	1437.8	0.40	0.40
T40	5741.00	5098	5098.0	0.71	0.71
T41	5740.00	5277	5277.0	0.70	0.70
T42	5739.02	2091	2091.0	0.27	0.27
T43	1101.08	2733	2733.0	0.80	0.80
T44	1101.06	3577	3577.0	0.29	0.29
T45	0878.01	5337	1133.9	0.50	0.11
T46	1102.03	5393	4943.6	0.50	0.46
T47	1101.14	4828	4828.0	0.60	0.60
T48	5722.02	3609	1328.2	0.60	0.22
T49	5734.02	6430	6430.0	1.14	1.14
T50	5742.01	3117	3117.0	0.50	0.50
T51	5743.00	5795	5795.0	0.96	0.96
T52	5744.00	5141	5141.0	1.31	1.31
T53	1101.13	2276	2276.0	1.47	1.47
T54	5742.02	2161	2161.0	0.52	0.52
T55	5732.01	4930	4930.0	0.23	0.23
T56	5734.03	3208	3208.0	0.65	0.65
T57	5731.00	7165	3130.3	0.46	0.20
T58	1100.06	2885	2885.0	0.52	0.52

## CENSUS FINDINGS

Map ID	Tract Number	Total Population	Population in Radius	Total Area(sq.mi.)	Area in Radius(sq. mi.)
T59	1100.14	4905	4905.0	0.26	0.26
T60	1100.15	3548	3548.0	2.80	2.80
T61	1100.11	2832	2832.0	0.50	0.50
T62	0881.01	2078	1839.2	1.35	1.19
T63	5733.00	4323	4323.0	0.30	0.30
T64	5750.01	3608	3608.0	0.36	0.36
T65	5730.03	1802	127.4	0.17	0.01
T66	5730.04	5153	4976.1	0.16	0.15
T67	5732.02	6230	6230.0	0.25	0.25
T68	5730.02	3990	3990.0	0.13	0.13
T69	5749.02	4783	4783.0	0.31	0.31
T70	5749.01	3725	3725.0	0.52	0.52
T71	5745.00	6357	6357.0	1.02	1.02
T72	1100.01	4467	4467.0	0.47	0.47
T73	1100.10	4526	4526.0	0.50	0.50
T74	1100.07	4799	4799.0	0.98	0.98
T75	5751.01	4754	4754.0	0.16	0.16
T76	5750.02	4627	4627.0	0.37	0.37
T77	5754.01	5155	3485.3	0.34	0.23
T78	5754.02	4065	4065.0	0.13	0.13
T79	5753.00	4947	4947.0	0.25	0.25
T80	5752.01	4667	4667.0	0.22	0.22
T81	5752.02	4916	4916.0	0.16	0.16
T82	5751.03	5119	5119.0	0.19	0.19
T83	5748.00	3000	3000.0	0.43	0.43
T84	5746.01	1863	1863.0	0.50	0.50
T85	1100.03	3194	3194.0	0.51	0.51
T86	0881.04	4780	279.6	0.43	0.03
T87	1100.08	4374	4374.0	0.71	0.71
T88	5751.02	4510	4510.0	0.16	0.16
T89	1100.12	5012	5012.0	0.90	0.90
T90	1100.05	3124	3124.0	0.41	0.41
T91	9800.33	61	8.6	11.08	1.57
T92	5758.01	2446	1628.7	0.17	0.11
T93	5763.01	4176	4176.0	0.21	0.21
T94	5764.01	4779	4779.0	0.13	0.13
T95	5764.02	5181	5181.0	0.13	0.13
T96	5764.03	5033	5033.0	0.13	0.13
T97	5769.01	6092	6092.0	0.17	0.17
T98	5763.02	4101	4101.0	0.12	0.12
T99	5769.03	3802	3802.0	0.13	0.13
T100	5770.00	6995	6995.0	0.71	0.71
T101	5758.02	5167	5167.0	0.12	0.12
T102	5758.03	2837	2837.0	0.08	0.08
T103	1100.04	4703	4703.0	0.65	0.65
T104	5746.02	1277	1277.0	0.23	0.23
T105	5747.00	117	117.0	0.16	0.16
T106	0881.06	4638	616.1	0.43	0.06
T107	5769.04	3288	3288.0	0.14	0.14
T108	5759.01	3454	2628.0	0.19	0.14
T109	5768.01	4325	4325.0	0.20	0.20
T110	5765.03	4454	4454.0	0.12	0.12
T111	5762.00	6158	6158.0	0.27	0.27

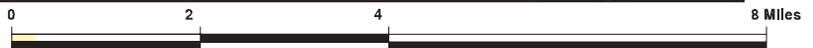
## CENSUS FINDINGS

Map ID	Tract Number	Total Population	Population in Radius	Total Area(sq.mi.)	Area in Radius(sq. mi.)
T112	5759.02	4762	4762.0	0.14	0.14
T113	5765.02	4543	4543.0	0.12	0.12
T114	5776.03	8255	8255.0	1.15	1.15
T115	5765.01	3369	3369.0	0.11	0.11
T116	5768.02	3992	3992.0	0.18	0.18
T117	5771.00	6700	6700.0	0.47	0.47
T118	5776.02	3441	3441.0	0.54	0.54
T119	0999.05	3053	3053.0	0.42	0.42
T120	0995.02	598	598.0	7.96	7.96
T121	0999.03	5749	5749.0	0.53	0.53
T122	0999.06	4866	4866.0	0.66	0.66
T123	0995.09	3491	3491.0	0.43	0.43
T124	0999.02	4486	4486.0	0.53	0.53
T125	0995.10	4058	4058.0	0.51	0.51
T126	9800.07	0	0.0	1.04	1.04
T127	0998.01	5816	1018.7	0.57	0.10
T128	0999.04	6352	6352.0	0.51	0.51
T129	5766.01	4399	4399.0	0.18	0.18
T130	5760.01	4969	4741.5	1.19	1.14
T131	5766.02	3995	3995.0	1.95	1.95
T132	5767.00	4047	4047.0	0.85	0.85
T133	5772.00	5414	5414.0	1.02	1.02
T134	5774.00	3253	3253.0	0.25	0.25
T135	5776.04	1388	1388.0	0.58	0.58
T136	0998.02	5111	796.4	0.38	0.06
T137	5773.00	5547	5547.0	1.19	1.19
T138	9903.00	0	0.0	57.35	9.59
T139	5775.01	3435	3435.0	0.53	0.53
T140	0995.04	2746	2746.0	0.90	0.90
T141	0996.03	6126	6126.0	2.05	2.05
T142	0996.01	7016	6444.4	1.25	1.15
T143	0996.02	3196	3196.0	0.51	0.51
T144	5775.04	1448	1448.0	1.58	1.58
T145	0997.01	6171	16.1	0.75	0.00
T146	0995.12	2868	2868.0	0.24	0.24
T147	0995.11	3182	3182.0	0.92	0.92
T148	0996.05	3690	2776.8	0.75	0.56
T149	0996.04	3606	3606.0	0.49	0.49
T150	9901.00	0	0.0	135.34	9.93
T151	0995.06	1253	1253.0	1.04	1.04
T152	0994.10	4101	1.0	0.50	0.00
T153	0994.06	4468	3971.3	0.50	0.44
T154	0994.07	2480	2480.0	0.50	0.50
T155	0994.08	4332	4332.0	0.51	0.51
T156	0995.08	4500	4500.0	0.46	0.46
T157	0995.14	5453	5453.0	0.94	0.94
T158	0995.13	2141	2141.0	0.38	0.38
T159	0994.05	4468	2534.2	0.51	0.29
T160	0994.16	4444	4444.0	0.25	0.25
T161	0994.04	4505	795.3	0.54	0.10
T162	0994.15	5374	1854.8	3.75	1.30
T163	0994.17	4031	4031.0	1.40	1.40

# RECEPTOR MAP - 4422162.1s



- ★ Target Property
- ⚡ Roads
- ⚡ Waterways
- ⚡ Environmental or Public Receptor
- ⚡ Federal Lands Linear Features
- ⚡ Federal Lands Area



**TARGET PROPERTY:** Alamitos Energy Center  
**ADDRESS:** 690 North Studebaker Road  
**CITY/STATE/ZIP:** Long Beach CA 90803  
**LAT/LONG:** 33.7677 / 118.1002

**CUSTOMER:** CH2M Hill, Inc.  
**CONTACT:** Angela Wolfe  
**INQUIRY #:** 4422162.1s  
**DATE:** September 28, 2015 10:09 am

## MAP FINDINGS

Map ID	Direction	Distance	Distance (ft.)	Elevation	Site	EDR ID	Database
A1	NW	1/4-1/2 mi	2630	Higher	Ncessch: 062250002730 Schname05: KETTERING ELEMENTARY Mstreet05: 550 SILVERA AVE. Mcity05: LONG BEACH Mstate05: CA Mzip05: 90803 Mzip405: 2127 Member05: 360 Phone05: (562) 598-9486 Locale05: 1 Type05: 1 Level05: 1 Gslo05: KG Gshi05: 05 Edr id: SRPU20071014021	SRPU20071014021	Public Schools
A2	NW	1/2-1 mi	3733	Higher	EDR ID: SRDCCA200704820 Facility number: 191607228 Facility name: JAVADINOVIN FAMILY DAY CARE Facility eval. code: 8160 Facility office number: 33 Facility county number: 19 Facility type code: 810 Facility status code: 03 Address: 6235 PARIMA STREET City: LONG BEACH State: CA Zip: 90803 Alt. address: 6235 PARIMA STREET City: LONG BEACH State: CA Zip: 90803 Facility investor: "JAVADINOVIN, SHAHLA & ABBAS" Licensee type: A License effective date: 941112 License expiration date: Not Reported License issue date: 911112 Program type: "MAXIMUM CAPACITY: 12 CHILDREN WITH NO MORE THAN 4 INFANTS, OR CAPACITY14 CHILDREN WHEN 2 CHILDREN ARE AT LEAST 6 YEARS OF AGE WITH A MAXIMUMOF 3 INFANTS. PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED." Original app. received date: 911015 Facility closed date: Not Reported Mailing address: 6235 PARIMA STREET Mailing city: LONG BEACH Mailing state: CA Mailing zip: 90803 Contact person: "JAVADINOVIN, SHAHLA" Facility capacity: 14 Type of clients served: 960 Facility phone: 5625984757	SRDCCA200704820	Daycare

## MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site	EDR ID Database
3 NW 1/2-1 mi 3934 Higher	Hospital type: 01 Num of times COO: 00 Owner date: Not Reported City: LONG BEACH Has plan of corr: Not Reported Compliance status: Not Reported SSA county code: 200 Cross ref number: Not Reported FMS survey date: Not Reported Current survey date: Not Reported Medicare/Medicaid: Not Reported Facility name: EDGAR R PALAREA MD INC Intermediary/Carrier: Not Reported Medicaid number: Not Reported Participation date: 19921218 Prior COO date: Not Reported Prior carrier: Not Reported Provider ID: 05D0555041 Record Status: A Region code: 09 Is Partial Record: Y state abbrev: CA ssa state: 05 state region cd: LAB street address: 6390 ROCHELLE LANE Phone num: 5625960003 Termination reason: 01 Term Date: 19960801 Purpose of action: Not Reported Provider control: 04 Zip: 90815 Fips state: 06 Fips cnty: 037 SSA MSA: 328 SSA MSA size code: A Date accredited: Not Reported Accred expire date: Not Reported Accred Org: Not Reported Num beds: 0000 Num cert beds: 0000 Source: US_HOSPITAL_POSCLIA Edr id: SRHO20070131677	SRHO20070131677 AHA Hospitals
B4 ESE 1/2-1 mi 5013 Higher	Hospital type: 01 Num of times COO: 00 Owner date: Not Reported City: SEAL BEACH Has plan of corr: Not Reported Compliance status: Not Reported SSA county code: 400 Cross ref number: Not Reported FMS survey date: Not Reported Current survey date: Not Reported	SRHO20070151158 AHA Hospitals

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Medicare/Medicaid: Not Reported  
 Facility name: RUDOLF HAIDER MD  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19990119  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0956083  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Not Reported  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 1661 GOLDEN RAIN RD  
 Phone num: 5624939581  
 Termination reason: 08  
 Term Date: 19990119  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90740  
 Fips state: 06  
 Fips cnty: 059  
 SSA MSA: 033  
 SSA MSA size code: B  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070151158

B5  
 ESE  
 1/2-1 mi  
 5013  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: SEAL BEACH  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 000  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: PRAKASH NARAIN MD  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19990119  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0956077  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y

SRHO20070150887  
 AHA Hospitals

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 1661 GOLDEN RAIN RD  
 Phone num: 5624939581  
 Termination reason: 08  
 Term Date: 20010118  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90740  
 Fips state: 06  
 Fips cnty: 001  
 SSA MSA: 418  
 SSA MSA size code: B  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070150887

B6  
 ESE  
 1/2-1 mi  
 5013  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: SEAL BEACH  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 400  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: LEISURE WORLD HEALTH CARE CENTER  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19980612  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0947323  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 1661 GOLDEN RAIN ROAD  
 Phone num: 5624939581  
 Termination reason: 00  
 Term Date: 20080611  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90740  
 Fips state: 06

SRHO20070152491  
 AHA Hospitals

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Fips cnty: 059  
 SSA MSA: 033  
 SSA MSA size code: B  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070152491

B7

ESE

1/2-1 mi

5013

Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: SEAL BEACH  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 400  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: BONNI FRANKEL MD  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19990119  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0956081  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Not Reported  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 1661 GOLDEN RAIN RD  
 Phone num: 5624939581  
 Termination reason: 08  
 Term Date: 19990119  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90740  
 Fips state: 06  
 Fips cnty: 059  
 SSA MSA: 033  
 SSA MSA size code: B  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070151156

SRHO20070151156

AHA Hospitals

## MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site	EDR ID Database
B8 ESE 1/2-1 mi 5013 Higher	Hospital type: 01 Num of times COO: 00 Owner date: Not Reported City: SEAL BEACH Has plan of corr: Not Reported Compliance status: Not Reported SSA county code: 400 Cross ref number: Not Reported FMS survey date: Not Reported Current survey date: Not Reported Medicare/Medicaid: Not Reported Facility name: HOWARD CAPLAN MD Intermediary/Carrier: Not Reported Medicaid number: Not Reported Participation date: 19990119 Prior COO date: Not Reported Prior carrier: Not Reported Provider ID: 05D0956080 Record Status: A Region code: 09 Is Partial Record: Y state abbrev: CA ssa state: 05 state region cd: LAB street address: 1661 GOLDEN RAIN RD Phone num: 5624939581 Termination reason: 08 Term Date: 20010118 Purpose of action: Not Reported Provider control: 04 Zip: 90740 Fips state: 06 Fips cnty: 059 SSA MSA: 033 SSA MSA size code: B Date accredited: Not Reported Accred expire date: Not Reported Accred Org: Not Reported Num beds: 0000 Num cert beds: 0000 Source: US_HOSPITAL_POSCLIA Edr id: SRHO20070150888	SRHO20070150888 AHA Hospitals
B9 ESE 1/2-1 mi 5013 Higher	Hospital type: 01 Num of times COO: 00 Owner date: Not Reported City: SEAL BEACH Has plan of corr: Not Reported Compliance status: Not Reported SSA county code: 400 Cross ref number: Not Reported FMS survey date: Not Reported Current survey date: Not Reported	SRHO20070158810 AHA Hospitals

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Medicare/Medicaid: Not Reported  
 Facility name: CALIFORNIA DERMATOLOGY CTR A MED CORP  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 20040927  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D1031262  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 1661 GOLDEN RAIN RD  
 Phone num: 9098607600  
 Termination reason: 01  
 Term Date: 20040928  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90740  
 Fips state: 06  
 Fips cnty: 059  
 SSA MSA: 033  
 SSA MSA size code: B  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070158810

B10  
 ESE  
 1/2-1 mi  
 5013  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: SEAL BEACH  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 400  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: MARY B SHERMAN MD  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19990119  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0956082  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Not Reported

SRHO20070151157  
 AHA Hospitals

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 1661 GOLDEN RAID RD  
 Phone num: 5624939581  
 Termination reason: 08  
 Term Date: 19990119  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90740  
 Fips state: 06  
 Fips cnty: 059  
 SSA MSA: 033  
 SSA MSA size code: B  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070151157

B11  
 ESE  
 1/2-1 mi  
 5013  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: SEAL BEACH  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 400  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: THOMAS DENMARK MD  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19990119  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0956075  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 1661 GOLDEN RAIN RD  
 Phone num: 5624939581  
 Termination reason: 12  
 Term Date: 20000118  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90740  
 Fips state: 06

SRHO20070150886  
 AHA Hospitals

## MAP FINDINGS

Map ID	Direction	Distance	Distance (ft.)	Elevation	Site	EDR ID Database
					Fips cnty: 059 SSA MSA: 033 SSA MSA size code: B Date accredited: Not Reported Accred expire date: Not Reported Accred Org: Not Reported Num beds: 0000 Num cert beds: 0000 Source: US_HOSPITAL_POSCLIA Edr id: SRHO20070150886	
12	NNW	1/2-1 mi	5116	Higher	Ncessch: 062250002722 Schname05: HILL MIDDLE Mstreet05: 1100 IROQUOIS AVE. Mcity05: LONG BEACH Mstate05: CA Mzip05: 90815 Mzip405: 4649 Member05: 1117 Phone05: (562) 598-7611 Locale05: 1 Type05: 1 Level05: 2 Gslo05: 06 Gshi05: 08 Edr id: SRPU20071014013	SRPU20071014013 Public Schools
13	SSW	1/2-1 mi	5205	Higher	Hospital type: 01 Num of times COO: 00 Owner date: Not Reported City: LONG BEACH Has plan of corr: Not Reported Compliance status: Not Reported SSA county code: 200 Cross ref number: Not Reported FMS survey date: Not Reported Current survey date: Not Reported Medicare/Medicaid: Not Reported Facility name: KAKKIS MEDICAL GROUP INC Intermediary/Carrier: Not Reported Medicaid number: Not Reported Participation date: 19930113 Prior COO date: Not Reported Prior carrier: Not Reported Provider ID: 05D0554838 Record Status: A Region code: 09 Is Partial Record: Y state abbrev: CA ssa state: 05 state region cd: LAB street address: 6553 EAST PACIFIC COAST HIGHWAY BLDG H	SRHO20070131373 AHA Hospitals

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Phone num: 3107991176  
 Termination reason: 00  
 Term Date: 20081025  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90803  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070131373

C14  
 North  
 1-2 mi  
 5380  
 Higher

EDR ID: SRDCCA200716750  
 Facility number: 198007024  
 Facility name: JACOBS FAMILY CHILD CARE  
 Facility eval. code: 8160  
 Facility office number: 33  
 Facility county number: 19  
 Facility type code: 810  
 Facility status code: 03  
 Address: 6934 MANTOVA STREET  
 City: LONG BEACH  
 State: CA  
 Zip: 90815  
 Alt. address: 6934 MANTOVA STREET  
 City: LONG BEACH  
 State: CA  
 Zip: 90815  
 Facility investor: CHARMAINE JACOBS  
 Licensee type: A  
 License effective date: 11130  
 License expiration date: Not Reported  
 License issue date: 011130  
 Program type: "MAXIMUM CAPACITY: 12 CHILDREN, WITH NO MORE THAN 4 INFANTS, OR

SRDCCA200716750  
 Daycare

CAPACITY 14 CHILDREN WHEN 2 CHILDREN ARE AT LEAST 6 YEARS OF AGE WITH A  
 MAXIMUM OF 3 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "  
 Original app. received date: 010925  
 Facility closed date: Not Reported  
 Mailing address: 6934 MANTOVA STREET  
 Mailing city: LONG BEACH  
 Mailing state: CA  
 Mailing zip: 90815  
 Contact person: "JACOBS,CHARMAINE "  
 Facility capacity: 14  
 Type of clients served: 960  
 Facility phone: 5624306871

## MAP FINDINGS

Map ID	Direction	Distance	Distance (ft.)	Elevation	Site	EDR ID	Database
C15	North	1-2 mi	5745	Higher	EDR ID: SRDCCA200705503 Facility number: 198000925 Facility name: "WELLS, ARLIN FAMILY DAY CARE" Facility eval. code: 8160 Facility office number: 33 Facility county number: 19 Facility type code: 810 Facility status code: 03 Address: 6737 E. MANTOVA City: LONG BEACH State: CA Zip: 90815 Alt. address: 6737 E. MANTOVA City: LONG BEACH State: CA Zip: 90815 Facility investor: "WELLS, ARLIN" Licensee type: A License effective date: 950217 License expiration date: Not Reported License issue date: 950217 Program type: "MAXIMUM CAPACITY: 12 CHILDREN, INCLUDING LICENSEE'S CHILDREN UNDER 10 YEARS OF AGE WHO RESIDE IN THE HOME, WITH NO MORE THAN 4 INFANTS (INFANT MEANS A CHILD UNDER 2 YEARS OLD)."  Original app. received date: 950105 Facility closed date: Not Reported Mailing address: 6737 E. MANTOVA Mailing city: LONG BEACH Mailing state: CA Mailing zip: 90815 Contact person: WELLS. ARLIN Facility capacity: 12 Type of clients served: 960 Facility phone: 5624935614	SRDCCA200705503	Daycare
C16	North	1-2 mi	5793	Higher	EDR ID: SRDCCA200725857 Facility number: 198010763 Facility name: BONILLA FAMILY CHILD CARE Facility eval. code: 8160 Facility office number: 33 Facility county number: 19 Facility type code: 810 Facility status code: 03 Address: 6809 E. DE LEON STREET City: LONG BEACH State: CA Zip: 90815 Alt. address: 6809 E. DE LEON STREET City: LONG BEACH State: CA Zip: 90815 Facility investor: "BONILLA, DOLORES"	SRDCCA200725857	Daycare

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Licensee type: A  
 License effective date: 40830  
 License expiration date: Not Reported  
 License issue date: 040830  
 Program type: MAX. CAP (WHEN THERE IS AN ASSISTANT PRESENT): 12 - NO MORE THAN 4 INFANTS. CAP 14 - NO MORE THAN 3 INFANTS. 1 CHILD IN KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6.  
 Original app. received date: 040713  
 Facility closed date: Not Reported  
 Mailing address: 6809 E. DE LEON STREET  
 Mailing city: LONG BEACH  
 Mailing state: CA  
 Mailing zip: 90815  
 Contact person: "BONILLA, DOLORES"  
 Facility capacity: 14  
 Type of clients served: 960  
 Facility phone: 5624316518

D17 NE 1-2 mi 5922 Higher	Ncessch: Schname05: Mstreet05: Mcity05: Mstate05: Mzip05: Mzip405: Member05: Phone05: Locale05: Type05: Level05: Gslo05: Gshi05: Edr id:	062259007301 FRANCIS HOPKINSON ELEMENTARY 12582 KENSINGTON RD. LOS ALAMITOS CA 90720 4749 613 (562) 799-4500 3 1 1 KG 05 SRPU20071014279	SRPU20071014279 Public Schools
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C18 North 1-2 mi 5934 Higher	EDR ID: Facility number: Facility name: Facility eval. code: Facility office number: Facility county number: Facility type code: Facility status code: Address: City: State: Zip: Alt. address: City: State: Zip: Facility investor: Licensee type:	SRDCCA200714014 198006711 HENRIQUEZ FAMILY DAY CARE 8160 33 19 810 03 6722 E. DE LEON STREET LONG BEACH CA 90815 6722 E. DE LEON STREET LONG BEACH CA 90815 LILIAN ARACELY HENRIQUEZ A	SRDCCA200714014 Daycare
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## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

License effective date: 10604  
 License expiration date: Not Reported  
 License issue date: 010604  
 Program type: "MAXIMUM CAPACITY: 12 CHILDREN, WITH NO MORE THAN 4 INFANTS, OR CAPACITY 14 CHILDREN WHEN 2 CHILDREN ARE AT LEAST 6 YEARS OF AGE WITH A MAXIMUM OF 3 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "

Original app. received date: 010419  
 Facility closed date: Not Reported  
 Mailing address: 6722 E. DE LEON STREET  
 Mailing city: LONG BEACH  
 Mailing state: CA  
 Mailing zip: 90815  
 Contact person: "HENRIQUEZ,LILIAN "  
 Facility capacity: 14  
 Type of clients served: 960  
 Facility phone: 5625948651

D19		SRDCCA200712204
NE	EDR ID: SRDCCA200712204	Daycare
1-2 mi	Facility number: 304205597	
6000	Facility name: "LENZINI, JEANETTE "	
Higher	Facility eval. code: 3404	
	Facility office number: 06	
	Facility county number: 30	
	Facility type code: 810	
	Facility status code: 03	
	Address: 12511 MARTHA ANN DR.	
	City: LOS ALAMITOS	
	State: CA	
	Zip: 90720	
	Alt. address: 12511 MARTHA ANN DRIVE	
	City: LOS ALAMITOS	
	State: CA	
	Zip: 90720	
	Facility investor: "LENZINI, JEANETTE "	
	Licensee type: A	
	License effective date: 803	
	License expiration date: Not Reported	
	License issue date: 000803	
	Program type: MAX. CAP (WHEN THERE IS AN ASSISTANT PRESENT): 12 - NO MORE THAN 4 INFANTS. CAP 14 - NO MORE THAN 3 INFANTS. 1 CHILD IN KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6.	
	Original app. received date: 000609	
	Facility closed date: Not Reported	
	Mailing address: 12511 MARTHA ANN DRIVE	
	Mailing city: LOS ALAMITOS	
	Mailing state: CA	
	Mailing zip: 90720	
	Contact person: "LENZINI, JEANETTE "	
	Facility capacity: 14	
	Type of clients served: 960	
	Facility phone: 5625940247	

## MAP FINDINGS

Map ID	Direction	Distance	Distance (ft.)	Elevation	Site	EDR ID	Database
E20	WNW	1-2 mi	6048	Higher	EDR ID: SRDCCA200742232 Facility number: 191603778 Facility name: SEASIDE INFANT CENTER Facility eval. code: 8160 Facility office number: 33 Facility county number: 19 Facility type code: 830 Facility status code: 03 Address: 5901 E. 7TH ST. City: LONG BEACH State: CA Zip: 90822 Alt. address: 5901 E. 7TH ST. City: LONG BEACH State: CA Zip: 90822 Facility investor: SEASIDE CHILD DEVELOPMENT CENTER Licensee type: C License effective date: 940506 License expiration date: Not Reported License issue date: 890420 Program type: COMBINATION CENTER: INFANT (12) AGES 0 TO 2 YEARS; PRESCHOOL (25) AGES 2 TO 4.9 YEARS (X 191671479) Original app. received date: 890419 Facility closed date: Not Reported Mailing address: 5901 E. 7TH ST. Mailing city: LONG BEACH Mailing state: CA Mailing zip: 90822 Contact person: MELINDA PETERSEN Facility capacity: 12 Type of clients served: 955 Facility phone: 5625973592	SRDCCA200742232	Daycare
E21	WNW	1-2 mi	6048	Higher	EDR ID: SRDCCA200746915 Facility number: 191671479 Facility name: SEASIDE CHILD DEVELOPMENT CENTER Facility eval. code: 8160 Facility office number: 33 Facility county number: 19 Facility type code: 850 Facility status code: 03 Address: 5901 E. 7TH ST. City: LONG BEACH State: CA Zip: 90822 Alt. address: 5901 E. 7TH ST. City: LONG BEACH State: CA Zip: 90822 Facility investor: SEASIDE CHILD DEVELOPMENT CENTER Licensee type: C License effective date: 940506	SRDCCA200746915	Daycare

# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

License expiration date: Not Reported  
 License issue date: Not Reported  
 Program type: "COMBINATION CENTER: PRESCHOOL WITH TODDLER OPTION.  
 TODDLER OPTION (12) AGES 18 MOS TO 36 MOS. PRESCHOOL (13) AGES 3  
 YRS. UNTIL ENTRY INTO 1ST GRADE, ALSO INFANT (12) AGES 0-12 YRS.  
 "#191603778. WAIVER ON FILE.  
 Original app. received date: 850228  
 Facility closed date: Not Reported  
 Mailing address: 5901 E. 7TH STREET  
 Mailing city: LONG BEACH  
 Mailing state: CA  
 Mailing zip: 90822  
 Contact person: MELINDA PETTERSEN  
 Facility capacity: 25  
 Type of clients served: 960  
 Facility phone: 5625973592

E22  
 WNW  
 1-2 mi  
 6048  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: VA LONG BEACH HCS  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 20010622  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0988227  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 5901 E 7TH ST  
 Phone num: 5624942611  
 Termination reason: 00  
 Term Date: 20100504  
 Purpose of action: Not Reported  
 Provider control: 08  
 Zip: 90822  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported

SRHO20070154070  
 AHA Hospitals

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070154070

E23  
 WNW  
 1-2 mi  
 6048  
 Higher

Hospital type: Not Reported  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: VA HOSP  
 Intermediary/Carrier: 00454  
 Medicaid number: Not Reported  
 Participation date: Not Reported  
 Prior COO date: Not Reported  
 Prior carrier: 00452  
 Provider ID: 05027F  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: Not Reported  
 street address: 5901 E 7TH ST  
 Phone num: 5628268000  
 Termination reason: 00  
 Term Date: Not Reported  
 Purpose of action: 1  
 Provider control: Not Reported  
 Zip: 90822  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: 0  
 Num beds: 1544  
 Num cert beds: 1544  
 Source: US\_HOSPITAL\_POSOTHER  
 Edr id: SRHO20070009986

SRHO20070009986  
 AHA Hospitals

E24  
 WNW  
 1-2 mi  
 6048  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported

SRHO20070147840  
 AHA Hospitals

# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

City: LONG BEACH  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: LONG BEACH VA HOSPITAL DONOR CENTER  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19961213  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0923047  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 5901 E 7TH STREET  
 Phone num: 7144565733  
 Termination reason: 01  
 Term Date: 20010801  
 Purpose of action: Not Reported  
 Provider control: 07  
 Zip: 90822  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070147840

NA  
 SE Name: Seal Beach Naval Weapons Station  
 1-2 mi Feature: Navy DOD  
 6145 URL: Not Reported  
 NA Bureau: DOD  
 State: CA  
 Is DOD?: Yes

CUSA143790  
 FED\_LAND

F25  
 ENE Hospital type: 01  
 1-2 mi Num of times COO: 00  
 6775 Owner date: Not Reported  
 Higher City: SEAL BEACH  
 Has plan of corr: 1

SRHO20070012024  
 AHA Hospitals

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Compliance status: A  
 SSA county code: 400  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: 19850319  
 Medicare/Medicaid: 1  
 Facility name: BEVERLY HOME HLTH CARE AGENCY  
 Intermediary/Carrier: 51051  
 Medicaid number: Not Reported  
 Participation date: 19830810  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 057554  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Not Reported  
 state abbrev: CA  
 ssa state: 05  
 state region cd: SA  
 street address: 3000 BEVERLY MANOR RD  
 Phone num: 2135982477  
 Termination reason: 01  
 Term Date: 19860613  
 Purpose of action: 2  
 Provider control: 04  
 Zip: 90740  
 Fips state: 06  
 Fips cnty: 059  
 SSA MSA: 033  
 SSA MSA size code: B  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: 0  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSOTHER  
 Edr id: SRHO20070012024

F26  
 ENE  
 1-2 mi  
 6775  
 Higher

Hospital type: 03  
 Num of times COO: 01  
 Owner date: 20031001  
 City: SEAL BEACH  
 Has plan of corr: 1  
 Compliance status: A  
 SSA county code: 400  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: 20061108  
 Medicare/Medicaid: 1  
 Facility name: COUNTRY VILLA SEAL BEACH HEALTHCARE CENTER  
 Intermediary/Carrier: 00454  
 Medicaid number: Not Reported  
 Participation date: 19711231  
 Prior COO date: Not Reported

SRHO20070011598  
 AHA Hospitals

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Prior carrier: 00040  
 Provider ID: 056010  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Not Reported  
 state abbrev: CA  
 ssa state: 05  
 state region cd: ORG  
 street address: 3000 BEVERLY MANOR RD  
 Phone num: 5625982477  
 Termination reason: 00  
 Term Date: Not Reported  
 Purpose of action: 2  
 Provider control: 02  
 Zip: 90740  
 Fips state: 06  
 Fips cnty: 059  
 SSA MSA: 033  
 SSA MSA size code: B  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0198  
 Num cert beds: 0198  
 Source: US\_HOSPITAL\_POSOTHER  
 Edr id: SRHO20070011598

F27  
 ENE  
 1-2 mi  
 6775  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: SEAL BEACH  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 400  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: AG SEAL BEACH DBA  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19940419  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0553694  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: M1  
 street address: 3000 BEVERLY MANOR ROAD  
 Phone num: 5625982477  
 Termination reason: 00

SRHO20070131198  
 AHA Hospitals

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Term Date: 20080831  
 Purpose of action: Not Reported  
 Provider control: 03  
 Zip: 90740  
 Fips state: 06  
 Fips cnty: 059  
 SSA MSA: 033  
 SSA MSA size code: B  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070131198

F28  
 ENE  
 1-2 mi  
 6775  
 Higher

Provnum: 056010  
 Nursinghomename: COUNTRY VILLA SEAL BEACH HEALTHCARE CENTER  
 Street: 3000 BEVERLY MANOR RD  
 City: SEAL BEACH  
 State: CA  
 Zipcode: 90740  
 Phonenum: 5625982477  
 Dateoflastinspection: 20050914  
 Certifiednumberofbeds: 198  
 Totalnumberofresidents: 171  
 Percofoccupiedbeds: 86  
 Categorydescription: Participating in Medicare and Medicaid  
 Typeofownership: For profit - Partnership  
 Locatedwithinahospital: NO  
 Multinursinghomeownership: YES  
 Residentandfamilycouncils: BOTH  
 Edr id: SRNH20060901013

SRNH20060901013  
 Nursing Homes

G29  
 ESE  
 1-2 mi  
 7022  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: SEAL BEACH  
 Has plan of corr: Not Reported  
 Compliance status: A  
 SSA county code: 400  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: 20040224  
 Medicare/Medicaid: 1  
 Facility name: AGENCY REHABILITATION SERVICE  
 Intermediary/Carrier: 52280  
 Medicaid number: Not Reported  
 Participation date: 19951115  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 056768

SRHO20070010731  
 AHA Hospitals

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Record Status: A  
 Region code: 09  
 Is Partial Record: Not Reported  
 state abbrev: CA  
 ssa state: 05  
 state region cd: ORG  
 street address: 2920 WESTMINSTER AVENUE  
 Phone num: 7145348394  
 Termination reason: 00  
 Term Date: Not Reported  
 Purpose of action: 2  
 Provider control: 06  
 Zip: 90740  
 Fips state: 06  
 Fips cnty: 059  
 SSA MSA: 033  
 SSA MSA size code: B  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSOTHER  
 Edr id: SRHO20070010731

G30  
 ESE  
 1-2 mi  
 7022  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: SEAL BEACH  
 Has plan of corr: 1  
 Compliance status: A  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: 19950830  
 Medicare/Medicaid: 1  
 Facility name: BEACH PHYSICAL THERAPY INC  
 Intermediary/Carrier: 00040  
 Medicaid number: Not Reported  
 Participation date: 19950830  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 056750  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Not Reported  
 state abbrev: CA  
 ssa state: 05  
 state region cd: L2  
 street address: 2920 WESTMINSTER AVENUE  
 Phone num: 3105948600  
 Termination reason: 01  
 Term Date: 19960503  
 Purpose of action: 1

SRHO20070011105  
 AHA Hospitals

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Provider control: 06  
 Zip: 90740  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSOTHER  
 Edr id: SRHO20070011105

F31  
 ENE  
 1-2 mi  
 7115  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: SEAL BEACH  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 400  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: PACIFIC COAST HM HLTH-DPT LAKEWOOD REG  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19950609  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0902034  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 13001 SEAL BEACH BLVD  
 Phone num: 3105985335  
 Termination reason: 01  
 Term Date: 19970327  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90740  
 Fips state: 06  
 Fips cnty: 059  
 SSA MSA: 033  
 SSA MSA size code: B  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000

SRHO20070144516  
 AHA Hospitals

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070144516

F32		SRHO20070138728
ENE	Hospital type: 01	AHA Hospitals
1-2 mi	Num of times COO: 00	
7115	Owner date: Not Reported	
Higher	City: SEAL BEACH	
	Has plan of corr: 1	
	Compliance status: A	
	SSA county code: 400	
	Cross ref number: Not Reported	
	FMS survey date: Not Reported	
	Current survey date: 19960823	
	Medicare/Medicaid: 1	
	Facility name: DRS AHEARN RIGHTMIER SANDELL & SLEEP	
	Intermediary/Carrier: 02050	
	Medicaid number: Not Reported	
	Participation date: 19920901	
	Prior COO date: Not Reported	
	Prior carrier: Not Reported	
	Provider ID: 05D0694822	
	Record Status: A	
	Region code: 09	
	Is Partial Record: Not Reported	
	state abbrev: CA	
	ssa state: 05	
	state region cd: M1	
	street address: 13001 SEAL BEACH BOULEVARD SUITE 100	
	Phone num: 3104919939	
	Termination reason: 08	
	Term Date: 19980917	
	Purpose of action: 1	
	Provider control: 04	
	Zip: 90740	
	Fips state: 06	
	Fips cnty: 059	
	SSA MSA: 033	
	SSA MSA size code: B	
	Date accredited: Not Reported	
	Accred expire date: Not Reported	
	Accred Org: Not Reported	
	Num beds: 0000	
	Num cert beds: 0000	
	Source: US_HOSPITAL_POSCLIA	
	Edr id: SRHO20070138728	

F33		SRHO20070146035
ENE	Hospital type: 01	AHA Hospitals
1-2 mi	Num of times COO: 00	
7115	Owner date: Not Reported	
Higher	City: SEAL BEACH	
	Has plan of corr: Not Reported	
	Compliance status: Not Reported	

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

SSA county code: 400  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: PAUL S GREENBERG MD A MEDICAL CORP  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19950427  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0900466  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 13001 SEAL BEACH BLVD SUITE 300  
 Phone num: 3104936533  
 Termination reason: 00  
 Term Date: 20071214  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90740  
 Fips state: 06  
 Fips cnty: 059  
 SSA MSA: 033  
 SSA MSA size code: B  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070146035

F34  
 ENE  
 1-2 mi  
 7115  
 Higher

Hospital type: 01  
 Num of times COO: 03  
 Owner date: Not Reported  
 City: SEAL BEACH  
 Has plan of corr: Not Reported  
 Compliance status: B  
 SSA county code: 400  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: 19960509  
 Medicare/Medicaid: 2  
 Facility name: PACIFIC COAST HOME HEALTH  
 Intermediary/Carrier: 00040  
 Medicaid number: Not Reported  
 Participation date: 19830531  
 Prior COO date: 19950901  
 Prior carrier: Not Reported

SRHO20070011750  
 AHA Hospitals

# MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Provider ID: 057530  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Not Reported  
 state abbrev: CA  
 ssa state: 05  
 state region cd: ORG  
 street address: 13001 SEAL BEACH BLVD SUITE 333  
 Phone num: 3104939581  
 Termination reason: 05  
 Term Date: 19961220  
 Purpose of action: 3  
 Provider control: 04  
 Zip: 90740  
 Fips state: 06  
 Fips cnty: 059  
 SSA MSA: 033  
 SSA MSA size code: B  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: 0  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSOTHER  
 Edr id: SRHO20070011750

H35			SRPU20071014052
North	Ncessch:	062250002762	Public Schools
1-2 mi	Schname05:	TINCHER ELEMENTARY	
7187	Mstreet05:	1701 PETALUMA AVE.	
Higher	Mcity05:	LONG BEACH	
	Mstate05:	CA	
	Mzip05:	90815	
	Mzip405:	4855	
	Member05:	1143	
	Phone05:	(562) 493-2636	
	Locale05:	1	
	Type05:	1	
	Level05:	1	
	Gslo05:	KG	
	Gshi05:	08	
	Edr id:	SRPU20071014052	

H36			SRDCCA200715896
North	EDR ID:	SRDCCA200715896	Daycare
1-2 mi	Facility number:	198007291	
7218	Facility name:	MEYERS FAMILY DAY CARE	
Higher	Facility eval. code:	8160	
	Facility office number:	33	
	Facility county number:	19	
	Facility type code:	810	
	Facility status code:	03	
	Address:	7020 EL CEDRAL STREET	
	City:	LONG BEACH	

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

State: CA  
 Zip: 90815  
 Alt. address: 7020 EL CEDRAL STREET  
 City: LONG BEACH  
 State: CA  
 Zip: 90815  
 Facility investor: ALMA MEYERS  
 Licensee type: A  
 License effective date: 20420  
 License expiration date: Not Reported  
 License issue date: 020420  
 Program type: "MAXIMUM CAPACITY: 12 CHILDREN, WITH NO MORE THAN 4 INFANTS, OR  
 CAPACITY 14 CHILDREN WHEN 2 CHILDREN ARE AT LEAST 6 YEARS OF AGE WITH A  
 MAXIMUM OF 3 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "

Original app. received date: 020205  
 Facility closed date: Not Reported  
 Mailing address: 7020 EL CEDRAL STREET  
 Mailing city: LONG BEACH  
 Mailing state: CA  
 Mailing zip: 90815  
 Contact person: "MEYERS, ALMA "  
 Facility capacity: 14  
 Type of clients served: 960  
 Facility phone: 5625987208

I37  
 SW  
 1-2 mi  
 7341  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: ARTHUR J LUNSK MD INC  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19940401  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0884486  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 5865 EAST NAPLES PLAZA  
 Phone num: 3105978833  
 Termination reason: 00  
 Term Date: 20070716  
 Purpose of action: Not Reported

SRHO20070143201  
 AHA Hospitals

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Provider control: 04  
 Zip: 90803  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070143201

I38  
 SW  
 1-2 mi  
 7341  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: MULLIKIN MEDICAL CENTER-NAPLES  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19930806  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0874423  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 5865 E NAPLES PLAZA  
 Phone num: 3104344481  
 Termination reason: 08  
 Term Date: 20001231  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90803  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000

SRHO20070143893  
 AHA Hospitals

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070143893

I39 SW 1-2 mi 7341 Higher	Hospital type: Num of times COO: Owner date: City: Has plan of corr: Compliance status: SSA county code: Cross ref number: FMS survey date: Current survey date: Medicare/Medicaid: Facility name: Intermediary/Carrier: Medicaid number: Participation date: Prior COO date: Prior carrier: Provider ID: Record Status: Region code: Is Partial Record: state abbrev: ssa state: state region cd: street address: Phone num: Termination reason: Term Date: Purpose of action: Provider control: Zip: Fips state: Fips cnty: SSA MSA: SSA MSA size code: Date accredited: Accred expire date: Accred Org: Num beds: Num cert beds: Source: Edr id:	01 00 Not Reported LONG BEACH Not Reported Not Reported 200 Not Reported Not Reported Not Reported Not Reported PROHEALTH PARTNERS, A MEDICAL GRP INC Not Reported Not Reported 20011214 Not Reported Not Reported 05D0994467 A 09 Y CA 05 LAB 5865 E NAPLES PLAZA 5624344481 00 20071213 Not Reported 04 90803 06 037 328 A Not Reported Not Reported Not Reported 0000 0000 US_HOSPITAL_POSCLIA SRHO20070156737	SRHO20070156737 AHA Hospitals
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40 West 1-2 mi 7452 Higher	Hospital type: Num of times COO: Owner date: City: Has plan of corr: Compliance status:	01 00 Not Reported LONG BEACH Not Reported Not Reported	SRHO20070152839 AHA Hospitals
----------------------------------------	--------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------	----------------------------------

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: IGOR PERSIDSKY  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19991029  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0966982  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 5435 HERON BAY  
 Phone num: 5629850619  
 Termination reason: 08  
 Term Date: 20051028  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90803  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070152839

H41  
 North  
 1-2 mi  
 7472  
 Higher

EDR ID: SRDCCA200707446  
 Facility number: 198003302  
 Facility name: BEHNING FAMILY CHILD CARE  
 Facility eval. code: 8160  
 Facility office number: 33  
 Facility county number: 19  
 Facility type code: 810  
 Facility status code: 03  
 Address: 6903 E. EL CEDRAL ST.  
 City: LONG BEACH  
 State: CA  
 Zip: 90815  
 Alt. address: 6903 E. EL CEDRAL ST.  
 City: LONG BEACH  
 State: CA  
 Zip: 90815  
 Facility investor: "BEHNING, VERONICA"

SRDCCA200707446  
 Daycare

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Licensee type: A  
 License effective date: 970909  
 License expiration date: Not Reported  
 License issue date: 970909  
 Program type: "MAXIMUM CAPACITY: 12 CHILDREN, WITH NO MORE THAN 4 INFANTS, OR CAPACITY 14 CHILDREN WHEN 2 CHILDREN ARE AT LEAST 6 YEARS OF AGE WITH A MAXIMUM OF 3 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "

Original app. received date: 970729  
 Facility closed date: Not Reported  
 Mailing address: 6903 E. EL CEDRAL ST.  
 Mailing city: LONG BEACH  
 Mailing state: CA  
 Mailing zip: 90815  
 Contact person: "BEHNING, VERONICA "  
 Facility capacity: 14  
 Type of clients served: 960  
 Facility phone: 5624305473

J42		SRDCCA200703282
SSE	EDR ID:	SRDCCA200703282
1-2 mi	Facility number:	300609028
7643	Facility name:	"WACKERMAN, BARBARA & CHARLES "
Higher	Facility eval. code:	3403
	Facility office number:	06
	Facility county number:	30
	Facility type code:	810
	Facility status code:	03
	Address:	1729 BAYOU WAY
	City:	SEAL BEACH
	State:	CA
	Zip:	90740
	Alt. address:	1729 BAYOU WAY
	City:	SEAL BEACH
	State:	CA
	Zip:	90740
	Facility investor:	"WACKERMAN, BARBARA & CHARLES "
	Licensee type:	A
	License effective date:	950717
	License expiration date:	Not Reported
	License issue date:	890717
	Program type:	"MAXIMUM CAPACITY: 12 CHILDREN, INCLUDING LICENSEE'S CHILDREN UNDER 10 YEARS OF AGE WHO RESIDE IN THE HOME, WITH NO MORE THAN 4 INFANTS. (INFANT MEANS A CHILD UNDER 2 YEARS OLD). "
	Original app. received date:	890630
	Facility closed date:	Not Reported
	Mailing address:	1729 BAYOU WAY
	Mailing city:	SEAL BEACH
	Mailing state:	CA
	Mailing zip:	90740
	Contact person:	"WACKERMAN, BARBARA "
	Facility capacity:	12
	Type of clients served:	960
	Facility phone:	5625985333

## MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site	EDR ID Database
43 SSW 1-2 mi 7867 Higher	Hospital type: 01 Num of times COO: 00 Owner date: Not Reported City: SEAL BEACH Has plan of corr: Not Reported Compliance status: A SSA county code: 400 Cross ref number: Not Reported FMS survey date: Not Reported Current survey date: 20060822 Medicare/Medicaid: 1 Facility name: STEVEN E GAMMER MD Intermediary/Carrier: 02050 Medicaid number: Not Reported Participation date: 19920901 Prior COO date: Not Reported Prior carrier: Not Reported Provider ID: 05D0685858 Record Status: A Region code: 09 Is Partial Record: Not Reported state abbrev: CA ssa state: 05 state region cd: M1 street address: 500 PACIFIC COAST HWY #212 Phone num: 5624318554 Termination reason: 00 Term Date: 20070220 Purpose of action: 2 Provider control: 04 Zip: 90740 Fips state: 06 Fips cnty: 059 SSA MSA: 033 SSA MSA size code: B Date accredited: Not Reported Accred expire date: Not Reported Accred Org: Not Reported Num beds: 0000 Num cert beds: 0000 Source: US_HOSPITAL_POSCLIA Edr id: SRHO20070139067	SRHO20070139067 AHA Hospitals
K44 North 1-2 mi 7995 Higher	EDR ID: SRDCCA200716250 Facility number: 198007112 Facility name: TERRY FAMILY CHILD CARE Facility eval. code: 8160 Facility office number: 33 Facility county number: 19 Facility type code: 810 Facility status code: 03 Address: 1819 SHIPWAY AVENUE City: LONG BEACH	SRDCCA200716250 Daycare

# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

State: CA  
 Zip: 90815  
 Alt. address: 1819 SHIPWAY AVENUE  
 City: LONG BEACH  
 State: CA  
 Zip: 90815  
 Facility investor: JUDY DARLENE TERRY  
 Licensee type: A  
 License effective date: 20215  
 License expiration date: Not Reported  
 License issue date: 020215  
 Program type: MAX. CAP (WHEN THERE IS AN ASSISTANT PRESENT): 12 - NO MORE THAN 4 INFANTS. CAP 14 - NO MORE THAN 3 INFANTS. 1 CHILD IN KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6.  
 Original app. received date: 011115  
 Facility closed date: Not Reported  
 Mailing address: 1819 SHIPWAY AVENUE  
 Mailing city: LONG BEACH  
 Mailing state: CA  
 Mailing zip: 90815  
 Contact person: "TERRY, JUDY DARLENE"  
 Facility capacity: 14  
 Type of clients served: 960  
 Facility phone: 5624317471

K45		SRDCCA200711215
North	EDR ID: SRDCCA200711215	Daycare
1-2 mi	Facility number: 198005535	
8110	Facility name: JEFFERS FAMILY CHILD CARE	
Higher	Facility eval. code: 7110	
	Facility office number: 33	
	Facility county number: 19	
	Facility type code: 810	
	Facility status code: 03	
	Address: 1844 LEES AVE.	
	City: LONG BEACH	
	State: CA	
	Zip: 90808	
	Alt. address: 1844 LEES AVE.	
	City: LONG BEACH	
	State: CA	
	Zip: 90815	
	Facility investor: "JEFFERS, LINDA DARLINE"	
	Licensee type: A	
	License effective date: 991123	
	License expiration date: Not Reported	
	License issue date: 991123	
	Program type: "MAXIMUM CAPACITY: 12 CHILDREN, WITH NO MORE THAN 4 INFANTS, OR CAPACITY 14 CHILDREN WHEN 2 CHILDREN ARE AT LEAST 6 YEARS OF AGE WITH A MAXIMUM OF 3 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED"	
	Original app. received date: 990910	
	Facility closed date: Not Reported	
	Mailing address: 1844 LEES AVE.	
	Mailing city: LONG BEACH	
	Mailing state: CA	

# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Mailing zip: 90808  
 Contact person: "JEFFERS, LINDA"  
 Facility capacity: 14  
 Type of clients served: 960  
 Facility phone: 5626269149

46 WSW 1-2 mi 8197 Higher EDR ID: SRDCCA200706633 SRDCCA200706633  
 Daycare

Facility number: 198000369  
 Facility name: BAFFERT FAMILY DAY CARE  
 Facility eval. code: 8160  
 Facility office number: 33  
 Facility county number: 19  
 Facility type code: 810  
 Facility status code: 03  
 Address: 337 CLAREMONT AVE  
 City: LONG BEACH  
 State: CA  
 Zip: 90803  
 Alt. address: 337 CLAREMONT AVE  
 City: LONG BEACH  
 State: CA  
 Zip: 90803  
 Facility investor: "BAFFERT, SHELLEY"  
 Licensee type: A  
 License effective date: 941230  
 License expiration date: Not Reported  
 License issue date: 941230  
 Program type: "MAXIMUM CAPACITY: 12 CHILDREN WITH NO MORE THAN 4 INFANTS, OR  
 CAPACITY14 CHILDREN WHEN 2 CHILDREN ARE AT LEAST 6 YEARS OF AGE WITH A  
 MAXIMUMOF 3 INFANTS. PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED."  
 "

Original app. received date: 940527  
 Facility closed date: Not Reported  
 Mailing address: 337 CLAREMONT AVE  
 Mailing city: LONG BEACH  
 Mailing state: CA  
 Mailing zip: 90803  
 Contact person: "BAFFERT, SHELLEY"  
 Facility capacity: 14  
 Type of clients served: 960  
 Facility phone: 5624349860

J47 SSE 1-2 mi 8501 Higher Ncessch: 062259008885 SRPU20071014285  
 Public Schools

Schname05: J. H. MCGAUGH ELEMENTARY  
 Mstreet05: 1698 BOLSA AVE.  
 Mcity05: SEAL BEACH  
 Mstate05: CA  
 Mzip05: 90740  
 Mzip405: 6212  
 Member05: 745  
 Phone05: (562) 799-4560  
 Locale05: 3

# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Type05: 1  
 Level05: 1  
 Gslo05: KG  
 Gshi05: 05  
 Edr id: SRPU20071014285

L48			ARE1427
NW	Name:	DIABLO STADIUM	Arenas
1-2 mi	Company:	CALIFORNIA STATE UNIVERSITY	
8595	Street:	5855 E STATE UNIVERSITY DR	
Higher	City:	LONG BEACH	
	Telephone:	3109854949	

K49			SRDCCA200707533
NNE	EDR ID:	SRDCCA200707533	Daycare
1-2 mi	Facility number:	198003080	
8616	Facility name:	WANG FAMILY CHILD CARE	
Higher	Facility eval. code:	8160	
	Facility office number:	33	
	Facility county number:	19	
	Facility type code:	810	
	Facility status code:	03	
	Address:	1951 STEVELY AVENUE	
	City:	LONG BEACH	
	State:	CA	
	Zip:	90815	
	Alt. address:	1951 STEVELY AVENUE	
	City:	LONG BEACH	
	State:	CA	
	Zip:	90815	
	Facility investor:	"WANG, DONNA"	
	Licensee type:	A	
	License effective date:	970626	
	License expiration date:	Not Reported	
	License issue date:	970626	
	Program type:	"MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY. CAP. 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6. "	
	Original app. received date:	970428	
	Facility closed date:	Not Reported	
	Mailing address:	1951 STEVELY AVENUE	
	Mailing city:	LONG BEACH	
	Mailing state:	CA	
	Mailing zip:	90815	
	Contact person:	"WANG, DONNA"	
	Facility capacity:	8	
	Type of clients served:	960	
	Facility phone:	5625982956	

NA			CUSA143833
SE	Name:	Seal Beach National Wildlife Refuge	FED_LAND
1-2 mi	Feature:	National Wildlife Refuge FWS	
8650			
NA			

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

URL: <http://refuges.fws.gov/profiles/index.cfm?id=11683>  
 Bureau: FWS  
 State: CA  
 Is DOD?: No

K50 North 1-2 mi 8689 Higher SRDCCA200739299 Daycare

EDR ID: SRDCCA200739299  
 Facility number: 198013247  
 Facility name: ZAVAHIR FAMILY CHILD CARE  
 Facility eval. code: 8160  
 Facility office number: 33  
 Facility county number: 19  
 Facility type code: 810  
 Facility status code: 03  
 Address: 1939 SHIPWAY AVE  
 City: LONG BEACH  
 State: CA  
 Zip: 90815  
 Alt. address: 1939 SHIPWAY AVE  
 City: LONG BEACH  
 State: CA  
 Zip: 90815  
 Facility investor: BEEVI HAFEEL JAMALA ZAVAHIR  
 Licensee type: A  
 License effective date: 70403  
 License expiration date: Not Reported  
 License issue date: 070403  
 Program type: "MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY.  
 CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY  
 SCHOOL AND 1 CHILD AT LEAST AGE 6. "  
 Original app. received date: 070207  
 Facility closed date: Not Reported  
 Mailing address: 1939 SHIPWAY AVE  
 Mailing city: LONG BEACH  
 Mailing state: CA  
 Mailing zip: 90815  
 Contact person: "ZAVAHIR,BEEVI "  
 Facility capacity: 8  
 Type of clients served: 960  
 Facility phone: 5629360186

M51 NNW 1-2 mi 8743 Higher SRDCCA200752844 Daycare

EDR ID: SRDCCA200752844  
 Facility number: 198009061  
 Facility name: MONTESSORI CHILDREN'S HOUSE -1  
 Facility eval. code: 8140  
 Facility office number: 33  
 Facility county number: 19  
 Facility type code: 850  
 Facility status code: 03  
 Address: 1901 PALO VERDE AVE.  
 City: LONG BEACH  
 State: CA  
 Zip: 90815

# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Alt. address: 5550 ATHERTON ST.  
 City: LONG BEACH  
 State: CA  
 Zip: 90815  
 Facility investor: "MONTESSORI CHILDREN'S HOUSE LONG BEACH, INC. "  
 Licensee type: D  
 License effective date: 40301  
 License expiration date: Not Reported  
 License issue date: 040301  
 Program type: LICENSEE SERVES 24 CHILDREN AGES 2 YEARS UNTIL ENTRY INTO  
 FIRST GRADE.  
 Original app. received date: 030502  
 Facility closed date: Not Reported  
 Mailing address: 5550 ATHERTON ST.  
 Mailing city: LONG BEACH  
 Mailing state: CA  
 Mailing zip: 90815  
 Contact person: MALKI MOONESINGHE  
 Facility capacity: 24  
 Type of clients served: 950  
 Facility phone: 5625944011

M52  
 NNW  
 1-2 mi  
 8743  
 Higher

EDR ID: SRDCCA200744380  
 Facility number: 198010039  
 Facility name: MONTESSORI CHILDREN'S HOUSE -1  
 Facility eval. code: 8140  
 Facility office number: 33  
 Facility county number: 19  
 Facility type code: 830  
 Facility status code: 03  
 Address: 1901 PALO VERDE AVE.  
 City: LONG BEACH  
 State: CA  
 Zip: 90815  
 Alt. address: 5550 ATHERTON ST.  
 City: LONG BEACH  
 State: CA  
 Zip: 90815  
 Facility investor: MONTESSORI CHILDREN'S HOUSE -1  
 Licensee type: D  
 License effective date: 40301  
 License expiration date: Not Reported  
 License issue date: 040301  
 Program type: LICENSEE SERVES INFANTS AGES 0 TO 2 YEARS OF AGE.  
 Original app. received date: 031210  
 Facility closed date: Not Reported  
 Mailing address: 5550 ATHERTON ST.  
 Mailing city: LONG BEACH  
 Mailing state: CA  
 Mailing zip: 90815  
 Contact person: "MOONESINGHE, MALKI "  
 Facility capacity: 20  
 Type of clients served: 955  
 Facility phone: 5625946911

SRDCCA200744380  
 Daycare

## MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site	EDR ID Database
53 SSW 1-2 mi 8760 Higher	EDR ID: SRDCCA200749786 Facility number: 300600878 Facility name: "SEAL BEACH PLAYGROUP, INC" Facility eval. code: 1207 Facility office number: 06 Facility county number: 30 Facility type code: 850 Facility status code: 03 Address: 151 MARINA DRIVE City: SEAL BEACH State: CA Zip: 90740 Alt. address: P.O. BOX 442 City: SEAL BEACH State: CA Zip: 90740 Facility investor: "SEAL BEACH PLAYGROUP, INC." Licensee type: C License effective date: 930629 License expiration date: Not Reported License issue date: Not Reported Program type: AMBULATORY CHILDREN. AGES 2.9 THROUGH 6 YEARS OLD. MONDAY 09:00 A.M. TO 1:00 P.M. TUESDAY THROUGH FRIDAY 09:00 A.M. TO 12:00 P.M. CLOSED DURING SUMMER. PROGRAM OPERATES MID SEPT. THROUGH MID JUNE. Original app. received date: Not Reported Facility closed date: Not Reported Mailing address: P.O. BOX 442 Mailing city: SEAL BEACH Mailing state: CA Mailing zip: 90740 Contact person: CHRISTINE STEVENSON Facility capacity: 21 Type of clients served: 950 Facility phone: 5625940066	SRDCCA200749786 Daycare
L54 WNW 1-2 mi 8809 Higher	EDR ID: SRDCCA200717862 Facility number: 198007903 Facility name: HOSSEINZADEN FAMILY DAY CARE Facility eval. code: 8140 Facility office number: 33 Facility county number: 19 Facility type code: 810 Facility status code: 03 Address: 1180 BRYANT ROAD City: LONG BEACH State: CA Zip: 90815 Alt. address: 1180 BRYANT ROAD City: LONG BEACH State: CA Zip: 90815 Facility investor: KHADIJEH HOSSEINZADEH	SRDCCA200717862 Daycare

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Licensee type: A  
 License effective date: 20924  
 License expiration date: Not Reported  
 License issue date: 020924  
 Program type: "MAXIMUM CAPACITY: 12 CHILDREN, WITH NO MORE THAN 4 INFANTS, OR  
 CAPACITY 14 CHILDREN WHEN 2 CHILDREN ARE AT LEAST 6 YEARS OF AGE WITH A  
 MAXIMUM OF 3 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "

Original app. received date: 020802  
 Facility closed date: Not Reported  
 Mailing address: 1180 BRYANT ROAD  
 Mailing city: LONG BEACH  
 Mailing state: CA  
 Mailing zip: 90815  
 Contact person: "HOSSEINZADEH, KHADIJEH "  
 Facility capacity: 14  
 Type of clients served: 960  
 Facility phone: 5625977212

N55  
 South  
 1-2 mi  
 8903  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: SEAL BEACH  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 400  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: SEAL BEACH FAMILY MEDICAL GROUP  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19921216  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0680423  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 1198 PACIFIC COAST HWY I  
 Phone num: 3107997071  
 Termination reason: 00  
 Term Date: 20080831  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90740  
 Fips state: 06  
 Fips cnty: 059  
 SSA MSA: 033  
 SSA MSA size code: B  
 Date accredited: Not Reported

SRHO20070141721  
 AHA Hospitals

## MAP FINDINGS

Map ID	Direction	Distance	Distance (ft.)	Elevation	Site	EDR ID Database
					Accred expire date: Not Reported Accred Org: Not Reported Num beds: 0000 Num cert beds: 0000 Source: US_HOSPITAL_POSCLIA Edr id: SRHO20070141721	
O56	WSW	1-2 mi	9011	Higher	Hospital type: 01 Num of times COO: 00 Owner date: Not Reported City: BELMONT SHORE Has plan of corr: Not Reported Compliance status: Not Reported SSA county code: 200 Cross ref number: Not Reported FMS survey date: Not Reported Current survey date: Not Reported Medicare/Medicaid: Not Reported Facility name: OCEAN VIEW INTERNAL MEDICINE INC Intermediary/Carrier: Not Reported Medicaid number: Not Reported Participation date: 19970911 Prior COO date: Not Reported Prior carrier: Not Reported Provider ID: 05D0933362 Record Status: A Region code: 09 Is Partial Record: Y state abbrev: CA ssa state: 05 state region cd: M1 street address: 5470 EAST 2ND STREET, SUITE A Phone num: 5624346634 Termination reason: 00 Term Date: 20070910 Purpose of action: Not Reported Provider control: 04 Zip: 90803 Fips state: 06 Fips cnty: 037 SSA MSA: 328 SSA MSA size code: A Date accredited: Not Reported Accred expire date: Not Reported Accred Org: Not Reported Num beds: 0000 Num cert beds: 0000 Source: US_HOSPITAL_POSCLIA Edr id: SRHO20070149466	SRHO20070149466 AHA Hospitals
M57	NNW	1-2 mi	9057	Higher	Hospital type: 01 Num of times COO: 00	SRHO20070148848 AHA Hospitals

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: EXCEPTIONAL HOME HEALTH CARE OF  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19951120  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0908962  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 1945 PALO VERDE AVE STE 210  
 Phone num: 5627991234  
 Termination reason: 00  
 Term Date: 20071119  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90815  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070148848

M58  
 NNW  
 1-2 mi  
 9057  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: Not Reported  
 Compliance status: A  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: 20051107  
 Medicare/Medicaid: 1  
 Facility name: EXCEPTIONAL HOME HEALTH CARE OF SO CALIF INC  
 Intermediary/Carrier: Not Reported

SRHO20070006557  
 AHA Hospitals

# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Medicaid number: HHA57653G  
 Participation date: 19960122  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05K083  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Not Reported  
 state abbrev: CA  
 ssa state: 05  
 state region cd: L4  
 street address: 1945 PALO VERDE #210  
 Phone num: 5627991234  
 Termination reason: 00  
 Term Date: Not Reported  
 Purpose of action: 2  
 Provider control: 04  
 Zip: 90815  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: 0  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSOTHER  
 Edr id: SRHO20070006557

P59  
 South  
 1-2 mi  
 9128  
 Higher

EDR ID: SRDCCA200754934  
 Facility number: 304370324  
 Facility name: "SUN N FUN CREATIVE PLAYGROUP, INC. "  
 Facility eval. code: 1207  
 Facility office number: 06  
 Facility county number: 30  
 Facility type code: 850  
 Facility status code: 03  
 Address: 247 7TH STREET  
 City: SEAL BEACH  
 State: CA  
 Zip: 90740  
 Alt. address: P.O. BOX 364  
 City: SEAL BEACH  
 State: CA  
 Zip: 90740  
 Facility investor: "SUN N FUN CREATIVE PLAYGROUP, INC. "  
 Licensee type: C  
 License effective date: 70110  
 License expiration date: Not Reported  
 License issue date: 070110  
 Program type: AMBULATORY AGES: 2 YEARS TO 6 YEARS OLD.  
 MONDAY THRU FRIDAY. HOURS: 9:00AM - 12:15PM.  
 Original app. received date: 061204

SRDCCA200754934  
 Daycare

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Facility closed date: Not Reported  
 Mailing address: 343 12TH STREET  
 Mailing city: SEAL BEACH  
 Mailing state: CA  
 Mailing zip: 90740  
 Contact person: "SAMUELSON, MICHELLE"  
 Facility capacity: 15  
 Type of clients served: 950  
 Facility phone: 5624933031

N60  
 South  
 1-2 mi  
 9157  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: SEAL BEACH  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 400  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: CORNER DRUG STORE  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 20030924  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D1017418  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 302 MAIN STREET  
 Phone num: 5624311421  
 Termination reason: 00  
 Term Date: 20070923  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90740  
 Fips state: 06  
 Fips cnty: 059  
 SSA MSA: 033  
 SSA MSA size code: B  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070159258

SRHO20070159258  
 AHA Hospitals

## MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site	EDR ID Database
61 WNW 1-2 mi 9172 Higher	Hospital type: 01 Num of times COO: 00 Owner date: Not Reported City: LONG BEACH Has plan of corr: Not Reported Compliance status: Not Reported SSA county code: 200 Cross ref number: Not Reported FMS survey date: Not Reported Current survey date: Not Reported Medicare/Medicaid: Not Reported Facility name: LIONS DISTRICT MD 4/4L2 Intermediary/Carrier: Not Reported Medicaid number: Not Reported Participation date: 19970908 Prior COO date: Not Reported Prior carrier: Not Reported Provider ID: 05D0933194 Record Status: A Region code: 09 Is Partial Record: Y state abbrev: CA ssa state: 05 state region cd: LAB street address: 5300 E 6TH STREET Phone num: 5625978229 Termination reason: 00 Term Date: 20070907 Purpose of action: Not Reported Provider control: 02 Zip: 90814 Fips state: 06 Fips cnty: 037 SSA MSA: 328 SSA MSA size code: A Date accredited: Not Reported Accred expire date: Not Reported Accred Org: Not Reported Num beds: 0000 Num cert beds: 0000 Source: US_HOSPITAL_POSCLIA Edr id: SRHO20070149916	SRHO20070149916 AHA Hospitals
Q62 North 1-2 mi 9208 Higher	EDR ID: SRDCCA200703965 Facility number: 191609266 Facility name: EGGERTSEN FAMILY DAY CARE Facility eval. code: 8160 Facility office number: 33 Facility county number: 19 Facility type code: 810 Facility status code: 03 Address: 2021 ROXANNE AVENUE City: LONG BEACH	SRDCCA200703965 Daycare

# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

State: CA  
 Zip: 90815  
 Alt. address: 2021 ROXANNE AVENUE  
 City: LONG BEACH  
 State: CA  
 Zip: 90815  
 Facility investor: "EGGERTSEN, CHRISTINE L. "  
 Licensee type: A  
 License effective date: 930623  
 License expiration date: Not Reported  
 License issue date: 930623  
 Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4  
 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE  
 WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED  
 "  
 Original app. received date: 930405  
 Facility closed date: Not Reported  
 Mailing address: 2021 ROXANNE AVENUE  
 Mailing city: LONG BEACH  
 Mailing state: CA  
 Mailing zip: 90815  
 Contact person: "EGGERTSEN, CHRISTINE L. "  
 Facility capacity: 8  
 Type of clients served: 960  
 Facility phone: 5625946250

R63		SRDCCA200751827
NNE	EDR ID: SRDCCA200751827	Daycare
1-2 mi	Facility number: 304270168	
9316	Facility name: LOS ALAMITOS CHILD DEVELOPMENT CENTER-WEAVER SITE	
Higher	Facility eval. code: 1207	
	Facility office number: 06	
	Facility county number: 30	
	Facility type code: 850	
	Facility status code: 03	
	Address: 11872 WEMBLEY ROAD	
	City: LOS ALAMITOS	
	State: CA	
	Zip: 90720	
	Alt. address: 11872 WEMBLEY ROAD	
	City: LOS ALAMITOS	
	State: CA	
	Zip: 90720	
	Facility investor: LOS ALAMITOS UNIFIED SCHOOL DISTRICT	
	Licensee type: F	
	License effective date: 950811	
	License expiration date: Not Reported	
	License issue date: 950811	
	Program type: "ONE NON-AMBULATORY CHILD, REMAINING CHILDREN-AMBULATORY. AGES 3-5 YEARS OLD. MON-FRI. 06:30 AM TO 6:00 PM. ROOMS 3 AND 5. WAIVER FOR PRESCHOOL TO SHARE OUTDOOR ACTIVITY SPACE "WITH ELEMENTARY SCHOOL.	
	Original app. received date: 950728	
	Facility closed date: Not Reported	
	Mailing address: 10293 BLOOMFIELD	

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Mailing city: LOS ALAMITOS  
 Mailing state: CA  
 Mailing zip: 90720  
 Contact person: "HALVORSEN, BARBARA"  
 Facility capacity: 48  
 Type of clients served: 950  
 Facility phone: 5627994585

R64		SRPU20071014278
NNE	Ncessch: 062259006163	Public Schools
1-2 mi	Schname05: JACK L. WEAVER ELEMENTARY	
9316	Mstreet05: 11872 WEMBLEY RD.	
Higher	Mcity05: LOS ALAMITOS	
	Mstate05: CA	
	Mzip05: 90720	
	Mzip405: 2200	
	Member05: 580	
	Phone05: (562) 799-4580	
	Locale05: 3	
	Type05: 1	
	Level05: 1	
	Gslo05: KG	
	Gshi05: 05	
	Edr id: SRPU20071014278	

65		SRDCCA200747308
NE	EDR ID: SRDCCA200747308	Daycare
1-2 mi	Facility number: 300606748	
9331	Facility name: LI'L COTTONWOOD PLAYGROUP	
Higher	Facility eval. code: 1207	
	Facility office number: 06	
	Facility county number: 30	
	Facility type code: 850	
	Facility status code: 03	
	Address: 12341 MONTECITO RD.	
	City: ROSSMOOR	
	State: CA	
	Zip: 90720	
	Alt. address: P.O. BOX 324	
	City: LOS ALAMITOS	
	State: CA	
	Zip: 90720	
	Facility investor: LI'L COTTONWOOD PLAYGROUP INC.	
	Licensee type: C	
	License effective date: 950909	
	License expiration date: Not Reported	
	License issue date: 880915	
	Program type: ONE NON-AMBULATORY. AGES 2.9 - 5 YRS OLD. MON-FRI. 8:30 AM TO 11:30 AM	
	Original app. received date: 880427	
	Facility closed date: Not Reported	
	Mailing address: P.O. BOX 324	
	Mailing city: LOS ALAMITOS	
	Mailing state: CA	

# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Mailing zip: 90720  
 Contact person: VICKIE DONAHUE  
 Facility capacity: 23  
 Type of clients served: 950  
 Facility phone: 5624317761

N66		SRDCCA200750743
South	EDR ID:	SRDCCA200750743
1-2 mi	Facility number:	300600936
9422	Facility name:	"SUN 'N FUN CREATIVE PLAY GROUP, INC "
Higher	Facility eval. code:	1207
	Facility office number:	06
	Facility county number:	30
	Facility type code:	850
	Facility status code:	03
	Address:	343 12TH STREET
	City:	SEAL BEACH
	State:	CA
	Zip:	90740
	Alt. address:	PO BOX 364
	City:	SEAL BEACH
	State:	CA
	Zip:	90740
	Facility investor:	"SUN 'N FUN CREATIVE PLAY GROUP, INC "
	Licensee type:	C
	License effective date:	940526
	License expiration date:	Not Reported
	License issue date:	Not Reported
	Program type:	"AMBULATORY. AGES: 2.9 THROUGH 5 YEARS. HOURS: 9:00 AM TO 1:00 PM, MONDAY THROUGH FRIDAY."
	Original app. received date:	Not Reported
	Facility closed date:	Not Reported
	Mailing address:	P.O. BOX 364
	Mailing city:	SEAL BEACH
	Mailing state:	CA
	Mailing zip:	90740
	Contact person:	"THOMPSON, JEANETTE "
	Facility capacity:	20
	Type of clients served:	950
	Facility phone:	5624933127

M67		SRHO20070107243
NNW	Hospital type:	01
1-2 mi	Num of times COO:	00
9427	Owner date:	Not Reported
Higher	City:	LONG BEACH
	Has plan of corr:	Not Reported
	Compliance status:	A
	SSA county code:	200
	Cross ref number:	Not Reported
	FMS survey date:	Not Reported
	Current survey date:	20031121
	Medicare/Medicaid:	1

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Facility name: LONG BEACH SPORTS & PHYSICAL THERAPY  
 Intermediary/Carrier: 00454  
 Medicaid number: Not Reported  
 Participation date: 19991021  
 Prior COO date: Not Reported  
 Prior carrier: 00040  
 Provider ID: 556520  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Not Reported  
 state abbrev: CA  
 ssa state: 05  
 state region cd: L3  
 street address: 2017 PALO VERDE AVENUE SUITE 101  
 Phone num: 5624935501  
 Termination reason: 00  
 Term Date: Not Reported  
 Purpose of action: 2  
 Provider control: 06  
 Zip: 90815  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSOTHER  
 Edr id: SRHO20070107243

M68  
 NNW  
 1-2 mi  
 9427  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: Not Reported  
 Compliance status: A  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: 19951027  
 Medicare/Medicaid: 1  
 Facility name: GRACE HOME HEALTH CARE  
 Intermediary/Carrier: 00040  
 Medicaid number: HHA57613F  
 Participation date: 19951107  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 557613  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Not Reported  
 state abbrev: CA

SRHO20070107491  
 AHA Hospitals

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

ssa state: 05  
 state region cd: L4  
 street address: 2017 PALO VERDE AVE STE 202  
 Phone num: 5626268371  
 Termination reason: 00  
 Term Date: Not Reported  
 Purpose of action: 1  
 Provider control: 04  
 Zip: 90815  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: 2  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSOTHER  
 Edr id: SRHO20070107491

M69  
 NNW  
 1-2 mi  
 9427  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: GRACE HOME HEALTH CARE  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19970327  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0926649  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 2017 PALO VERDE AVE, STE 202  
 Phone num: 5626268371  
 Termination reason: 00  
 Term Date: 20070326  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90815  
 Fips state: 06  
 Fips cnty: 037

SRHO20070148372  
 AHA Hospitals

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070148372

S70		SRPU20071014045
West	Ncessch: 062250002755	Public Schools
1-2 mi	Schname05: ROGERS MIDDLE	
9445	Mstreet05: 365 MONROVIA AVE.	
Higher	Mcity05: LONG BEACH	
	Mstate05: CA	
	Mzip05: 90803	
	Mzip405: 1934	
	Member05: 880	
	Phone05: (562) 434-7411	
	Locale05: 1	
	Type05: 1	
	Level05: 2	
	Gslo05: 06	
	Gshi05: 08	
	Edr id: SRPU20071014045	

S71		SRDCCA200704302
West	EDR ID: SRDCCA200704302	Daycare
1-2 mi	Facility number: 191608122	
9450	Facility name: SCOTT FAMILY DAY CARE	
Higher	Facility eval. code: 8160	
	Facility office number: 33	
	Facility county number: 19	
	Facility type code: 810	
	Facility status code: 03	
	Address: 310 MONROVIA AVE	
	City: LONG BEACH	
	State: CA	
	Zip: 90803	
	Alt. address: 310 MONROVIA AVE	
	City: LONG BEACH	
	State: CA	
	Zip: 90803	
	Facility investor: "SCOTT, BARBARA M. "	
	Licensee type: A	
	License effective date: 950810	
	License expiration date: Not Reported	
	License issue date: 920810	
	Program type: "MAXIMUM CAPACITY: 12 CHILDREN, INCLUDING LICENSEE'S CHILDREN UNDER 10 YEARS OF AGE WHO RESIDE IN THE HOME, WITH NO MORE THAN 4 INFANTS. (INFANT MEANS A CHILD UNDER 2 YEARS OLD). "	

Original app. received date: 920528

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Facility closed date: Not Reported  
 Mailing address: 310 MONROVIA AVENUE  
 Mailing city: LONG BEACH  
 Mailing state: CA  
 Mailing zip: 90803  
 Contact person: BARBARA SCOTT  
 Facility capacity: 12  
 Type of clients served: 960  
 Facility phone: 3104337643

S72 West 1-2 mi 9472 Higher EDR ID: SRDCCA200704303 SRDCCA200704303  
 Daycare

Facility number: 191608120  
 Facility name: GWINN FAMILY DAY CARE  
 Facility eval. code: 8160  
 Facility office number: 33  
 Facility county number: 19  
 Facility type code: 810  
 Facility status code: 03  
 Address: 300 MONROVIA AVE  
 City: LONG BEACH  
 State: CA  
 Zip: 90803  
 Alt. address: 300 MONROVIA AVE  
 City: LONG BEACH  
 State: CA  
 Zip: 90803  
 Facility investor: "GWINN, JUDITH ANN"  
 Licensee type: A  
 License effective date: 950903  
 License expiration date: Not Reported  
 License issue date: 920903  
 Program type: "MAXIMUM CAPACITY: 12 CHILDREN, WITH NO MORE THAN 4 INFANTS, OR  
 CAPACITY 14 CHILDREN WHEN 2 CHILDREN ARE AT LEAST 6 YEARS OF AGE WITH A  
 MAXIMUM OF 3 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "  
 Original app. received date: 920528  
 Facility closed date: Not Reported  
 Mailing address: 300 MONROVIA AVE  
 Mailing city: LONG BEACH  
 Mailing state: CA  
 Mailing zip: 90803  
 Contact person: JUDITH ANN GWINN  
 Facility capacity: 14  
 Type of clients served: 960  
 Facility phone: 5624337587

O73 WSW 1-2 mi 9502 Higher EDR ID: SRDCCA200742878 SRDCCA200742878  
 Daycare

Facility number: 191607806  
 Facility name: YMCA GLB LOS ALTOS BRANCH - NAPLES ELEMENTARY  
 Facility eval. code: 8160  
 Facility office number: 33  
 Facility county number: 19  
 Facility type code: 840

# MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Facility status code: 03  
 Address: 5537 THE TOLEDO  
 City: LONG BEACH  
 State: CA  
 Zip: 90803  
 Alt. address: 1720 BELLFLOWER BLVD.  
 City: LONG BEACH  
 State: CA  
 Zip: 90815  
 Facility investor: YMCA OF GREATER LONG BEACH  
 Licensee type: C  
 License effective date: 930415  
 License expiration date: Not Reported  
 License issue date: 930415  
 Program type: SCHOOL-AGE PROGRAM. AGES 6 - 11 YEARS.  
 Original app. received date: 920316  
 Facility closed date: Not Reported  
 Mailing address: 4949 ATLANTIC AVENUE  
 Mailing city: LONG BEACH  
 Mailing state: CA  
 Mailing zip: 90815  
 Contact person: SARAH KOURY  
 Facility capacity: 35  
 Type of clients served: 950  
 Facility phone: 5624384307

O74		SRPU20071014039
WSW	Ncessch: 062250002748	Public Schools
1-2 mi	Schname05: NAPLES ELEMENTARY	
9502	Mstreet05: 5537 THE TOLEDO	
Higher	Mcity05: LONG BEACH	
	Mstate05: CA	
	Mzip05: 90803	
	Mzip405: 3935	
	Member05: 273	
	Phone05: (562) 433-0489	
	Locale05: 1	
	Type05: 1	
	Level05: 1	
	Gslo05: KG	
	Gshi05: 05	
	Edr id: SRPU20071014039	

T75		SRDCCA200702669
NNW	EDR ID: SRDCCA200702669	Daycare
1-2 mi	Facility number: 191604212	
9504	Facility name: ABRAHAMS FAMILY DAY CARE	
Higher	Facility eval. code: 8160	
	Facility office number: 33	
	Facility county number: 19	
	Facility type code: 810	
	Facility status code: 03	
	Address: 6060 MARITA STREET	
	City: LONG BEACH	

# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

State: CA  
 Zip: 90815  
 Alt. address: 6060 MARITA STREET  
 City: LONG BEACH  
 State: CA  
 Zip: 90815  
 Facility investor: "ABRAHAMS, MICHAEL & LESLIE"  
 Licensee type: A  
 License effective date: 950820  
 License expiration date: Not Reported  
 License issue date: 891002  
 Program type: "MAXIMUM CAPACITY: 12 CHILDREN, INCLUDING LICENSEE'S CHILDREN UNDER 10 YEARS WHEN IN TH HOME, NO MORE THAN 4 INFANTS."  
 "Original app. received date: 890817  
 Facility closed date: Not Reported  
 Mailing address: 6060 MARITA STREET  
 Mailing city: LONG BEACH  
 Mailing state: CA  
 Mailing zip: 90815  
 Contact person: "ABRAHAMS, LESLIE"  
 Facility capacity: 12  
 Type of clients served: 960  
 Facility phone: 5625962421

U76  
 NNE EDR ID: SRDCCA200710136  
 1-2 mi Facility number: 198003839  
 9510 Facility name: COOK FAMILY CHILD CARE  
 Higher Facility eval. code: 8160  
 Facility office number: 33  
 Facility county number: 19  
 Facility type code: 810  
 Facility status code: 03  
 Address: 2044 STEVELY AVENUE  
 City: LONG BEACH  
 State: CA  
 Zip: 90815  
 Alt. address: 2044 STEVELY AVENUE  
 City: LONG BEACH  
 State: CA  
 Zip: 90815  
 Facility investor: "COOK, SHARON & COOK, ANNE"  
 Licensee type: A  
 License effective date: 980323  
 License expiration date: Not Reported  
 License issue date: 980323  
 Program type: "MAXIMUM CAPACITY: 12 CHILDREN WITH NO MORE THAN 4 INFANTS, OR CAPACITY14 CHILDREN WHEN 2 CHILDREN ARE AT LEAST 6 YEARS OF AGE WITH A MAXIMUMOF 3 INFANTS. PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED."  
 "Original app. received date: 980209  
 Facility closed date: Not Reported  
 Mailing address: 2044 STEVELY AVENUE  
 Mailing city: LONG BEACH

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Mailing state: CA  
 Mailing zip: 90815  
 Contact person: "COOK, SHARON & ANNE"  
 Facility capacity: 14  
 Type of clients served: 960  
 Facility phone: 5624313256

P77  
 South  
 1-2 mi  
 9561  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: SEAL BEACH  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 400  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: SEAL BEACH MEDICAL GROUP  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19930218  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0553703  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 803 CENTRAL AVE  
 Phone num: 3105982421  
 Termination reason: 00  
 Term Date: 20080831  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90740  
 Fips state: 06  
 Fips cnty: 059  
 SSA MSA: 033  
 SSA MSA size code: B  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070131199

SRHO20070131199  
 AHA Hospitals

T78  
 NNW  
 1-2 mi  
 9576  
 Higher

EDR ID: SRDCCA200704878  
 Facility number: 191606884

SRDCCA200704878  
 Daycare

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Facility name: WILLIAMS FAMILY DAY CARE  
 Facility eval. code: 8160  
 Facility office number: 33  
 Facility county number: 19  
 Facility type code: 810  
 Facility status code: 03  
 Address: 1910 SENASAC AVENUE  
 City: LONG BEACH  
 State: CA  
 Zip: 90815  
 Alt. address: 1910 SENASAC AVENUE  
 City: LONG BEACH  
 State: CA  
 Zip: 90815  
 Facility investor: "WILLIAMS, DIANNE"  
 Licensee type: A  
 License effective date: 941001  
 License expiration date: Not Reported  
 License issue date: 911001  
 Program type: "MAXIMUM CAPACITY: 12 CHILDREN, INCLUDING LICENSEE'S CHILDREN UNDER 10 YEARS OF AGE WHO RESIDE IN THE HOME, WITH NO MORE THAN 4 INFANTS. (INFANT MEANS A CHILD UNDER 2 YEARS OLD)."

Original app. received date: 910806  
 Facility closed date: Not Reported  
 Mailing address: 1910 SENASAC AVENUE  
 Mailing city: LONG BEACH  
 Mailing state: CA  
 Mailing zip: 90815  
 Contact person: "WILLIAMS, DIANNE"  
 Facility capacity: 12  
 Type of clients served: 960  
 Facility phone: 5624309715

M79  
 NNW  
 1-2 mi  
 9615  
 Higher

EDR ID: SRDCCA200703616  
 Facility number: 191608454  
 Facility name: "WOOD, MARY FAMILY DAY CARE"  
 Facility eval. code: 8160  
 Facility office number: 33  
 Facility county number: 19  
 Facility type code: 810  
 Facility status code: 03  
 Address: 2032 CONQUISTA  
 City: LONG BEACH  
 State: CA  
 Zip: 90815  
 Alt. address: 2032 CONQUISTA  
 City: LONG BEACH  
 State: CA  
 Zip: 90815  
 Facility investor: "WOOD, MARY"  
 Licensee type: A  
 License effective date: 950302  
 License expiration date: Not Reported

SRDCCA200703616  
 Daycare

# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

License issue date: Not Reported  
 Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4  
 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE  
 WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED  
 "

Original app. received date: 811128  
 Facility closed date: Not Reported  
 Mailing address: 2032 CONQUISTA  
 Mailing city: LONG BEACH  
 Mailing state: CA  
 Mailing zip: 90815  
 Contact person: "WOOD, MARY"  
 Facility capacity: 8  
 Type of clients served: 960  
 Facility phone: 5624312341

NA			CUSA112474
SW	Name:	California Coastal National Monument	FED_LAND
1-2 mi	Feature:	National Monument BLM	
9720	URL:	<a href="http://www.ca.blm.gov/hollister/coastal_monument.html">http://www.ca.blm.gov/hollister/coastal_monument.html</a>	
NA	Bureau:	BLM	
	State:	CA	
	Is DOD?:	No	

S80			SRPU20071014030
West	Ncessch:	062250002739	Public Schools
1-2 mi	Schname05:	LOWELL ELEMENTARY	
9774	Mstreet05:	5201 EAST BROADWAY	
Higher	Mcity05:	LONG BEACH	
	Mstate05:	CA	
	Mzip05:	90803	
	Mzip405:	1803	
	Member05:	665	
	Phone05:	(562) 433-6757	
	Locale05:	1	
	Type05:	1	
	Level05:	1	
	Gslo05:	KG	
	Gshi05:	05	
	Edr id:	SRPU20071014030	

Q81			SRDCCA200740479
NNE	EDR ID:	SRDCCA200740479	Daycare
1-2 mi	Facility number:	198013196	
9797	Facility name:	REDMON FAMILY CHILD CARE	
Higher	Facility eval. code:	8160	
	Facility office number:	33	
	Facility county number:	19	
	Facility type code:	810	
	Facility status code:	03	
	Address:	2114 PATTIZ AVENUE	
	City:	LONG BEACH	
	State:	CA	

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Zip: 90815  
 Alt. address: 2114 PATTIZ AVENUE  
 City: LONG BEACH  
 State: CA  
 Zip: 90815  
 Facility investor: "REDMON, BRYON CHRISTOPHER"  
 Licensee type: A  
 License effective date: 70124  
 License expiration date: Not Reported  
 License issue date: 070124  
 Program type: "MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY.  
 CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY  
 SCHOOL AND 1 CHILD AT LEAST AGE 6."  
 "

Original app. received date: 070111  
 Facility closed date: Not Reported  
 Mailing address: 2114 PATTIZ AVENUE  
 Mailing city: LONG BEACH  
 Mailing state: CA  
 Mailing zip: 90815  
 Contact person: "REDMON, BRYON"  
 Facility capacity: 8  
 Type of clients served: 960  
 Facility phone: 5624305208

V82			SRDCCA200741842
NW	EDR ID:	SRDCCA200741842	Daycare
1-2 mi	Facility number:	198000499	
9911	Facility name:	ISABEL PATTERSON CHILD DEVELOPMENT CENTER	
Higher	Facility eval. code:	8140	
	Facility office number:	33	
	Facility county number:	19	
	Facility type code:	830	
	Facility status code:	03	
	Address:	5700 ATHERTON ST.	
	City:	LONG BEACH	
	State:	CA	
	Zip:	90815	
	Alt. address:	1212 BELLFLOWER BLVD.	
	City:	LONG BEACH	
	State:	CA	
	Zip:	90815	
	Facility investor:	ASSOCIATED STUDENTS CA STATE UNIVERSITY LONG BEACH	
	Licensee type:	C	
	License effective date:	960509	
	License expiration date:	Not Reported	
	License issue date:	951107	
	Program type:	"LICENSEE PREFERS TO SERVE INFANT AGES 0 TO 2 YRS. OLD, INFANT CAP. 12;TODDLER AGES 18 THRU 30 MONTHS, TODDLER CAPACITY 16." "	
	Original app. received date:	940713	
	Facility closed date:	Not Reported	
	Mailing address:	1212 BELLFLOWERBLVD.	
	Mailing city:	LONG BEACH	
	Mailing state:	CA	

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Mailing zip: 90815  
 Contact person: "MARIKOS, RHONDA"  
 Facility capacity: 30  
 Type of clients served: 960  
 Facility phone: 5629857325

V83 NW 1-2 mi 9911 Higher SRDCCA200744139 Daycare

EDR ID: SRDCCA200744139  
 Facility number: 191602930  
 Facility name: ISABEL PATTERSON CDC  
 Facility eval. code: 8070  
 Facility office number: 33  
 Facility county number: 19  
 Facility type code: 840  
 Facility status code: 03  
 Address: 5700 ATHERTON ST  
 City: LONG BEACH  
 State: CA  
 Zip: 90815  
 Alt. address: 5700 ATHERTON ST  
 City: LONG BEACH  
 State: CA  
 Zip: 90815  
 Facility investor: ASSOCIATED STUDENTS CA STATE UNIVERSITY LONG BEACH  
 Licensee type: C  
 License effective date: 940509  
 License expiration date: Not Reported  
 License issue date: 890105  
 Program type: COMBINATION CENTER: SCHOOL AGE (30) AGES K-14 YEARS OLD.  
 PRE-SCHOOL (100) AGES 2 THRU 5 YEARS (191670760).  
 Original app. received date: 880531  
 Facility closed date: Not Reported  
 Mailing address: 1212 BELLFLOWER BLVD  
 Mailing city: LONG BEACH  
 Mailing state: CA  
 Mailing zip: 90815  
 Contact person: "MARIKOS, RHONDA"  
 Facility capacity: 40  
 Type of clients served: 950  
 Facility phone: 5629855333

V84 NW 1-2 mi 9911 Higher SRDCCA200746886 Daycare

EDR ID: SRDCCA200746886  
 Facility number: 191670760  
 Facility name: ISABEL PATTERSON CHILD DEVELOPMENT CENTER  
 Facility eval. code: 8070  
 Facility office number: 33  
 Facility county number: 19  
 Facility type code: 850  
 Facility status code: 03  
 Address: 5700 ATHERTON ST  
 City: LONG BEACH  
 State: CA  
 Zip: 90815

# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Alt. address: 5700 ATHERTON ST  
 City: LONG BEACH  
 State: CA  
 Zip: 90815  
 Facility investor: ASSOCIATED STUDENTS CA STATE UNIVERSITY LONG BEACH  
 Licensee type: C  
 License effective date: 940509  
 License expiration date: Not Reported  
 License issue date: Not Reported  
 Program type: LAUP FACILITY  
 COMBINATION CENTER: PRE-SCHOOL (100)AGES 2-5 YEARS  
 SCHOOL-AGE (30) AGES KTHRU 14 YEARS (191602930)  
 Original app. received date: 831020  
 Facility closed date: Not Reported  
 Mailing address: 1212 BELLFLOWER BLVD  
 Mailing city: LONG BEACH  
 Mailing state: CA  
 Mailing zip: 90815  
 Contact person: "MARIKOS, RHONDA"  
 Facility capacity: 100  
 Type of clients served: 950  
 Facility phone: 5629855333

W85  
 North  
 1-2 mi  
 9932  
 Higher

EDR ID: SRDCCA200738930  
 Facility number: 198012833  
 Facility name: WIMALARATNE FAMILY CHILD CARE  
 Facility eval. code: 8160  
 Facility office number: 33  
 Facility county number: 19  
 Facility type code: 810  
 Facility status code: 03  
 Address: 6437 E. EL PASEO STREET  
 City: LONG BEACH  
 State: CA  
 Zip: 90815  
 Alt. address: 6437 E. EL PASEO STREET  
 City: LONG BEACH  
 State: CA  
 Zip: 90815  
 Facility investor: JAYANTHI & KAPILA WIMALARATNE  
 Licensee type: A  
 License effective date: 61005  
 License expiration date: Not Reported  
 License issue date: 061005  
 Program type: MAX. CAP(WHEN THERE IS AN ASSISTANT PRESENT): 12 - NO MORE THAN 4  
 INFANTS. CAP 14 - NO MORE THAN 3 INFANTS. 1 CHILD IN  
 KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6  
 Original app. received date: 060814  
 Facility closed date: Not Reported  
 Mailing address: 6437 E. EL PASEO STREET  
 Mailing city: LONG BEACH  
 Mailing state: CA  
 Mailing zip: 90815  
 Contact person: "WIMALARATNE, JAYANTHI & KA"

SRDCCA200738930  
 Daycare

## MAP FINDINGS

Map ID	Direction	Distance	Distance (ft.)	Elevation	Site	EDR ID Database
					Facility capacity: 14 Type of clients served: 960 Facility phone: 5625987190	
X86	ENE	1-2 mi	9951	Higher	Hospital type: 01 Num of times COO: 00 Owner date: Not Reported City: SEAL BEACH Has plan of corr: Not Reported Compliance status: Not Reported SSA county code: 400 Cross ref number: Not Reported FMS survey date: Not Reported Current survey date: Not Reported Medicare/Medicaid: Not Reported Facility name: SAVE ON DRUG #9551 Intermediary/Carrier: Not Reported Medicaid number: Not Reported Participation date: 20050107 Prior COO date: Not Reported Prior carrier: Not Reported Provider ID: 05D1035676 Record Status: A Region code: 09 Is Partial Record: Y state abbrev: CA ssa state: 05 state region cd: M1 street address: 12490 SEAL BEACH BLVD Phone num: 5625964533 Termination reason: 00 Term Date: 20070106 Purpose of action: Not Reported Provider control: 04 Zip: 90740 Fips state: 06 Fips cnty: 059 SSA MSA: 033 SSA MSA size code: B Date accredited: Not Reported Accred expire date: Not Reported Accred Org: Not Reported Num beds: 0000 Num cert beds: 0000 Source: US_HOSPITAL_POSCLIA Edr id: SRHO20070158936	SRHO20070158936 AHA Hospitals
U87	NNE	1-2 mi	9970	Higher	EDR ID: SRDCCA200702640 Facility number: 191604902 Facility name: GRAVLEY FAMILY DAY CARE Facility eval. code: 8160 Facility office number: 33	SRDCCA200702640 Daycare

# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Facility county number: 19  
 Facility type code: 810  
 Facility status code: 03  
 Address: 2109 STEVELY  
 City: LONG BEACH  
 State: CA  
 Zip: 90815  
 Alt. address: 2109 STEVELY  
 City: LONG BEACH  
 State: CA  
 Zip: 90815  
 Facility investor: "GRAVLEY, RENEE & JAMES"  
 Licensee type: A  
 License effective date: 930411  
 License expiration date: Not Reported  
 License issue date: 900411  
 Program type: 12 CHILDREN INCLUDING LICENSEE'S AND ASSISTANT'S CHILDREN FROM BIRTH TO 12 YEARS OF AGE.  
 Original app. received date: 900302  
 Facility closed date: Not Reported  
 Mailing address: 2109 STEVELY  
 Mailing city: LONG BEACH  
 Mailing state: CA  
 Mailing zip: 90815  
 Contact person: "GRAVLEY, RENEE C."  
 Facility capacity: 12  
 Type of clients served: 960  
 Facility phone: 5624314163

V88			SRPU20071014006
NW	Ncessch:	062250002715	Public Schools
1-2 mi	Schname05:	GANT ELEMENTARY	
9976	Mstreet05:	1854 BRITTON DR.	
Higher	Mcity05:	LONG BEACH	
	Mstate05:	CA	
	Mzip05:	90815	
	Mzip405:	3231	
	Member05:	705	
	Phone05:	(562) 430-3384	
	Locale05:	1	
	Type05:	1	
	Level05:	1	
	Gslo05:	KG	
	Gshi05:	05	
	Edr id:	SRPU20071014006	

W89			SRDCCA200712053
NNW	EDR ID:	SRDCCA200712053	Daycare
1-2 mi	Facility number:	198005019	
9982	Facility name:	ZIMMERMAN FAMILY CHILD CARE	
Higher	Facility eval. code:	8160	
	Facility office number:	33	
	Facility county number:	19	
	Facility type code:	810	

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Facility status code: 03  
 Address: 6418 EL PASEO STREET  
 City: LONG BEACH  
 State: CA  
 Zip: 90815  
 Alt. address: 6418 EL PASEO STREET  
 City: LONG BEACH  
 State: CA  
 Zip: 90815  
 Facility investor: "ZIMMERMAN, KELLILEE C. "

Licensee type: A  
 License effective date: 990323  
 License expiration date: Not Reported  
 License issue date: 990323  
 Program type: "MAXIMUM CAPACITY: 12 CHILDREN, WITH NO MORE THAN 4 INFANTS, OR CAPACITY 14 CHILDREN WHEN 2 CHILDREN ARE AT LEAST 6 YEARS OF AGE WITH A MAXIMUM OF 3 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "

Original app. received date: 990309  
 Facility closed date: Not Reported  
 Mailing address: 6418 EL PASEO STREET  
 Mailing city: LONG BEACH  
 Mailing state: CA  
 Mailing zip: 90815  
 Contact person: "ZIMMERMAN, KELLILEE C. "

Facility capacity: 14  
 Type of clients served: 960  
 Facility phone: 5624938116

U90  
 NNE EDR ID: SRDCCA200703506  
 1-2 mi Facility number: 191600210  
 9983 Facility name: "ELLIOTT, VICKIE FAMILY DAY CARE "  
 Higher Facility eval. code: 8160  
 Facility office number: 33  
 Facility county number: 19  
 Facility type code: 810  
 Facility status code: 03  
 Address: 2114 STEVELY AVE.  
 City: LONG BEACH  
 State: CA  
 Zip: 90815  
 Alt. address: 2114 STEVELY AVE.  
 City: LONG BEACH  
 State: CA  
 Zip: 90815  
 Facility investor: "ELLIOTT, VICKIE & WILLIAM "  
 Licensee type: A  
 License effective date: 950331  
 License expiration date: Not Reported  
 License issue date: Not Reported  
 Program type: "MAXIMUM CAPACITY: 12 CHILDREN, INCLUDING LICENSEE'S CHILDREN UNDER 10 YEARS OF AGE WHO RESIDE IN THE HOME, WITH NO MORE THAN 4 INFANTS. (INFANT MEANS A CHILD UNDER 2 YEARS OLD). "

Original app. received date: 860501

SRDCCA200703506  
 Daycare

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Facility closed date: Not Reported  
 Mailing address: 2114 STEVELY AVE.  
 Mailing city: LONG BEACH  
 Mailing state: CA  
 Mailing zip: 90815  
 Contact person: "ELLIOTT, VICKIE"  
 Facility capacity: 12  
 Type of clients served: 960  
 Facility phone: 5624319439

X91  
 ENE  
 1-2 mi  
 9985  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: SEAL BEACH  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 400  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: RALPHS PHARMACY STORE 604  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 20020516  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0999604  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 12470 SEAL BEACH BLVD  
 Phone num: 3108842923  
 Termination reason: 00  
 Term Date: 20080515  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90740  
 Fips state: 06  
 Fips cnty: 059  
 SSA MSA: 033  
 SSA MSA size code: B  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070154335

SRHO20070154335  
 AHA Hospitals

## MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site	EDR ID Database
92 NNW 1-2 mi 9989 Higher	EDR ID: SRDCCA200710358 Facility number: 198003595 Facility name: FULLERTON FAMILY CHILD CARE Facility eval. code: 8160 Facility office number: 33 Facility county number: 19 Facility type code: 810 Facility status code: 03 Address: 2070 TEVIS AVENUE City: LONG BEACH State: CA Zip: 90815 Alt. address: 2070 TEVIS AVENUE City: LONG BEACH State: CA Zip: 90815 Facility investor: "FULLERTON, DEBRA MARIE" Licensee type: A License effective date: 971118 License expiration date: Not Reported License issue date: 971118 Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED" Original app. received date: 971024 Facility closed date: Not Reported Mailing address: 2070 TEVIS AVENUE Mailing city: LONG BEACH Mailing state: CA Mailing zip: 90815 Contact person: "FULLERTON, DEBRA MARIE" Facility capacity: 8 Type of clients served: 960 Facility phone: 5629360286	SRDCCA200710358 Daycare
P93 South 1-2 mi 10066 Higher	Hospital type: 01 Num of times COO: 00 Owner date: Not Reported City: SEAL BEACH Has plan of corr: Not Reported Compliance status: Not Reported SSA county code: 400 Cross ref number: Not Reported FMS survey date: Not Reported Current survey date: Not Reported Medicare/Medicaid: Not Reported Facility name: HARRIMAN JONES MEDICAL GROUP Intermediary/Carrier: Not Reported Medicaid number: Not Reported Participation date: 19921230 Prior COO date: Not Reported Prior carrier: Not Reported	SRHO20070140380 AHA Hospitals

# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Provider ID: 05D0707454  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Not Reported  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 119 MAIN STREET  
 Phone num: 3109887000  
 Termination reason: 08  
 Term Date: 19980831  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90740  
 Fips state: 06  
 Fips cnty: 059  
 SSA MSA: 033  
 SSA MSA size code: B  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070140380

W94  
 North  
 1-2 mi  
 10191  
 Higher

EDR ID: SRDCCA200747516  
 Facility number: 191602052  
 Facility name: LOS ALTOS BRETHERN CHURCH  
 Facility eval. code: 8140  
 Facility office number: 33  
 Facility county number: 19  
 Facility type code: 850  
 Facility status code: 03  
 Address: 6565 STEARNS ST  
 City: LONG BEACH  
 State: CA  
 Zip: 90815  
 Alt. address: 6565 STEARNS ST  
 City: LONG BEACH  
 State: CA  
 Zip: 90815  
 Facility investor: LOS ALTOS BRETHERN CHURCH  
 Licensee type: C  
 License effective date: 940915  
 License expiration date: Not Reported  
 License issue date: Not Reported  
 Program type: "AMBULATORY, LICENSEE PREFERS TO SERVE CHILDREN AGES 2 THRU 6 YEARS."  
 Original app. received date: 770822  
 Facility closed date: Not Reported  
 Mailing address: 6565 STEARNS ST.  
 Mailing city: LONG BEACH

SRDCCA200747516  
 Daycare

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Mailing state: CA  
 Mailing zip: 90815  
 Contact person: "WILLIE, BARBARA"  
 Facility capacity: 84  
 Type of clients served: 950  
 Facility phone: 5624306813

W95  
 North  
 1-2 mi  
 10191  
 Higher

Pss school id: 01898474  
 Pss inst: LOS ALTOS GRACE BRETHERN SCHOO  
 Lograde: K  
 Higrade: 6  
 Pss address: 6565 E STEARNS STREET  
 Pss city: LONG BEACH  
 Pss county no: 037  
 Pss county fips: 06037  
 Pss stabb: CA  
 Pss fips: 06  
 Pss zip5: 90815  
 Pss phone: 5624306983  
 Pss sch days: 176  
 Pss stu day hrs: 6.5  
 Pss library: No  
 Pss enroll ug: Not Reported  
 Pss enroll pk: Not Reported  
 Pss enroll k: 28  
 Pss enroll 1: 24  
 Pss enroll 2: 17  
 Pss enroll 3: 23  
 Pss enroll 4: 18  
 Pss enroll 5: 18  
 Pss enroll 6: 16  
 Pss enroll 7: Not Reported  
 Pss enroll 8: Not Reported  
 Pss enroll 9: Not Reported  
 Pss enroll 10: Not Reported  
 Pss enroll 11: Not Reported  
 Pss enroll 12: Not Reported  
 Pss enroll t: 144  
 Pss enroll tk12: 144  
 Pss race ai: 0  
 Pss race as: 12  
 Pss race h: 8  
 Pss race b: 2  
 Pss race w: 122  
 Pss fte teach: 10.1  
 Pss locale: 1  
 Pss coed: 1  
 Pss type: 1  
 Pss level: 1  
 Pss relig: 2  
 Pss comm type: 1  
 Pss indian pct: 0  
 Pss asian pct: 8.33  
 Pss hisp pct: 5.56

SRPR20051022651  
 Private Schools

# MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Pss black pct: 1.39  
 Pss white pct: 84.72  
 Pss stdtch rt: 14.26  
 Pss orient: 6  
 Pss county name: LOS ANGELES  
 Pss assoc 1: Association of Christian Schools International (ACSI)  
 Pss assoc 2: Not Reported  
 Pss assoc 3: Not Reported  
 Pss assoc 4: Not Reported  
 Pss assoc 5: Not Reported  
 Pss assoc 6: Not Reported  
 Pss assoc 7: Not Reported  
 Source: NCESDATA\_E72D09B4  
 Edr id: SRPR20051022651

W96			SRDCCA200741808
North	EDR ID:	SRDCCA200741808	Daycare
1-2 mi	Facility number:	198001757	
10195	Facility name:	CHRIST LUTHERAN INFANT CENTER	
Higher	Facility eval. code:	6170	
	Facility office number:	33	
	Facility county number:	19	
	Facility type code:	830	
	Facility status code:	03	
	Address:	6500 STEARNS ST.	
	City:	LONG BEACH	
	State:	CA	
	Zip:	90815	
	Alt. address:	6500 STEARNS ST.	
	City:	LONG BEACH	
	State:	CA	
	Zip:	90815	
	Facility investor:	CHRIST LUTHERAN CHURCH	
	Licensee type:	C	
	License effective date:	960712	
	License expiration date:	Not Reported	
	License issue date:	960112	
	Program type:	"LICENSEE PREFERS TO SERVE INFANTS AGE 0 TO 2 YEARS OLD - MONDAY - FRIDAY, 6 AM TO 6 PM.	
		"	
	Original app. received date:	951120	
	Facility closed date:	Not Reported	
	Mailing address:	6500 STEARNS ST.	
	Mailing city:	LONG BEACH	
	Mailing state:	CA	
	Mailing zip:	90815	
	Contact person:	"DELANEY-STOLO, JENNIFER "	
	Facility capacity:	4	
	Type of clients served:	955	
	Facility phone:	5625946117	

W97			SRDCCA200747504
North	EDR ID:	SRDCCA200747504	Daycare
1-2 mi	Facility number:	191601750	
10195			
Higher			

# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Facility name: CHRIST LUTHERAN PRE-SCHOOL  
 Facility eval. code: 6170  
 Facility office number: 33  
 Facility county number: 19  
 Facility type code: 850  
 Facility status code: 03  
 Address: 6500 STEARNS  
 City: LONG BEACH  
 State: CA  
 Zip: 90815  
 Alt. address: 6500 STEARNS  
 City: LONG BEACH  
 State: CA  
 Zip: 90815  
 Facility investor: CHRIST LUTHERAN CHURCH  
 Licensee type: C  
 License effective date: 930714  
 License expiration date: Not Reported  
 License issue date: Not Reported  
 Program type: PRE-SCHOOL CHILDREN AGES 2 THRU 6 YEARS OLD. FACILITY OPERATES  
 MON- FRI 6:30 A.M. TO 6 P.M.  
 Original app. received date: 770822  
 Facility closed date: Not Reported  
 Mailing address: 6500 STEARNS  
 Mailing city: LONG BEACH  
 Mailing state: CA  
 Mailing zip: 90815  
 Contact person: "DELANEY-STOLO, JENNIFER "  
 Facility capacity: 59  
 Type of clients served: 950  
 Facility phone: 5625946117

Y98  
 WSW  
 1-2 mi  
 10222  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: W L COWDELL MD  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19930310  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0553912  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Not Reported  
 state abbrev: CA

SRHO20070130550  
 AHA Hospitals

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

ssa state: 05  
 state region cd: LAB  
 street address: 5318 E 2ND ST #800  
 Phone num: 3104335795  
 Termination reason: 12  
 Term Date: 19980831  
 Purpose of action: Not Reported  
 Provider control: 02  
 Zip: 90803  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070130550

Y99  
 WSW  
 1-2 mi  
 10250  
 Higher

EDR ID: SRDCCA200708143  
 Facility number: 198002099  
 Facility name: "FELIX, DEBBIE FAMILY DAY CARE"  
 Facility eval. code: 8140  
 Facility office number: 33  
 Facility county number: 19  
 Facility type code: 810  
 Facility status code: 03  
 Address: 244 CORONA AVE.  
 City: LONG BEACH  
 State: CA  
 Zip: 90803  
 Alt. address: 244 CORONA AVE.  
 City: LONG BEACH  
 State: CA  
 Zip: 90803  
 Facility investor: "FELIX, DEBBIE"  
 Licensee type: A  
 License effective date: 960726  
 License expiration date: Not Reported  
 License issue date: 960726  
 Program type: "MAXIMUM CAPACITY: 12 CHILDREN, INCLUDING LICENSEE'S CHILDREN UNDER 10 YEARS OF AGE WHO RESIDE IN THE HOME, WITH NO MORE THAN 4 INFANTS. (INFANT MEANS A CHILD UNDER 2 YEARS OLD)."  
 Original app. received date: 960424  
 Facility closed date: Not Reported  
 Mailing address: 244 CORONA AVE.  
 Mailing city: LONG BEACH  
 Mailing state: CA  
 Mailing zip: 90803  
 Contact person: "FELIX, DEBBIE"  
 Facility capacity: 12

SRDCCA200708143  
 Daycare

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Type of clients served: 960  
 Facility phone: 5629872984

V100 NW 1-2 mi 10317 Higher	EDR ID: Facility number: Facility name: Facility eval. code: Facility office number: Facility county number: Facility type code: Facility status code: Address: City: State: Zip: Alt. address: City: State: Zip: Facility investor: Licensee type: License effective date: License expiration date: License issue date: Program type: Original app. received date: Facility closed date: Mailing address: Mailing city: Mailing state: Mailing zip: Contact person: Facility capacity: Type of clients served: Facility phone:	SRDCCA200747569 Daycare 191602055 LOS ALTOS UNITED CHURCH NURSERY (CONGREGATIONAL) 8140 33 19 850 03 5550 ATHERTON ST LONG BEACH CA 90815 5550 ATHERTON ST LONG BEACH CA 90815 "LOS ALTOS UNITED CHURCH OF CHRIST, INC.     " C 930603 Not Reported Not Reported "FACILITY OPERATES A 1/2 DAY PROGRAM- MONDAY TO FRIDAY, HOURS FROM 9:00AM - 1:00PM. LICENSEE PREFERS TO SERVE CHILDREN AGES 2 YEARS   9 MONTHS THRU 5 YEARS.     " 770822 Not Reported 5550 ATHERTON ST. LONG BEACH CA 90815 "BOYNTON, JAN     " 38 950 5625966718	SRDCCA200747569 Daycare
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V101 NW 1-2 mi 10317 Higher	Pss school id: Pss inst: Lograde: Higrade: Pss address: Pss city: Pss county no: Pss county fips: Pss stabb: Pss fips: Pss zip5: Pss phone: Pss sch days: Pss stu day hrs:	02006565 MONTESSORI CHILDRENS HOUSE PK 6 5550 E ATHERTON STREET LONG BEACH 037 06037 CA 06 90815 5624318880 181 6	SRPR20051021871 Private Schools
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# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Pss library: No  
 Pss enroll ug: Not Reported  
 Pss enroll pk: 56  
 Pss enroll k: 17  
 Pss enroll 1: 6  
 Pss enroll 2: 2  
 Pss enroll 3: 2  
 Pss enroll 4: 3  
 Pss enroll 5: 3  
 Pss enroll 6: 1  
 Pss enroll 7: Not Reported  
 Pss enroll 8: Not Reported  
 Pss enroll 9: Not Reported  
 Pss enroll 10: Not Reported  
 Pss enroll 11: Not Reported  
 Pss enroll 12: Not Reported  
 Pss enroll t: 90  
 Pss enroll tk12: 34  
 Pss race ai: 0  
 Pss race as: 10  
 Pss race h: 5  
 Pss race b: 2  
 Pss race w: 17  
 Pss fte teach: 2  
 Pss locale: 1  
 Pss coed: 1  
 Pss type: 2  
 Pss level: 1  
 Pss relig: 3  
 Pss comm type: 1  
 Pss indian pct: 0  
 Pss asian pct: 29.41  
 Pss hisp pct: 14.71  
 Pss black pct: 5.88  
 Pss white pct: 50  
 Pss stdtch rt: 17  
 Pss orient: 29  
 Pss county name: LOS ANGELES  
 Pss assoc 1: Other Montessori association(s)  
 Pss assoc 2: Not Reported  
 Pss assoc 3: Not Reported  
 Pss assoc 4: Not Reported  
 Pss assoc 5: Not Reported  
 Pss assoc 6: Not Reported  
 Pss assoc 7: Not Reported  
 Source: NCESDATA\_E72D09B4  
 Edr id: SRPR20051021871

102  
 South EDR ID: SRDCCA200733397  
 1-2 mi Facility number: 304310393  
 10349 Facility name: "FREGOSO, MARY"  
 Higher Facility eval. code: 3404  
 Facility office number: 06  
 Facility county number: 30

SRDCCA200733397  
 Daycare

# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Facility type code: 810  
 Facility status code: 03  
 Address: 254 17TH STREET  
 City: SEAL BEACH  
 State: CA  
 Zip: 90740  
 Alt. address: 254 17TH STREET  
 City: SEAL BEACH  
 State: CA  
 Zip: 90740  
 Facility investor: "FREGOSO, MARY"  
 Licensee type: A  
 License effective date: 70221  
 License expiration date: Not Reported  
 License issue date: 070221  
 Program type: "MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY.  
 CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY  
 SCHOOL AND 1 CHILD AT LEAST AGE 6."  
 " "

Original app. received date: 060106  
 Facility closed date: Not Reported  
 Mailing address: 254 17TH STREET  
 Mailing city: SEAL BEACH  
 Mailing state: CA  
 Mailing zip: 90740  
 Contact person: "FREGOSO, MARY"  
 Facility capacity: 8  
 Type of clients served: 960  
 Facility phone: 5624931093

103 West 1-2 mi 10431 Higher	EDR ID: Facility number: Facility name: Facility eval. code: Facility office number: Facility county number: Facility type code: Facility status code: Address: City: State: Zip: Alt. address: City: State: Zip: Facility investor: Licensee type: License effective date: License expiration date: License issue date: Program type:	SRDCCA200749222 191609822 LAGOON PLAYGROUP 8160 33 19 850 03 5100 THE TOLEDO LONG BEACH CA 90803 P.O. BOX 3882 LONG BEACH CA 90803 LAGOON PLAYGROUP A 930915 Not Reported 930915 PRE-SCHOOL CHILDREN AGES 2 - 5 YEARS. A.M. PROGRAM THAT FOLLOWS THE SCHOOL CALENDAR. PRIMARY CARE IS GIVEN AT THE PLAYYARD AT COLORADO ANDNIETO. IN INCLEMENT WEATHER CARE WILL BE AT THE ABOVE ADDRESS.	SRDCCA200749222 Daycare
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## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Original app. received date: 930804  
 Facility closed date: Not Reported  
 Mailing address: P.O. BOX 3882  
 Mailing city: LONG BEACH  
 Mailing state: CA  
 Mailing zip: 90803  
 Contact person: TISA BROOKHYSER  
 Facility capacity: 15  
 Type of clients served: 950  
 Facility phone: 5624981663

V104  
 NW  
 1-2 mi  
 10456  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: PROHEALTH PARTNERS A MEDICAL GROUP INC  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 20020624  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D1000821  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 1777 BELLFLOWER BLVD SUITE 101  
 Phone num: 5629619991  
 Termination reason: 00  
 Term Date: 20080623  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90815  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070154992

SRHO20070154992  
 AHA Hospitals

## MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site	EDR ID Database
V105 NW 1-2 mi 10456 Higher	Hospital type: 01 Num of times COO: 00 Owner date: Not Reported City: LONG BEACH Has plan of corr: Not Reported Compliance status: Not Reported SSA county code: 200 Cross ref number: Not Reported FMS survey date: Not Reported Current survey date: Not Reported Medicare/Medicaid: Not Reported Facility name: DIANA R BRYANT, MD A PROFESSIONAL CORP Intermediary/Carrier: Not Reported Medicaid number: Not Reported Participation date: 20051201 Prior COO date: Not Reported Prior carrier: Not Reported Provider ID: 05D1048453 Record Status: A Region code: 09 Is Partial Record: Y state abbrev: CA ssa state: 05 state region cd: M1 street address: 1777 BELLFLOWER BLVD, STE 101 Phone num: 5629619991 Termination reason: 00 Term Date: 20071130 Purpose of action: Not Reported Provider control: 04 Zip: 90815 Fips state: 06 Fips cnty: 037 SSA MSA: 328 SSA MSA size code: A Date accredited: Not Reported Accred expire date: Not Reported Accred Org: Not Reported Num beds: 0000 Num cert beds: 0000 Source: US_HOSPITAL_POSCLIA Edr id: SRHO20070163654	SRHO20070163654 AHA Hospitals
V106 NW 1-2 mi 10456 Higher	Hospital type: 01 Num of times COO: 00 Owner date: Not Reported City: LONG BEACH Has plan of corr: Not Reported Compliance status: Not Reported SSA county code: 200 Cross ref number: Not Reported FMS survey date: Not Reported Current survey date: Not Reported	SRHO20070157733 AHA Hospitals

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Medicare/Medicaid: Not Reported  
 Facility name: LESLIE M GONZALEZ MD  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 20050224  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D1037433  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: M1  
 street address: 1777 BELLFLOWER BLVD SUITE 201  
 Phone num: 5624944277  
 Termination reason: 00  
 Term Date: 20070223  
 Purpose of action: Not Reported  
 Provider control: 02  
 Zip: 90815  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070157733

V107  
 NW  
 1-2 mi  
 10456  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: Not Reported  
 Compliance status: A  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: 19971110  
 Medicare/Medicaid: 1  
 Facility name: AMERICAN HEALTHNET LABORATORIES LLC  
 Intermediary/Carrier: 02050  
 Medicaid number: Not Reported  
 Participation date: 19970917  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0933631  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Not Reported

SRHO20070149496  
 AHA Hospitals

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

state abbrev: CA  
 ssa state: 05  
 state region cd: M1  
 street address: 1777 BELLFLOWER BOULEVARD SUITE 207  
 Phone num: 5629867770  
 Termination reason: 10  
 Term Date: 19990714  
 Purpose of action: 1  
 Provider control: 04  
 Zip: 90815  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070149496

V108  
 NW  
 1-2 mi  
 10456  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: LOIDA P CONSTANTINO MD MEDICAL CLINIC  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 20040730  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D1028718  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: M1  
 street address: 1777 BELLFLOWER BLVD STE 211  
 Phone num: 5624126083  
 Termination reason: 08  
 Term Date: 20050201  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90815  
 Fips state: 06

SRHO20070158891  
 AHA Hospitals

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070158891

V109  
 NW  
 1-2 mi  
 10456  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: JOSEPH AU MD  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19930114  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0555043  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 1777 N BELLFLOWER BLVD  
 Phone num: 3104981363  
 Termination reason: 00  
 Term Date: 20080831  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90815  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070131678

SRHO20070131678  
 AHA Hospitals

## MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site	EDR ID Database
V110 NW 1-2 mi 10456 Higher	Hospital type: 01 Num of times COO: 00 Owner date: Not Reported City: LONG BEACH Has plan of corr: Not Reported Compliance status: Not Reported SSA county code: 200 Cross ref number: Not Reported FMS survey date: Not Reported Current survey date: Not Reported Medicare/Medicaid: Not Reported Facility name: CHIN MED HEALING CENTER Intermediary/Carrier: Not Reported Medicaid number: Not Reported Participation date: 20001103 Prior COO date: Not Reported Prior carrier: Not Reported Provider ID: 05D0979889 Record Status: A Region code: 09 Is Partial Record: Y state abbrev: CA ssa state: 05 state region cd: LAB street address: 1777 BELLFLOWER BLVD STE 210 Phone num: 5624946690 Termination reason: 08 Term Date: 20041102 Purpose of action: Not Reported Provider control: 04 Zip: 90815 Fips state: 06 Fips cnty: 037 SSA MSA: 328 SSA MSA size code: A Date accredited: Not Reported Accred expire date: Not Reported Accred Org: Not Reported Num beds: 0000 Num cert beds: 0000 Source: US_HOSPITAL_POSCLIA Edr id: SRHO20070155028	SRHO20070155028 AHA Hospitals
V111 NW 1-2 mi 10456 Higher	Hospital type: 01 Num of times COO: 00 Owner date: Not Reported City: LONG BEACH Has plan of corr: Not Reported Compliance status: Not Reported SSA county code: 200 Cross ref number: Not Reported FMS survey date: Not Reported Current survey date: Not Reported	SRHO20070131794 AHA Hospitals

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Medicare/Medicaid: Not Reported  
 Facility name: JOHN P HOEHN MD  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19930806  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0555059  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 1777 BELLFLOWER BLVD 111  
 Phone num: 3104983328  
 Termination reason: 08  
 Term Date: 20020831  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90815  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070131794

V112  
 NW  
 1-2 mi  
 10456  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: GREGORY S RIHACEK MD  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19921218  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0706466  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Not Reported

SRHO20070139688  
 AHA Hospitals

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

state abbrev: CA  
ssa state: 05  
state region cd: LAB  
street address: 1777 BELLFLOWER BLVD 103  
Phone num: 3104947845  
Termination reason: 12  
Term Date: 19941130  
Purpose of action: Not Reported  
Provider control: 04  
Zip: 90815  
Fips state: 06  
Fips cnty: 037  
SSA MSA: 328  
SSA MSA size code: A  
Date accredited: Not Reported  
Accred expire date: Not Reported  
Accred Org: Not Reported  
Num beds: 0000  
Num cert beds: 0000  
Source: US\_HOSPITAL\_POSCLIA  
Edr id: SRHO20070139688

V113  
NW  
1-2 mi  
10456  
Higher

Hospital type: 01  
Num of times COO: 00  
Owner date: Not Reported  
City: LONG BEACH  
Has plan of corr: Not Reported  
Compliance status: Not Reported  
SSA county code: 200  
Cross ref number: Not Reported  
FMS survey date: Not Reported  
Current survey date: Not Reported  
Medicare/Medicaid: Not Reported  
Facility name: MARIA R GALIT FLICKINGER MD  
Intermediary/Carrier: Not Reported  
Medicaid number: Not Reported  
Participation date: 19930420  
Prior COO date: Not Reported  
Prior carrier: Not Reported  
Provider ID: 05D0711641  
Record Status: A  
Region code: 09  
Is Partial Record: Not Reported  
state abbrev: CA  
ssa state: 05  
state region cd: LAB  
street address: 1777 BELLFLOWER BLVD #109  
Phone num: 3105972497  
Termination reason: 15  
Term Date: 19940831  
Purpose of action: Not Reported  
Provider control: 04  
Zip: 90815  
Fips state: 06

SRHO20070139720  
AHA Hospitals

## MAP FINDINGS

Map ID	Direction	Distance	Distance (ft.)	Elevation	Site	EDR ID Database
					Fips cnty: 037 SSA MSA: 328 SSA MSA size code: A Date accredited: Not Reported Accred expire date: Not Reported Accred Org: Not Reported Num beds: 0000 Num cert beds: 0000 Source: US_HOSPITAL_POSCLIA Edr id: SRHO20070139720	
V114	NW	1-2 mi	10456	Higher	Hospital type: 01 Num of times COO: 00 Owner date: Not Reported City: LONG BEACH Has plan of corr: Not Reported Compliance status: Not Reported SSA county code: 200 Cross ref number: Not Reported FMS survey date: Not Reported Current survey date: Not Reported Medicare/Medicaid: Not Reported Facility name: OUR LADY OF REFUGE HOME CARE INC Intermediary/Carrier: Not Reported Medicaid number: Not Reported Participation date: 20030324 Prior COO date: Not Reported Prior carrier: Not Reported Provider ID: 05D1010811 Record Status: A Region code: 09 Is Partial Record: Y state abbrev: CA ssa state: 05 state region cd: LAB street address: 1777 BELLFLOWER BLVD SUITE 212 Phone num: 5624943143 Termination reason: 00 Term Date: 20070323 Purpose of action: Not Reported Provider control: 04 Zip: 90815 Fips state: 06 Fips cnty: 037 SSA MSA: 328 SSA MSA size code: A Date accredited: Not Reported Accred expire date: Not Reported Accred Org: Not Reported Num beds: 0000 Num cert beds: 0000 Source: US_HOSPITAL_POSCLIA Edr id: SRHO20070159498	SRHO20070159498 AHA Hospitals

## MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site	EDR ID Database
V115 NW 1-2 mi 10456 Higher	Hospital type: 01 Num of times COO: 00 Owner date: Not Reported City: LONG BEACH Has plan of corr: Not Reported Compliance status: Not Reported SSA county code: 200 Cross ref number: Not Reported FMS survey date: Not Reported Current survey date: Not Reported Medicare/Medicaid: Not Reported Facility name: OIDA P CONSTANTINO MD MEDICAL CLINIC Intermediary/Carrier: Not Reported Medicaid number: Not Reported Participation date: 20040720 Prior COO date: Not Reported Prior carrier: Not Reported Provider ID: 05D1028070 Record Status: A Region code: 09 Is Partial Record: Y state abbrev: CA ssa state: 05 state region cd: M1 street address: 1777 BELLFLOWER BLVD STE 211 Phone num: 5624126083 Termination reason: 00 Term Date: 20080719 Purpose of action: Not Reported Provider control: 04 Zip: 90815 Fips state: 06 Fips cnty: 037 SSA MSA: 328 SSA MSA size code: A Date accredited: Not Reported Accred expire date: Not Reported Accred Org: Not Reported Num beds: 0000 Num cert beds: 0000 Source: US_HOSPITAL_POSCLIA Edr id: SRHO20070158926	SRHO20070158926 AHA Hospitals
V116 NW 1-2 mi 10456 Higher	Hospital type: 01 Num of times COO: 00 Owner date: Not Reported City: LONG BEACH Has plan of corr: Not Reported Compliance status: Not Reported SSA county code: 200 Cross ref number: Not Reported FMS survey date: Not Reported Current survey date: Not Reported	SRHO20070147156 AHA Hospitals

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Medicare/Medicaid: Not Reported  
 Facility name: LAURINE C MAXELL MD  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19970529  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0928873  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 1777 BELLFLOWER BOULEVARD SUITE 102  
 Phone num: 5624980832  
 Termination reason: 08  
 Term Date: 20050528  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90815  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070147156

V117  
 NW  
 1-2 mi  
 10520  
 Higher

EDR ID: SRDCCA200707616  
 Facility number: 198002402  
 Facility name: TINSLEY FAMILY DAY CARE  
 Facility eval. code: 8160  
 Facility office number: 33  
 Facility county number: 19  
 Facility type code: 810  
 Facility status code: 03  
 Address: 1917 N. BRITTON DRIVE  
 City: LONG BEACH  
 State: CA  
 Zip: 90815  
 Alt. address: 1917 N. BRITTON DRIVE  
 City: LONG BEACH  
 State: CA  
 Zip: 90815  
 Facility investor: "TINSLEY, MALINDA (MINDY) DIANNE & MARK THOMAS"  
 Licensee type: A  
 License effective date: 960910  
 License expiration date: Not Reported  
 License issue date: 960910

SRDCCA200707616  
 Daycare

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Program type: "MAXIMUM CAPACITY: 12 CHILDREN, INCLUDING LICENSEE'S CHILDREN UNDER 10 YEARS OF AGE WHO RESIDE IN THE HOME, WITH NO MORE THAN 4 INFANTS. (INFANT MEANS A CHILD UNDER 2 YEARS OLD)."

Original app. received date: 960814  
 Facility closed date: Not Reported  
 Mailing address: 1917 N. BRITTON DRIVE  
 Mailing city: LONG BEACH  
 Mailing state: CA  
 Mailing zip: 90815  
 Contact person: MALINDA 7 MARK TINSLEY  
 Facility capacity: 12  
 Type of clients served: 960  
 Facility phone: 5627990748

Z118			SRDCCA200751264
WNW	EDR ID:	SRDCCA200751264	Daycare
2-4 mi	Facility number:	198005944	
10689	Facility name:	KINDERCARE #1626 BELMONT SHORE	
Higher	Facility eval. code:	8140	
	Facility office number:	33	
	Facility county number:	19	
	Facility type code:	850	
	Facility status code:	03	
	Address:	5251 E. LAS LOMAS	
	City:	LONG BEACH	
	State:	CA	
	Zip:	90815	
	Alt. address:	5251 E. LAS LOMAS	
	City:	LONG BEACH	
	State:	CA	
	Zip:	90815	
	Facility investor:	"KINDERCARE LEARNING CENTERS, INC. "	
	Licensee type:	D	
	License effective date:	417	
	License expiration date:	Not Reported	
	License issue date:	000417	
	Program type:	CHILDREN AGE TWO UNTIL ENTRY INTO FIRST GRADE.	
	Original app. received date:	000406	
	Facility closed date:	Not Reported	
	Mailing address:	"650 N.E. HOLLADAY ST., #1400 "	
	Mailing city:	PORTLAND	
	Mailing state:	OR	
	Mailing zip:	97232	
	Contact person:	TANEA ROBINSON	
	Facility capacity:	126	
	Type of clients served:	950	
	Facility phone:	5629618882	

Z119			SRDCCA200741055
WNW	EDR ID:	SRDCCA200741055	Daycare
2-4 mi	Facility number:	198005945	
10689	Facility name:	KINDERCARE #1626 BELMONT SHORE	
Higher	Facility eval. code:	8140	

# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Facility office number: 33  
 Facility county number: 19  
 Facility type code: 830  
 Facility status code: 03  
 Address: 5251 E. LAS LOMAS  
 City: LONG BEACH  
 State: CA  
 Zip: 90815  
 Alt. address: 5251 E. LAS LOMAS  
 City: LONG BEACH  
 State: CA  
 Zip: 90815  
 Facility investor: "KINDERCARE LEARNING CENTER, INC" "  
 Licensee type: D  
 License effective date: 417  
 License expiration date: Not Reported  
 License issue date: 000417  
 Program type: INFANTS 0 - 2 YEARS OLD.  
 Original app. received date: 000406  
 Facility closed date: Not Reported  
 Mailing address: "650 N.E. HOLLADAY ST., #1400 "  
 Mailing city: PORTLAND  
 Mailing state: OR  
 Mailing zip: 97232  
 Contact person: TANEA ROBINSON  
 Facility capacity: 32  
 Type of clients served: 955  
 Facility phone: 5629618882

Z120  
 WNW  
 2-4 mi  
 10689  
 Higher

EDR ID: SRDCCA200746509  
 Facility number: 198005764  
 Facility name: "KINDER CARE #1626, BELMONT" "  
 Facility eval. code: 8140  
 Facility office number: 33  
 Facility county number: 19  
 Facility type code: 840  
 Facility status code: 03  
 Address: 5251 E LAS LOMAS  
 City: LONG BEACH  
 State: CA  
 Zip: 90815  
 Alt. address: 5251 E LAS LOMAS  
 City: LONG BEACH  
 State: CA  
 Zip: 90815  
 Facility investor: KINDERCARE LEARNING CENTER INC  
 Licensee type: D  
 License effective date: 417  
 License expiration date: Not Reported  
 License issue date: 000417  
 Program type: SCHOOL AGE CHILDREN 5 YEARS AND ABOVE  
 Original app. received date: 000111  
 Facility closed date: Not Reported  
 Mailing address: "650 N.E. HOLLADAY ST., #1400 "

SRDCCA200746509  
 Daycare

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Mailing city: PORTLAND  
 Mailing state: OR  
 Mailing zip: 97232  
 Contact person: TANEA ROBINSON  
 Facility capacity: 14  
 Type of clients served: 950  
 Facility phone: 5629618882

Z121  
 WNW  
 2-4 mi  
 10689  
 Higher

Pss school id: A0307201  
 Pss inst: KINDERCARE  
 Lograde: K  
 Higrade: K  
 Pss address: 5251 E LAS LOMAS ST  
 Pss city: LONG BEACH  
 Pss county no: 037  
 Pss county fips: 06037  
 Pss stabb: CA  
 Pss fips: 06  
 Pss zip5: 90815  
 Pss phone: 5629618882  
 Pss sch days: 200  
 Pss stu day hrs: 4.5  
 Pss library: Yes  
 Pss enroll ug: Not Reported  
 Pss enroll pk: 0  
 Pss enroll k: 6  
 Pss enroll 1: Not Reported  
 Pss enroll 2: Not Reported  
 Pss enroll 3: Not Reported  
 Pss enroll 4: Not Reported  
 Pss enroll 5: Not Reported  
 Pss enroll 6: Not Reported  
 Pss enroll 7: Not Reported  
 Pss enroll 8: Not Reported  
 Pss enroll 9: Not Reported  
 Pss enroll 10: Not Reported  
 Pss enroll 11: Not Reported  
 Pss enroll 12: Not Reported  
 Pss enroll t: 6  
 Pss enroll tk12: 6  
 Pss race ai: 0  
 Pss race as: 0  
 Pss race h: 0  
 Pss race b: 0  
 Pss race w: 6  
 Pss fte teach: 1  
 Pss locale: 1  
 Pss coed: 1  
 Pss type: 7  
 Pss level: 1  
 Pss relig: 3  
 Pss comm type: 1  
 Pss indian pct: 0  
 Pss asian pct: 0

SRPR20051023395  
 Private Schools

# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Pss hisp pct: 0  
 Pss black pct: 0  
 Pss white pct: 100  
 Pss stdtch rt: 6  
 Pss orient: 29  
 Pss county name: LOS ANGELES  
 Pss assoc 1: No Membership Association  
 Pss assoc 2: Not Reported  
 Pss assoc 3: Not Reported  
 Pss assoc 4: Not Reported  
 Pss assoc 5: Not Reported  
 Pss assoc 6: Not Reported  
 Pss assoc 7: Not Reported  
 Source: NCESDATA\_E72D09B4  
 Edr id: SRPR20051023395

122			SRDCCA200747436
WSW	EDR ID:	SRDCCA200747436	Daycare
2-4 mi	Facility number:	191600963	
10823	Facility name:	"BAYSHORE NURSERY SCHOOL, INC	"
Higher	Facility eval. code:	8140	
	Facility office number:	33	
	Facility county number:	19	
	Facility type code:	850	
	Facility status code:	03	
	Address:	5431 OCEAN BLVD	
	City:	LONG BEACH	
	State:	CA	
	Zip:	90803	
	Alt. address:	P.O. BOX 3798	
	City:	LONG BEACH	
	State:	CA	
	Zip:	90803	
	Facility investor:	BAYSHORE CO-OPERATIVE NURSERY SCHOOL	
	Licensee type:	C	
	License effective date:	931219	
	License expiration date:	Not Reported	
	License issue date:	Not Reported	
	Program type:	"AMBULATORY, LICENSEE SERVES AGES 2 YRS 9 MOS THRU 4 YRS 9 MOS. COOPERATIVE NURSERY SCHOOL PROGRAM. HOURS 9 AM TO NOON. IN INCLEMENT WEATHER CO-OP MEETS AT ALL SAINTS EPISCOPAL CHURCH, ""346 TERMINO, LONG BEACH. "	
	Original app. received date:	770822	
	Facility closed date:	Not Reported	
	Mailing address:	P.O. BOX 3798	
	Mailing city:	LONG BEACH	
	Mailing state:	CA	
	Mailing zip:	90803	
	Contact person:	"SIEGRIST, MARJEL	"
	Facility capacity:	17	
	Type of clients served:	950	
	Facility phone:	5625701715	

# MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site	EDR ID Database
W123 North 2-4 mi 10862 Higher	EDR ID: SRDCCA200723704 Facility number: 198009607 Facility name: SMALL FAMILY CHILD CARE Facility eval. code: 8160 Facility office number: 33 Facility county number: 19 Facility type code: 810 Facility status code: 03 Address: 2267 KNOXVILLE AVENUE City: LONG BEACH State: CA Zip: 90815 Alt. address: 2267 KNOXVILLE AVENUE City: LONG BEACH State: CA Zip: 90815 Facility investor: "SMALL, STACY" Licensee type: A License effective date: 30824 License expiration date: Not Reported License issue date: 030824 Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED" Original app. received date: 030819 Facility closed date: Not Reported Mailing address: 2267 KNOXVILLE AVENUE Mailing city: LONG BEACH Mailing state: CA Mailing zip: 90815 Contact person: "SMALL, STACY" Facility capacity: 8 Type of clients served: 960 Facility phone: 5625989469	SRDCCA200723704 Daycare
AA124 NW 2-4 mi 10909 Higher	EDR ID: SRDCCA200751796 Facility number: 198001365 Facility name: LONG BEACH MONTESSORI SCHOOL Facility eval. code: 8070 Facility office number: 33 Facility county number: 19 Facility type code: 850 Facility status code: 03 Address: 5454 ATHERTON ST. City: LONG BEACH State: CA Zip: 90815 Alt. address: 5454 ATHERTON STREET City: LONG BEACH State: CA Zip: 90815 Facility investor: LONG BEACH MONTESSORI SCHOOL	SRDCCA200751796 Daycare

# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Licensee type: C  
 License effective date: 951102  
 License expiration date: Not Reported  
 License issue date: 951102  
 Program type: LAUP FACILITY  
 LICENSEE PREFERS TO SERVE PRESCHOOL CHILDREN AGES 2 THRU 5 YEARS OLD.  
 Original app. received date: 950710  
 Facility closed date: Not Reported  
 Mailing address: 5454 ATHERTON STREET  
 Mailing city: LONG BEACH  
 Mailing state: CA  
 Mailing zip: 90815  
 Contact person: PATRICIA SOBUL  
 Facility capacity: 60  
 Type of clients served: 950  
 Facility phone: 5625975030

AA125  
 NW  
 2-4 mi  
 10909  
 Higher

Pss school id: 00080133  
 Pss inst: LONG BEACH MONTESSORI SCHOOL  
 Lograde: K  
 Higrade: 3  
 Pss address: 5454 E ATHERTON ST  
 Pss city: LONG BEACH  
 Pss county no: 037  
 Pss county fips: 06037  
 Pss stabb: CA  
 Pss fips: 06  
 Pss zip5: 90815  
 Pss phone: 5625978854  
 Pss sch days: Not Reported  
 Pss stu day hrs: 6  
 Pss library: No  
 Pss enroll ug: Not Reported  
 Pss enroll pk: Not Reported  
 Pss enroll k: 16  
 Pss enroll 1: 5  
 Pss enroll 2: 6  
 Pss enroll 3: 3  
 Pss enroll 4: Not Reported  
 Pss enroll 5: Not Reported  
 Pss enroll 6: Not Reported  
 Pss enroll 7: Not Reported  
 Pss enroll 8: Not Reported  
 Pss enroll 9: Not Reported  
 Pss enroll 10: Not Reported  
 Pss enroll 11: Not Reported  
 Pss enroll 12: Not Reported  
 Pss enroll t: 30  
 Pss enroll tk12: 30  
 Pss race ai: Not Reported  
 Pss race as: 4  
 Pss race h: 7  
 Pss race b: 3  
 Pss race w: 16

SRPR20051022568  
 Private Schools

# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Pss fte teach: 7.8  
 Pss locale: 1  
 Pss coed: 1  
 Pss type: 2  
 Pss level: 1  
 Pss relig: 3  
 Pss comm type: 1  
 Pss indian pct: Not Reported  
 Pss asian pct: 13.33  
 Pss hisp pct: 23.33  
 Pss black pct: 10  
 Pss white pct: 53.33  
 Pss stdtch rt: 3.85  
 Pss orient: 29  
 Pss county name: LOS ANGELES  
 Pss assoc 1: American Montessori Society (AMS)  
 Pss assoc 2: Not Reported  
 Pss assoc 3: Not Reported  
 Pss assoc 4: Not Reported  
 Pss assoc 5: Not Reported  
 Pss assoc 6: Not Reported  
 Pss assoc 7: Not Reported  
 Source: NCESDATA\_E72D09B4  
 Edr id: SRPR20051022568

AB126  
 NNW  
 2-4 mi  
 11081  
 Higher

EDR ID: SRDCCA200703631  
 Facility number: 191612490  
 Facility name: LINGLE FAMILY DAY CARE  
 Facility eval. code: 8160  
 Facility office number: 33  
 Facility county number: 19  
 Facility type code: 810  
 Facility status code: 03  
 Address: 2055 LOMINA AVE.  
 City: LONG BEACH  
 State: CA  
 Zip: 90815  
 Alt. address: 2055 LOMINA AVE.  
 City: LONG BEACH  
 State: CA  
 Zip: 90815  
 Facility investor: "LINGLE, JOYCE E. "  
 Licensee type: A  
 License effective date: 930404  
 License expiration date: Not Reported  
 License issue date: Not Reported  
 Program type: "MAXIMUM CAPACITY: 6 CHILDREN, INCLUDING LICENSEE'S CHILDREN UNDER 10 YEARS OF AGE WHO RESIDE IN THE HOME, WITH NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY (INFANT MEANS A CHILD UNDER 2 YEARS OLD). "  
 Original app. received date: 840411  
 Facility closed date: Not Reported  
 Mailing address: 2055 LOMINA AVE.  
 Mailing city: LONG BEACH  
 Mailing state: CA

SRDCCA200703631  
 Daycare

# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Mailing zip: 90815  
 Contact person: "LINGLE, JOYCE E. "  
 Facility capacity: 6  
 Type of clients served: 960  
 Facility phone: 5625968163

AB127 NNW EDR ID: SRDCCA200703634 SRDCCA200703634  
 2-4 mi Facility number: 191613124 Daycare  
 11157 Facility name: "MARSHALL, PATSY FAMILY DAY CARE "  
 Higher Facility eval. code: 8160

Facility office number: 33  
 Facility county number: 19  
 Facility type code: 810  
 Facility status code: 03  
 Address: 2069 LOMINA  
 City: LONG BEACH  
 State: CA  
 Zip: 90815  
 Alt. address: 2069 LOMINA  
 City: LONG BEACH  
 State: CA  
 Zip: 90815  
 Facility investor: "MARSHALL, PATSY "  
 Licensee type: A  
 License effective date: 950602  
 License expiration date: Not Reported  
 License issue date: Not Reported  
 Program type: "MAXIMUM CAPACITY: 12 CHILDREN, INCLUDING LICENSEE'S CHILDREN UNDER 10 YEARS OF AGE WHO RESIDE IN THE HOME, WITH NO MORE THAN 4 INFANTS. (INFANT MEANS A CHILD UNDER 2 YEARS OLD). "  
 " "

Original app. received date: 850201  
 Facility closed date: Not Reported  
 Mailing address: 2069 LOMINA  
 Mailing city: LONG BEACH  
 Mailing state: CA  
 Mailing zip: 90815  
 Contact person: "MARSHALL, PATSY "  
 Facility capacity: 12  
 Type of clients served: 960  
 Facility phone: 5625946904

Z128 WNW Hospital type: 01 SRHO20070131095  
 2-4 mi Num of times COO: 00 AHA Hospitals  
 11264 Owner date: Not Reported

Higher City: LONG BEACH  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Medicare/Medicaid: Not Reported  
 Facility name: GAUGER-MAHAWNAH MED CORP  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19921221  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0554010  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Not Reported  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 5199 E PACIFIC CST HWY #402  
 Phone num: 3105970367  
 Termination reason: 04  
 Term Date: 19930701  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90804  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070131095

NA  
 ENE Name: Los Alamitos Armed Forces Reserve Center  
 2-4 mi Feature: Army DOD  
 11290 URL: Not Reported  
 NA Bureau: DOD  
 State: CA  
 Is DOD?: Yes

CUSA143754  
 FED\_LAND

AC129  
 NNE EDR ID: SRDCCA200753511  
 2-4 mi Facility number: 304270910  
 11369 Facility name: LOS ALAMITOS CHILD DEVELOPMENT CENTER-LEE SITE  
 Higher Facility eval. code: 1207  
 Facility office number: 06  
 Facility county number: 30  
 Facility type code: 850  
 Facility status code: 03  
 Address: 11481 FOSTER ROAD  
 City: LOS ALAMITOS  
 State: CA  
 Zip: 90720

SRDCCA200753511  
 Daycare

# MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Alt. address: 11872 WEMBLEY ROAD  
 City: LOS ALAMITOS  
 State: CA  
 Zip: 90720  
 Facility investor: LOS ALAMITOS UNIFIED SCHOOL DISTRICT  
 Licensee type: F  
 License effective date: 20820  
 License expiration date: Not Reported  
 License issue date: 020820  
 Program type: AMBULATORY CHILDREN. AGES 3-5 YEARS OLD. MONDAY-FRIDAY.  
 06:30 AM TO 6:00 PM. PORTABLE A & B. WAIVER FOR P/S TO  
 SHARE OUTDOOR ACTIVITY SPACE WITH THE ELEMENTARY SCHOOL.  
 Original app. received date: 020531  
 Facility closed date: Not Reported  
 Mailing address: 11481 FOSTER ROAD  
 Mailing city: LOS ALAMITOS  
 Mailing state: CA  
 Mailing zip: 90720  
 Contact person: COLLEEN BATTISTONE  
 Facility capacity: 48  
 Type of clients served: 950  
 Facility phone: 5627994540

AC130  
 NNE  
 2-4 mi  
 11369  
 Higher

Ncessch: 062259000794  
 Schname05: RICHARD HENRY LEE ELEMENTARY  
 Mstreet05: 11481 FOSTER RD.  
 Mcity05: LOS ALAMITOS  
 Mstate05: CA  
 Mzip05: 90720  
 Mzip405: 3818  
 Member05: 584  
 Phone05: (562) 799-4540  
 Locale05: 3  
 Type05: 1  
 Level05: 1  
 Gslo05: KG  
 Gshi05: 05  
 Edr id: SRPU20071014276

SRPU20071014276  
 Public Schools

AD131  
 NNW  
 2-4 mi  
 11451  
 Higher

EDR ID: SRDCCA200728332  
 Facility number: 198011310  
 Facility name: MOSKOVITZ FAMILY CHILD CARE  
 Facility eval. code: 8160  
 Facility office number: 33  
 Facility county number: 19  
 Facility type code: 810  
 Facility status code: 03  
 Address: 6371 CANTEL STREET  
 City: LONG BEACH  
 State: CA  
 Zip: 90815  
 Alt. address: 6371 CANTEL STREET

SRDCCA200728332  
 Daycare

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

City: LONG BEACH  
 State: CA  
 Zip: 90815  
 Facility investor: CHRISTY LEE MOSKOVITZ  
 Licensee type: A  
 License effective date: 50321  
 License expiration date: Not Reported  
 License issue date: 050321  
 Program type: "MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY.  
 CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY  
 SCHOOL AND 1 CHILD AT LEAST AGE 6. "  
 Original app. received date: 041214  
 Facility closed date: Not Reported  
 Mailing address: 6371 CANTEL STREET  
 Mailing city: LONG BEACH  
 Mailing state: CA  
 Mailing zip: 90815  
 Contact person: "MOSKOVITZ, CHRISTY "  
 Facility capacity: 8  
 Type of clients served: 960  
 Facility phone: 5625967433

Z132  
 WNW  
 2-4 mi  
 11459  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: MEMORIAL PEDIATRICS  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19991013  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0966349  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: M1  
 street address: 5175 PACIFIC COAST HWY #102  
 Phone num: 5625979770  
 Termination reason: 00  
 Term Date: 20071012  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90804  
 Fips state: 06

SRHO20070152308  
 AHA Hospitals

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070152308

NA  
 SSE  
 2-4 mi  
 11504  
 NA

Name: Seal Beach National Wildlife Refuge  
 Feature: National Wildlife Refuge FWS  
 Feature: Open Water  
 URL: <http://refuges.fws.gov/profiles/index.cfm?id=11683>  
 Bureau: FWS  
 State: CA  
 Is DOD?: No

CUSA143863  
 FED\_LAND

Z133  
 WNW  
 2-4 mi  
 11574  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: Not Reported  
 Compliance status: B  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: 19930916  
 Medicare/Medicaid: 1  
 Facility name: ALLSTAR HEALTH CARE SERVICES, INC  
 Intermediary/Carrier: 00040  
 Medicaid number: Not Reported  
 Participation date: 19920401  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 557184  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Not Reported  
 state abbrev: CA  
 ssa state: 05  
 state region cd: L4  
 street address: 5150 E PACIFIC COAST HIGHWAY #103  
 Phone num: 3105970707  
 Termination reason: 01  
 Term Date: 19940712  
 Purpose of action: 2  
 Provider control: 04  
 Zip: 90804  
 Fips state: 06  
 Fips cnty: 037

SRHO20070109020  
 AHA Hospitals

# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: 0  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSOTHER  
 Edr id: SRHO20070109020

AB134		SRDCCA200702833
NNW	EDR ID: SRDCCA200702833	Daycare
2-4 mi	Facility number: 191602184	
11693	Facility name: GRZESIK FAMILY CHILD CARE	
Higher	Facility eval. code: 8160	
	Facility office number: 33	
	Facility county number: 19	
	Facility type code: 810	
	Facility status code: 03	
	Address: 2167 LOMINA AVENUE	
	City: LONG BEACH	
	State: CA	
	Zip: 90815	
	Alt. address: 2167 LOMINA AVENUE	
	City: LONG BEACH	
	State: CA	
	Zip: 90815	
	Facility investor: "GRZESIK, RUTH E. "	
	Licensee type: A	
	License effective date: 930111	
	License expiration date: Not Reported	
	License issue date: 880125	
	Program type: "MAXIMUM CAPACITY: 12 CHILDREN, WITH NO MORE THAN 4 INFANTS, OR CAPACITY 14 CHILDREN WHEN 2 CHILDREN ARE AT LEAST 6 YEARS OF AGE WITH A MAXIMUM OF 3 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "	
	Original app. received date: 871125	
	Facility closed date: Not Reported	
	Mailing address: 2167 LOMINA AVENUE	
	Mailing city: LONG BEACH	
	Mailing state: CA	
	Mailing zip: 90815	
	Contact person: "GRZESIK, RUTH E. "	
	Facility capacity: 14	
	Type of clients served: 960	
	Facility phone: 5625987096	

AD135		SRDCCA200753773
NNW	EDR ID: SRDCCA200753773	Daycare
2-4 mi	Facility number: 198006310	
11750	Facility name: ST. PAUL'S LUTHERAN CHURCH & PRESCHOOL	
Higher	Facility eval. code: 6170	
	Facility office number: 33	
	Facility county number: 19	
	Facility type code: 850	

# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Facility status code: 03  
 Address: 2283 PALO VERDE AVENUE  
 City: LONG BEACH  
 State: CA  
 Zip: 90815  
 Alt. address: 2283 PALO VERDE AVENUE  
 City: LONG BEACH  
 State: CA  
 Zip: 90815  
 Facility investor: ST. PAUL'S LUTHERAN CHURCH  
 Licensee type: C  
 License effective date: 1220  
 License expiration date: Not Reported  
 License issue date: 001220  
 Program type: LICENSEE SERVES CHILDREN AGE TWO UNTIL ENTRY INTO FIRST GRADE.  
 Original app. received date: 001012  
 Facility closed date: Not Reported  
 Mailing address: 2283 PALO VERDE AVENUE  
 Mailing city: LONG BEACH  
 Mailing state: CA  
 Mailing zip: 90815  
 Contact person: MARY MASON  
 Facility capacity: 69  
 Type of clients served: 950  
 Facility phone: 5625984729

AE136  
 West  
 2-4 mi  
 11762  
 Higher

EDR ID: SRDCCA200736256  
 Facility number: 198012802  
 Facility name: SHELTON FAMILY CHILD CARE  
 Facility eval. code: 8150  
 Facility office number: 33  
 Facility county number: 19  
 Facility type code: 810  
 Facility status code: 03  
 Address: 4618 E. COLORADO ST.  
 City: LONG BEACH  
 State: CA  
 Zip: 90814  
 Alt. address: 4618 E. COLORADO ST.  
 City: LONG BEACH  
 State: CA  
 Zip: 90814  
 Facility investor: DEANNA SHELTON  
 Licensee type: A  
 License effective date: 60818  
 License expiration date: Not Reported  
 License issue date: 060818  
 Program type: "MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY.  
 CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY  
 SCHOOL AND 1 CHILD AT LEAST AGE 6."  
 Original app. received date: 060803  
 Facility closed date: Not Reported  
 Mailing address: 4618 E. COLORADO ST.  
 Mailing city: LONG BEACH

SRDCCA200736256  
 Daycare

# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Mailing state: CA  
 Mailing zip: 90814  
 Contact person: "SHELTON, DEANNA"  
 Facility capacity: 8  
 Type of clients served: 960  
 Facility phone: 5624382129

AF137		SRDCCA200752869
NE	EDR ID:	SRDCCA200752869
2-4 mi	Facility number:	304370025
11825	Facility name:	LOS ALAMITOS CHILD DEVELOPMENT CTR-ROSSMOOR SITE
Higher	Facility eval. code:	1207
	Facility office number:	06
	Facility county number:	30
	Facility type code:	850
	Facility status code:	03
	Address:	3272 SHAKESPEARE DRIVE
	City:	LOS ALAMITOS
	State:	CA
	Zip:	90720
	Alt. address:	11872 WEMBLEY ROAD
	City:	LOS ALAMITOS
	State:	CA
	Zip:	90720
	Facility investor:	LOS ALAMITOS UNIFIED SCHOOL DISTRICT
	Licensee type:	F
	License effective date:	30910
	License expiration date:	Not Reported
	License issue date:	030910
	Program type:	ONE NON-AMBULATORY. AGES 3-5 YEARS OLD. MONDAY THROUGH FRIDAY. 08:00 AM TO 12:00 PM. ROOM 22. WAIVER TO SHARE ELEMENTARY SCHOOL KINDERGARTEN PLAY YARD.
	Original app. received date:	030516
	Facility closed date:	Not Reported
	Mailing address:	11872 WEMBLEY ROAD
	Mailing city:	LOS ALAMITOS
	Mailing state:	CA
	Mailing zip:	90720
	Contact person:	"CRAWFORD, SUSAN"
	Facility capacity:	26
	Type of clients served:	950
	Facility phone:	5627994520

AF138		SRPU20071014283
NE	Ncessch:	062259007307
2-4 mi	Schname05:	ROSSMOOR ELEMENTARY
11825	Mstreet05:	3272 SHAKESPEARE DR.
Higher	Mcity05:	LOS ALAMITOS
	Mstate05:	CA
	Mzip05:	90720
	Mzip405:	3842
	Member05:	586
	Phone05:	(562) 799-4520
	Locale05:	3

# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Type05: 1  
 Level05: 1  
 Gslo05: KG  
 Gshi05: 05  
 Edr id: SRPU20071014283

AA139		SRDCCA200754091
NW	EDR ID: SRDCCA200754091	Daycare
2-4 mi	Facility number: 198007146	
11884	Facility name: EDGEWATER PRESCHOOL	
Higher	Facility eval. code: 8140	
	Facility office number: 33	
	Facility county number: 19	
	Facility type code: 850	
	Facility status code: 03	
	Address: 5270 ATHERTON STREET	
	City: LONG BEACH	
	State: CA	
	Zip: 90815	
	Alt. address: 5270 ATHERTON ST	
	City: LONG BEACH	
	State: CA	
	Zip: 90815	
	Facility investor: "FOSTER SPORTS, INC. "	
	Licensee type: G	
	License effective date: 20401	
	License expiration date: Not Reported	
	License issue date: 020401	
	Program type: AMBULATORY ONLY. PROVIDER MAY CARE FOR UP TO 45 CHILDREN AGES 2 UNTIL ENTRY INTO FIRST GRADE. TODDLER COMPONENT ATTACHED ALLOWS FOR CARE OF UP TO 10 CHILDREN AGES 18 MOS. TO 30 MOS.	
	Original app. received date: 011113	
	Facility closed date: Not Reported	
	Mailing address: 19351 SHADY HARBOR CIRCLE	
	Mailing city: HUNTINGTON BEACH	
	Mailing state: CA	
	Mailing zip: 92648	
	Contact person: CRISTIANE FOSTER	
	Facility capacity: 55	
	Type of clients served: 950	
	Facility phone: 5625975913	

AG140		SRDCCA200702714
NW	EDR ID: SRDCCA200702714	Daycare
2-4 mi	Facility number: 191612959	
11905	Facility name: "WALL, DEBORAH FAMILY DAY CARE "	
Higher	Facility eval. code: 8160	
	Facility office number: 33	
	Facility county number: 19	
	Facility type code: 810	
	Facility status code: 03	
	Address: 5449 FAIRBROOK ST.	
	City: LONG BEACH	
	State: CA	

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Zip: 90815  
 Alt. address: 5449 FAIRBROOK ST.  
 City: LONG BEACH  
 State: CA  
 Zip: 90815  
 Facility investor: "WALL, DOMINIC D. & DEBORAH L. "  
 Licensee type: A  
 License effective date: 930807  
 License expiration date: Not Reported  
 License issue date: Not Reported  
 Program type: "MAXIMUM CAPACITY: 12 CHILDREN, INCLUDING LICENSEE'S CHILDREN UNDER 10 YEARS OF AGE WHO RESIDE IN THE HOME, WITH NO MORE THAN 4 INFANTS. (INFANT MEANS A CHILD UNDER 2 YEARS OLD)."  
 "

Original app. received date: 850201  
 Facility closed date: Not Reported  
 Mailing address: 5449 FAIRBROOK ST.  
 Mailing city: LONG BEACH  
 Mailing state: CA  
 Mailing zip: 90815  
 Contact person: "WALL, DEBORAH L. "  
 Facility capacity: 12  
 Type of clients served: 960  
 Facility phone: 5624945236

AH141  
 NNW  
 2-4 mi  
 11938  
 Higher

EDR ID: SRDCCA200740876  
 Facility number: 198013120  
 Facility name: MARSHALL FAMILY CHILD CARE  
 Facility eval. code: 9130  
 Facility office number: 33  
 Facility county number: 19  
 Facility type code: 810  
 Facility status code: 03  
 Address: 2276 GONDAR AVE.  
 City: LONG BEACH  
 State: CA  
 Zip: 90815  
 Alt. address: 2276 GONDAR AVE.  
 City: LONG BEACH  
 State: CA  
 Zip: 90815  
 Facility investor: AMY MARSHALL  
 Licensee type: A  
 License effective date: 61219  
 License expiration date: Not Reported  
 License issue date: 061219  
 Program type: "MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY. CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6."  
 "

Original app. received date: 061130  
 Facility closed date: Not Reported  
 Mailing address: 2276 GONDAR AVE.  
 Mailing city: LONG BEACH  
 Mailing state: CA

SRDCCA200740876  
 Daycare

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Mailing zip: 90815  
 Contact person: "MARSHALL, AMY"  
 Facility capacity: 14  
 Type of clients served: 960  
 Facility phone: 5624936176

AI142 SRDCCA200753008  
 WNW EDR ID: SRDCCA200753008  
 2-4 mi Facility number: 198009513  
 11988 Facility name: APPLE TREE THERAPEUTIC INCLUSIVE PRESCHOOL  
 Higher Facility eval. code: 6170

Facility office number: 33  
 Facility county number: 19  
 Facility type code: 850  
 Facility status code: 03  
 Address: 1429 CLARK AVE.  
 City: LONG BEACH  
 State: CA  
 Zip: 90815  
 Alt. address: 1429 CLARK AVENUE  
 City: LONG BEACH  
 State: CA  
 Zip: 90815  
 Facility investor: "APPLE TREE EARLY INTERVENTION CENTER, INC."  
 Licensee type: C  
 License effective date: 31007  
 License expiration date: Not Reported  
 License issue date: 031007  
 Program type: LICENSEE SERVES 45 CHILDREN AGES 2 YEARS UNTIL ENTRY INTO FIRST GRADE.  
 Original app. received date: 030806  
 Facility closed date: Not Reported  
 Mailing address: 1429 CLARK AVE.  
 Mailing city: LONG BEACH  
 Mailing state: CA  
 Mailing zip: 90815  
 Contact person: "SHANAHAN, KATHLEEN"  
 Facility capacity: 45  
 Type of clients served: 950  
 Facility phone: 5625971351

AI143 SRHO20070004124  
 WNW Hospital type: 02  
 2-4 mi Num of times COO: 02  
 12060 Owner date: 19850403  
 Higher City: LONG BEACH

Has plan of corr: 1  
 Compliance status: A  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: 19860314  
 Medicare/Medicaid: 1  
 Facility name: BEL VISTA CONVALESCENT HOSPITAL

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19740601  
 Prior COO date: 19831216  
 Prior carrier: Not Reported  
 Provider ID: 05A019  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Not Reported  
 state abbrev: CA  
 ssa state: 05  
 state region cd: L4  
 street address: 5001 E ANAHEIM ST  
 Phone num: 2134945001  
 Termination reason: 04  
 Term Date: 19860331  
 Purpose of action: 2  
 Provider control: 03  
 Zip: 90804  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0046  
 Num cert beds: 0046  
 Source: US\_HOSPITAL\_POSOTHER  
 Edr id: SRHO20070004124

A1144  
 WNW  
 2-4 mi  
 12060  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: BEL VISTA CONVALESCENT HOSPITAL  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19930211  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0674869  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05

SRHO20070138079  
 AHA Hospitals

# MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

state region cd: M1  
street address: 5001 EAST ANAHEIM STREET  
Phone num: 5624945001  
Termination reason: 00  
Term Date: 20080831  
Purpose of action: Not Reported  
Provider control: 04  
Zip: 90804  
Fips state: 06  
Fips cnty: 037  
SSA MSA: 328  
SSA MSA size code: A  
Date accredited: Not Reported  
Accred expire date: Not Reported  
Accred Org: Not Reported  
Num beds: 0000  
Num cert beds: 0000  
Source: US\_HOSPITAL\_POSCLIA  
Edr id: SRHO20070138079

AI145  
WNW  
2-4 mi  
12060  
Higher

Hospital type: 03  
Num of times COO: 00  
Owner date: Not Reported  
City: EAST LONG BEACH  
Has plan of corr: 1  
Compliance status: A  
SSA county code: 200  
Cross ref number: Not Reported  
FMS survey date: Not Reported  
Current survey date: 20051017  
Medicare/Medicaid: 1  
Facility name: BEL VISTA CONVALESCENT HOSPITAL  
Intermediary/Carrier: 00454  
Medicaid number: Not Reported  
Participation date: 20040421  
Prior COO date: Not Reported  
Prior carrier: Not Reported  
Provider ID: 555805  
Record Status: A  
Region code: 09  
Is Partial Record: Not Reported  
state abbrev: CA  
ssa state: 05  
state region cd: L4  
street address: 5001 EAST ANAHEIM STREET  
Phone num: 5624945001  
Termination reason: 00  
Term Date: Not Reported  
Purpose of action: 2  
Provider control: 03  
Zip: 90804  
Fips state: 06  
Fips cnty: 037  
SSA MSA: 328

SRHO20070107495  
AHA Hospitals

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0036  
 Num cert beds: 0036  
 Source: US\_HOSPITAL\_POSOTHER  
 Edr id: SRHO20070107495

AI146  
 WNW  
 2-4 mi  
 12060  
 Higher

Provnum: 555805  
 Nursinghomename: BEL VISTA CONVALESCENT HOSPITAL  
 Street: 5001 EAST ANAHEIM STREET  
 City: EAST LONG BEACH  
 State: CA  
 Zipcode: 90804  
 Phonenum: 5624945001  
 Dateoflastinspection: 20051017  
 Certifiednumberofbeds: 36  
 Totalnumberofresidents: 34  
 Percofoccupiedbeds: 94  
 Categorydescription: Participating in Medicare and Medicaid  
 Typeofownership: For profit - Corporation  
 Locatedwithinhospital: NO  
 Multinursinghomeownership: NO  
 Residentandfamilycouncils: RESIDENT  
 Edr id: SRNH20060915193

SRNH20060915193  
 Nursing Homes

AE147  
 West  
 2-4 mi  
 12127  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: JAMES C REITZ MED INC  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19940914  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0891752  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 4530 E 4TH ST APT 1E

SRHO20070144888  
 AHA Hospitals

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Phone num: 3105971325  
 Termination reason: 17  
 Term Date: 19960913  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90814  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070144888

AG148  
 NW  
 2-4 mi  
 12147  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: ARTHRITIS ASSOC OF LONG BEACH MED GRP  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19950616  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0708548  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 5512 BRITTON DR 200  
 Phone num: 5625964266  
 Termination reason: 01  
 Term Date: 20000327  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90815  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported

SRHO20070140827  
 AHA Hospitals

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070140827

NA SSE 2-4 mi 12184 NA	Name: Feature: URL: Bureau: State: Is DOD?:	Seal Beach National Wildlife Refuge National Wildlife Refuge FWS <a href="http://refuges.fws.gov/profiles/index.cfm?id=11683">http://refuges.fws.gov/profiles/index.cfm?id=11683</a> FWS CA No	CUSA143866 FED_LAND
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AE149 West 2-4 mi 12424 Higher	EDR ID: Facility number: Facility name: Facility eval. code: Facility office number: Facility county number: Facility type code: Facility status code: Address: City: State: Zip: Alt. address: City: State: Zip: Facility investor: Licensee type: License effective date: License expiration date: License issue date: Program type:  Original app. received date: Facility closed date: Mailing address: Mailing city: Mailing state: Mailing zip: Contact person: Facility capacity: Type of clients served: Facility phone:	SRDCCA200725290 Daycare  198010215 CLARIN FAMILY CHILD CARE 8160 33 19 810 03 4430 E. 4TH STREET LONG BEACH CA 90814 4430 E. 4TH STREET LONG BEACH CA 90814 "CLARIN, LITA" A 40406 Not Reported 040406 "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "  040210 Not Reported 4430 E. 4TH STREET LONG BEACH CA 90814 "CLARIN, LITA" 8 960 5626211978	SRDCCA200725290 Daycare
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## MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site	EDR ID Database
AG150 NW 2-4 mi 12504 Higher	Hospital type: 01 Num of times COO: 00 Owner date: Not Reported City: LONG BEACH Has plan of corr: Not Reported Compliance status: Not Reported SSA county code: 200 Cross ref number: Not Reported FMS survey date: Not Reported Current survey date: Not Reported Medicare/Medicaid: Not Reported Facility name: SAV ON DRUGS #9412 Intermediary/Carrier: Not Reported Medicaid number: Not Reported Participation date: 20050329 Prior COO date: Not Reported Prior carrier: Not Reported Provider ID: 05D1038860 Record Status: A Region code: 09 Is Partial Record: Y state abbrev: CA ssa state: 05 state region cd: M1 street address: 2130 BELLFLOWER BLVD Phone num: 5625983301 Termination reason: 00 Term Date: 20070328 Purpose of action: Not Reported Provider control: 04 Zip: 90815 Fips state: 06 Fips cnty: 037 SSA MSA: 328 SSA MSA size code: A Date accredited: Not Reported Accred expire date: Not Reported Accred Org: Not Reported Num beds: 0000 Num cert beds: 0000 Source: US_HOSPITAL_POSCLIA Edr id: SRHO20070159893	SRHO20070159893 AHA Hospitals
AH151 NNW 2-4 mi 12533 Higher	EDR ID: SRDCCA200708391 Facility number: 198002164 Facility name: "DOUGLASS, MARIA & JOHN FAMILY DAY CARE" Facility eval. code: 8140 Facility office number: 33 Facility county number: 19 Facility type code: 810 Facility status code: 03 Address: 6040 E. LOS ARCOS ST. City: LONG BEACH	SRDCCA200708391 Daycare

# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

State: CA  
 Zip: 90815  
 Alt. address: 6040 E. LOS ARCOS ST.  
 City: LONG BEACH  
 State: CA  
 Zip: 90815  
 Facility investor: "DOUGLASS, MARIA & JOHN"  
 Licensee type: A  
 License effective date: 960612  
 License expiration date: Not Reported  
 License issue date: 960612  
 Program type: "MAXIMUM CAPACITY: 12 CHILDREN, INCLUDING LICENSEE'S CHILDREN UNDER 10 YEARS OF AGE WHO RESIDE IN THE HOME, WITH NO MORE THAN 4 INFANTS. (INFANT MEANS A CHILD UNDER 2 YEARS OLD)."

Original app. received date: 960523  
 Facility closed date: Not Reported  
 Mailing address: 6040 E. LOS ARCOS ST.  
 Mailing city: LONG BEACH  
 Mailing state: CA  
 Mailing zip: 90815  
 Contact person: "DOUGLASS, MARIA & JOHN"  
 Facility capacity: 12  
 Type of clients served: 960  
 Facility phone: 5625962456

152  
 NNE  
 2-4 mi  
 12545  
 Higher

EDR ID: SRDCCA200704200  
 Facility number: 300615689  
 Facility name: "UNDERWOOD, EMILY A."  
 Facility eval. code: 3404  
 Facility office number: 06  
 Facility county number: 30  
 Facility type code: 810  
 Facility status code: 03  
 Address: 11292 MARTHA ANN DR.  
 City: LOS ALAMITOS  
 State: CA  
 Zip: 90720  
 Alt. address: 11292 MARTHA ANN DR.  
 City: LOS ALAMITOS  
 State: CA  
 Zip: 90720  
 Facility investor: "UNDERWOOD, EMILY A."  
 Licensee type: A  
 License effective date: 930902  
 License expiration date: Not Reported  
 License issue date: 930902  
 Program type: "MAXIMUM CAPACITY: 6 CHILDREN, INCLUDING LICENSEE'S CHILDREN UNDER 10 YEARS OF AGE WHO RESIDE IN THE HOME, WITH NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY (INFANT MEANS A CHILD UNDER 2 YEARS OLD)."  
 Original app. received date: 930505  
 Facility closed date: Not Reported  
 Mailing address: 11292 MARTHA ANN DR.  
 Mailing city: LOS ALAMITOS

SRDCCA200704200  
 Daycare

# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Mailing state: CA  
 Mailing zip: 90720  
 Contact person: "UNDERWOOD, EMILY A. "  
 Facility capacity: 6  
 Type of clients served: 960  
 Facility phone: 5624306537

AE153 West EDR ID: SRDCCA200721320 SRDCCA200721320  
 2-4 mi Facility number: 198009287 Daycare  
 12571 Facility name: PEREZ FAMILY CHILD CARE  
 Higher Facility eval. code: 8160

Facility office number: 33  
 Facility county number: 19  
 Facility type code: 810  
 Facility status code: 03  
 Address: 328 XIMENO AVENUE  
 City: LONG BEACH  
 State: CA  
 Zip: 90814  
 Alt. address: 328 XIMENO AVENUE  
 City: LONG BEACH  
 State: CA  
 Zip: 90814  
 Facility investor: "PEREZ, MELODYE "  
 Licensee type: A  
 License effective date: 30630  
 License expiration date: Not Reported  
 License issue date: 030630  
 Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4  
 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE  
 WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED  
 "  
 Original app. received date: 030602  
 Facility closed date: Not Reported  
 Mailing address: 328 XIMENO AVENUE  
 Mailing city: LONG BEACH  
 Mailing state: CA  
 Mailing zip: 90814  
 Contact person: "PEREZ, MELODYE "  
 Facility capacity: 8  
 Type of clients served: 960  
 Facility phone: 5624387213

AI154 WNW EDR ID: SRDCCA200701392 SRDCCA200701392  
 2-4 mi Facility number: 197804638 Daycare  
 12769 Facility name: DIMONDALE ADOLESCENT CARE FACILITY #4  
 Higher Facility eval. code: 6003

Facility office number: 32  
 Facility county number: 19  
 Facility type code: 730  
 Facility status code: 03  
 Address: 1461 NORTH ANAHEIM PL.

# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

City: LONG BEACH  
 State: CA  
 Zip: 90804  
 Alt. address: P.O. BOX 4446  
 City: PALOS VERDES  
 State: CA  
 Zip: 90274  
 Facility investor: FLEMING & BARNES INC.  
 Licensee type: C  
 License effective date: 50302  
 License expiration date: Not Reported  
 License issue date: 050302  
 Program type: "LICENSED TO SERVE CHILDREN, AGES 12 - 17 YEARS OLD, AMBULATORY ONLY."  
 " "  
 Original app. received date: 040915  
 Facility closed date: Not Reported  
 Mailing address: P.O. BOX 4446  
 Mailing city: PALOS VERDES  
 Mailing state: CA  
 Mailing zip: 90274  
 Contact person: AUGUSTINE PANCHOO  
 Facility capacity: 6  
 Type of clients served: 950  
 Facility phone: 5624947534

AJ155  
 North  
 2-4 mi  
 12786  
 Higher

EDR ID: SRDCCA200746726  
 Facility number: 191600539  
 Facility name: PALO VERDE CHRISTIAN CHURCH NURSERY SCHOOL  
 Facility eval. code: 6170  
 Facility office number: 33  
 Facility county number: 19  
 Facility type code: 850  
 Facility status code: 03  
 Address: 2501 PALO VERDE AVE  
 City: LONG BEACH  
 State: CA  
 Zip: 90815  
 Alt. address: 2501 PALO VERDE AVE.  
 City: LONG BEACH  
 State: CA  
 Zip: 90815  
 Facility investor: PALO VERDE AVENUE CHRISTIAN CHURCH  
 Licensee type: C  
 License effective date: 930913  
 License expiration date: Not Reported  
 License issue date: Not Reported  
 Program type: "PRESCHOOL 2 YEARS TO 5 YEARS OLD. HOURS - 9 AM - 11:30 AM AND 1 PM - 4 PM, MONDAY-FRIDAY."  
 " "  
 Original app. received date: Not Reported  
 Facility closed date: Not Reported  
 Mailing address: 2509 PALO VERDE AVE  
 Mailing city: L B  
 Mailing state: CA

SRDCCA200746726  
 Daycare

# MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Mailing zip: 90815  
 Contact person: "FORGY, LAURIE"  
 Facility capacity: 54  
 Type of clients served: 950  
 Facility phone: 5625985215

AI156  
 WNW  
 2-4 mi  
 12800  
 Higher

Unitid: 110176  
 Instnm: BROOKS COLLEGE  
 Addr: 4825 E PACIFIC CST HWY  
 City: LONG BEACH  
 Stabbr: CA  
 Zip: 90804  
 Zip4: Not Reported  
 Unk: Not Reported  
 Fips: 090804  
 Oberge: 8  
 Chfnm: AI Nederhood  
 Chftitle: PRESIDENT  
 Gentele: 5.63E+13  
 Fintele: 5.63E+13  
 Admtele: 5.63E+13  
 Ein: -1  
 Duns: 152758421  
 Opeid: 2065500  
 Opeflag: 1  
 Webaddr: www.brookscollege.edu  
 Sector: 6  
 Ilevel: 2  
 Control: 3  
 Hloffr: 3  
 Ugoffer: 1  
 Groffer: 2  
 Fpoffer: 2  
 Hdegoffer: 40  
 Deggrant: 1  
 Hbcu: 2  
 Hospital: 2  
 Medical: 2  
 Tribal: 2  
 Carnegie: 40  
 Locale: 1  
 Openpubl: 1  
 Act: A  
 Newid: -2  
 Deathyr: -2  
 Closedat: -2  
 Cyactive: 1  
 Postsec: 1  
 Pseflag: 1  
 Pset4flg: 1  
 Rptmth: 1  
 Fte: 1072  
 Enrtot: 1361  
 Edr id: SRCL20051000310

SRCL20051000310  
 Colleges

## MAP FINDINGS

Map ID	Direction	Distance	Distance (ft.)	Elevation	Site	EDR ID	Database
AH157	NNW	2-4 mi	12864	Higher	Ncessch: 062250002752 Schname05: PRISK ELEMENTARY Mstreet05: 2375 FANWOOD AVE. Mcity05: LONG BEACH Mstate05: CA Mzip05: 90815 Mzip405: 2114 Member05: 592 Phone05: (562) 598-9601 Locale05: 1 Type05: 1 Level05: 1 Gslo05: KG Gshi05: 05 Edr id: SRPU20071014042	SRPU20071014042	Public Schools
158	NNW	2-4 mi	12901	Higher	Ncessch: 062250002758 Schname05: STANFORD MIDDLE Mstreet05: 5871 EAST LOS ARCOS ST. Mcity05: LONG BEACH Mstate05: CA Mzip05: 90815 Mzip405: 2120 Member05: 1411 Phone05: (562) 594-9793 Locale05: 1 Type05: 1 Level05: 2 Gslo05: 06 Gshi05: 08 Edr id: SRPU20071014048	SRPU20071014048	Public Schools
159	NW	2-4 mi	12948	Higher	EDR ID: SRDCCA200706546 Facility number: 198000173 Facility name: EVANS FAMILY DAY CARE Facility eval. code: 8160 Facility office number: 33 Facility county number: 19 Facility type code: 810 Facility status code: 03 Address: 5223 E. CALDERWOOD ST. City: LONG BEACH State: CA Zip: 90815 Alt. address: 5223 E. CALDERWOOD ST. City: LONG BEACH State: CA Zip: 90815 Facility investor: "EVANS, SHERI" Licensee type: A License effective date: 940414	SRDCCA200706546	Daycare

# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

License expiration date: Not Reported  
 License issue date: 940414  
 Program type: Not Reported  
 Original app. received date: 940323  
 Facility closed date: Not Reported  
 Mailing address: 5223 E. CALDERWOOD ST.  
 Mailing city: LONG BEACH  
 Mailing state: CA  
 Mailing zip: 90815  
 Contact person: "EVANS, SHERI"  
 Facility capacity: 8  
 Type of clients served: 960  
 Facility phone: 5624981770

AK160  
 WNW  
 2-4 mi  
 13207  
 Higher

EDR ID: SRDCCA200734969  
 Facility number: 198012578  
 Facility name: MEDINA FAMILY CHILD CARE  
 Facility eval. code: 8160  
 Facility office number: 33  
 Facility county number: 19  
 Facility type code: 810  
 Facility status code: 03  
 Address: 709 BENNETT AVENUE  
 City: LONG BEACH  
 State: CA  
 Zip: 90804  
 Alt. address: 709 BENNETT AVENUE  
 City: LONG BEACH  
 State: CA  
 Zip: 90804  
 Facility investor: "MEDINA, SONIA"  
 Licensee type: A  
 License effective date: 60523  
 License expiration date: Not Reported  
 License issue date: 060523  
 Program type: "MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY.  
 CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY  
 SCHOOL AND 1 CHILD AT LEAST AGE 6."  
 Original app. received date: 060509  
 Facility closed date: Not Reported  
 Mailing address: 709 BENNETT AVENUE  
 Mailing city: LONG BEACH  
 Mailing state: CA  
 Mailing zip: 90804  
 Contact person: "MEDINA, SONIA"  
 Facility capacity: 8  
 Type of clients served: 960  
 Facility phone: 5629300983

SRDCCA200734969  
 Daycare

AL161  
 WNW  
 2-4 mi  
 13210  
 Higher

Ncessch: 062250002769  
 Schname05: WILSON HIGH  
 Mstreet05: 4400 EAST TENTH ST.

SRPU20071014058  
 Public Schools

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Mcity05: LONG BEACH  
 Mstate05: CA  
 Mzip05: 90804  
 Mzip405: 4310  
 Member05: 4630  
 Phone05: (562) 433-0481  
 Locale05: 1  
 Type05: 1  
 Level05: 3  
 Gslo05: 09  
 Gshi05: 12  
 Edr id: SRPU20071014058

AJ162  
 North  
 2-4 mi  
 13212  
 Higher

Ncessch: 062250002712  
 Schname05: EMERSON PARKSIDE ACADEMY CHARTER  
 Mstreet05: 2625 JOSIE AVE.  
 Mcity05: LONG BEACH  
 Mstate05: CA  
 Mzip05: 90815  
 Mzip405: 1511  
 Member05: 624  
 Phone05: (562) 420-2631  
 Locale05: 1  
 Type05: 1  
 Level05: 1  
 Gslo05: KG  
 Gshi05: 05  
 Edr id: SRPU20071014003

SRPU20071014003  
 Public Schools

AJ163  
 NNW  
 2-4 mi  
 13267  
 Higher

Pss school id: 00070806  
 Pss inst: ST JOSEPH ELEMENTARY SCHOOL  
 Lograde: K  
 Higrade: 8  
 Pss address: 6200 E WILLOW STREET  
 Pss city: LONG BEACH  
 Pss county no: 037  
 Pss county fips: 06037  
 Pss stabb: CA  
 Pss fips: 06  
 Pss zip5: 90815  
 Pss phone: 5625966115  
 Pss sch days: 184  
 Pss stu day hrs: 7  
 Pss library: Yes  
 Pss enroll ug: Not Reported  
 Pss enroll pk: Not Reported  
 Pss enroll k: 33  
 Pss enroll 1: 38  
 Pss enroll 2: 36  
 Pss enroll 3: 35  
 Pss enroll 4: 34  
 Pss enroll 5: 31

SRPR20051021847  
 Private Schools

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Pss enroll 6:	35
Pss enroll 7:	26
Pss enroll 8:	33
Pss enroll 9:	Not Reported
Pss enroll 10:	Not Reported
Pss enroll 11:	Not Reported
Pss enroll 12:	Not Reported
Pss enroll t:	301
Pss enroll tk12:	301
Pss race ai:	0
Pss race as:	3
Pss race h:	47
Pss race b:	5
Pss race w:	246
Pss fte teach:	13.9
Pss locale:	1
Pss coed:	1
Pss type:	1
Pss level:	1
Pss relig:	1
Pss comm type:	1
Pss indian pct:	0
Pss asian pct:	1
Pss hisp pct:	15.61
Pss black pct:	1.66
Pss white pct:	81.73
Pss stdtch rt:	21.65
Pss orient:	1
Pss county name:	LOS ANGELES
Pss assoc 1:	National Catholic Educational Association (NCEA)
Pss assoc 2:	Other special emphasis association(s)
Pss assoc 3:	Not Reported
Pss assoc 4:	Not Reported
Pss assoc 5:	Not Reported
Pss assoc 6:	Not Reported
Pss assoc 7:	Not Reported
Source:	NCESDATA_E72D09B4
Edr id:	SRPR20051021847

164  
 WNW  
 2-4 mi  
 13309  
 Higher

EDR ID:	SRDCCA200707594
Facility number:	198003213
Facility name:	CARDENAS FAMILY CHILD CARE
Facility eval. code:	8160
Facility office number:	33
Facility county number:	19
Facility type code:	810
Facility status code:	03
Address:	1327 LEE AVE
City:	LONG BEACH
State:	CA
Zip:	90804
Alt. address:	1327 LEE AVE
City:	LONG BEACH
State:	CA

SRDCCA200707594  
 Daycare

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Zip: 90804  
 Facility investor: CARDENAS ANGELES AND MIGUEL  
 Licensee type: A  
 License effective date: 970807  
 License expiration date: Not Reported  
 License issue date: 970807  
 Program type: "MAXIMUM CAPACITY: 12 CHILDREN, WITH NO MORE THAN 4 INFANTS, OR  
 CAPACITY 14 CHILDREN WHEN 2 CHILDREN ARE AT LEAST 6 YEARS OF AGE WITH A  
 MAXIMUM OF 3 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "  
 Original app. received date: 970616  
 Facility closed date: Not Reported  
 Mailing address: 1327 LEE AVE  
 Mailing city: LONG BEACH  
 Mailing state: CA  
 Mailing zip: 90804  
 Contact person: CARDENAS ANGELES & MIGUEL  
 Facility capacity: 14  
 Type of clients served: 960  
 Facility phone: 5624982124

AK165  
 WNW  
 2-4 mi  
 13379  
 Higher

EDR ID: SRDCCA200724796  
 Facility number: 198010273  
 Facility name: SANCHEZ FAMILY CHILD CARE  
 Facility eval. code: 8140  
 Facility office number: 33  
 Facility county number: 19  
 Facility type code: 810  
 Facility status code: 03  
 Address: 837 BENNETT AVENUE  
 City: LONG BEACH  
 State: CA  
 Zip: 90804  
 Alt. address: 837 BENNETT AVENUE  
 City: LONG BEACH  
 State: CA  
 Zip: 90804  
 Facility investor: "SANCHEZ, EDELMIRA "  
 Licensee type: A  
 License effective date: 40429  
 License expiration date: Not Reported  
 License issue date: 040429  
 Program type: MAX. CAP (WHEN THERE IS AN ASSISTANT PRESENT): 12 - NO MORE THAN 4  
 INFANTS. CAP 14 - NO MORE THAN 3 INFANTS. 1 CHILD IN  
 KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6.  
 Original app. received date: 040218  
 Facility closed date: Not Reported  
 Mailing address: 837 BENNETT AVENUE  
 Mailing city: LONG BEACH  
 Mailing state: CA  
 Mailing zip: 90804  
 Contact person: "SANCHEZ, EDELMIRA "  
 Facility capacity: 14  
 Type of clients served: 960  
 Facility phone: 5629871451

SRDCCA200724796  
 Daycare

# MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site	EDR ID Database
AL166 WNW 2-4 mi 13569 Higher	EDR ID: SRDCCA200714503 Facility number: 192007056 Facility name: KING FAMILY CHILD CARE Facility eval. code: 8160 Facility office number: 33 Facility county number: 19 Facility type code: 810 Facility status code: 03 Address: 1215 XIMENO APT 1 City: LONG BEACH State: CA Zip: 90804 Alt. address: 1215 XIMENO APT 1 City: LONG BEACH State: CA Zip: 90804 Facility investor: "KING, SHERRY JOANN" Licensee type: A License effective date: 10502 License expiration date: Not Reported License issue date: 010502 Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED" Original app. received date: 010321 Facility closed date: Not Reported Mailing address: 1215 XIMENO APT 1 Mailing city: LONG BEACH Mailing state: CA Mailing zip: 90804 Contact person: KING SHERRY JOANN Facility capacity: 8 Type of clients served: 960 Facility phone: 5624338631	SRDCCA200714503 Daycare
AM167 NE 2-4 mi 13644 Higher	Pss school id: 00075393 Pss inst: ST HEDWIG ELEMENTARY SCHOOL Lograde: K Higrade: 8 Pss address: 3591 ORANGEWOOD AVENUE Pss city: LOS ALAMITOS Pss county no: 059 Pss county fips: 06059 Pss stabb: CA Pss fips: 06 Pss zip5: 90720 Pss phone: 5622969060 Pss sch days: Not Reported Pss stu day hrs: 6.88 Pss library: Yes Pss enroll ug: Not Reported Pss enroll pk: Not Reported	SRPR20051023127 Private Schools

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Pss enroll k:	48
Pss enroll 1:	59
Pss enroll 2:	48
Pss enroll 3:	52
Pss enroll 4:	64
Pss enroll 5:	63
Pss enroll 6:	69
Pss enroll 7:	49
Pss enroll 8:	62
Pss enroll 9:	Not Reported
Pss enroll 10:	Not Reported
Pss enroll 11:	Not Reported
Pss enroll 12:	Not Reported
Pss enroll t:	514
Pss enroll tk12:	514
Pss race ai:	0
Pss race as:	54
Pss race h:	69
Pss race b:	2
Pss race w:	389
Pss fte teach:	24.6
Pss locale:	3
Pss coed:	1
Pss type:	1
Pss level:	1
Pss relig:	1
Pss comm type:	2
Pss indian pct:	0
Pss asian pct:	10.51
Pss hisp pct:	13.42
Pss black pct:	0.39
Pss white pct:	75.68
Pss stdtch rt:	20.89
Pss orient:	1
Pss county name:	ORANGE
Pss assoc 1:	National Catholic Educational Association (NCEA)
Pss assoc 2:	Not Reported
Pss assoc 3:	Not Reported
Pss assoc 4:	Not Reported
Pss assoc 5:	Not Reported
Pss assoc 6:	Not Reported
Pss assoc 7:	Not Reported
Source:	NCESDATA_E72D09B4
Edr id:	SRPR20051023127

AN168  
 NNW  
 2-4 mi  
 13741  
 Higher

EDR ID: SRDCCA200747570  
 Facility number: 191602056  
 Facility name: LOS ALTOS UNITED METHODIST PRESCHOOL  
 Facility eval. code: 6170  
 Facility office number: 33  
 Facility county number: 19  
 Facility type code: 850  
 Facility status code: 03  
 Address: 5950 E WILLOW ST

SRDCCA200747570  
 Daycare

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

City: LONG BEACH  
 State: CA  
 Zip: 90815  
 Alt. address: 5950 E WILLOW ST  
 City: LONG BEACH  
 State: CA  
 Zip: 90815  
 Facility investor: LOS ALTOS UNITED METHODIST PRESCHOOL  
 Licensee type: C  
 License effective date: 930916  
 License expiration date: Not Reported  
 License issue date: Not Reported  
 Program type: "AMBULATORY, LICENSEE PREFERS TO SERVE AGES 2 THRU 6 YEARS  
 "  
 Original app. received date: 770822  
 Facility closed date: Not Reported  
 Mailing address: 5950 E. WILLOW ST.  
 Mailing city: LONG BEACH  
 Mailing state: CA  
 Mailing zip: 90815  
 Contact person: SUSAN STEELE  
 Facility capacity: 50  
 Type of clients served: 950  
 Facility phone: 5625983713

AO169 West 2-4 mi 13938 Higher	Ncessch: Schname05: Mstreet05: Mcity05: Mstate05: Mzip05: Mzip405: Member05: Phone05: Locale05: Type05: Level05: Gslo05: Gshi05: Edr id:	062250002714 FREMONT ELEMENTARY 4000 EAST FOURTH ST. LONG BEACH CA 90814 2818 398 (562) 439-6873 1 1 1 KG 05 SRPU20071014005	SRPU20071014005 Public Schools
--------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------

AM170 NE 2-4 mi 13961 Higher	EDR ID: Facility number: Facility name: Facility eval. code: Facility office number: Facility county number: Facility type code: Facility status code: Address: City: State:	SRDCCA200704883 300612338 "GOLDSMITH, DARLENE DIANE 3404 06 30 810 03 11401 HARRISBURG RD. LOS ALAMITOS CA	SRDCCA200704883 Daycare
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## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Zip: 90720  
 Alt. address: 11401 HARRISBURG RD.  
 City: LOS ALAMITOS  
 State: CA  
 Zip: 90720  
 Facility investor: "GOLDSMITH, DARLENE DIANE"  
 Licensee type: A  
 License effective date: 941119  
 License expiration date: Not Reported  
 License issue date: 911119  
 Program type: "LICENSE INACTIVE AS OF MARCH 1, 2007"  
 Original app. received date: 910801  
 Facility closed date: Not Reported  
 Mailing address: 11401 HARRISBURG RD.  
 Mailing city: LOS ALAMITOS  
 Mailing state: CA  
 Mailing zip: 90720  
 Contact person: "GOLDSMITH, DARLENE DIANE"  
 Facility capacity: 12  
 Type of clients served: 960  
 Facility phone: 5624303175

AP171		SRPU20071013796
NW	Ncessch: 062250002700	Public Schools
2-4 mi	Schname05: BIXBY ELEMENTARY	
13968	Mstreet05: 5251 EAST STEARNS ST.	
Higher	Mcity05: LONG BEACH	
	Mstate05: CA	
	Mzip05: 90815	
	Mzip405: 2902	
	Member05: 464	
	Phone05: (562) 498-3794	
	Locale05: 1	
	Type05: 1	
	Level05: 1	
	Gslo05: KG	
	Gshi05: 05	
	Edr id: SRPU20071013796	

AO172		SRDCCA200747438
West	EDR ID: SRDCCA200747438	Daycare
2-4 mi	Facility number: 191601010	
14112	Facility name: BELMONT HEIGHTS UNITED METHODIST CHURCH NURSERY S	
Higher	Facility eval. code: 8160	
	Facility office number: 33	
	Facility county number: 19	
	Facility type code: 850	
	Facility status code: 03	
	Address: 317 TERMINO AVE	
	City: LONG BEACH	
	State: CA	
	Zip: 90814	
	Alt. address: 317 TERMINO AVE	

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

City: LONG BEACH  
 State: CA  
 Zip: 90814  
 Facility investor: BELMONT HEIGHTS UNITED METHODIST CHURCH  
 Licensee type: C  
 License effective date: 930401  
 License expiration date: Not Reported  
 License issue date: Not Reported  
 Program type: LICENSEE PREFERS TO SERVE CHILDREN AGE 2 THRU 6 YEARS.  
 Original app. received date: 780613  
 Facility closed date: Not Reported  
 Mailing address: 317 TERMINO AVE  
 Mailing city: LONG BEACH  
 Mailing state: CA  
 Mailing zip: 90814  
 Contact person: "SORIANO, CHRISTY"  
 Facility capacity: 48  
 Type of clients served: 950  
 Facility phone: 5624381466

AQ173  
 WNW  
 2-4 mi  
 14163  
 Higher

Hospital type: 01  
 Num of times COO: 06  
 Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: 1  
 Compliance status: A  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: 19950707  
 Medicare/Medicaid: 1  
 Facility name: CLINISHARE HOME HEALTH AGENCY  
 Intermediary/Carrier: 00040  
 Medicaid number: Not Reported  
 Participation date: 19761213  
 Prior COO date: 19850701  
 Prior carrier: Not Reported  
 Provider ID: 057188  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Not Reported  
 state abbrev: CA  
 ssa state: 05  
 state region cd: L4  
 street address: 4510 E PACIFIC COAST HWY SUITE 540  
 Phone num: 3104946595  
 Termination reason: 01  
 Term Date: 19980429  
 Purpose of action: 2  
 Provider control: 04  
 Zip: 90804  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328

SRHO20070011279  
 AHA Hospitals

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: 0  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSOTHER  
 Edr id: SRHO20070011279

AN174  
 NNW EDR ID: SRDCCA200706407 SRDCCA200706407  
 2-4 mi Facility number: 198000054 Daycare  
 14188 Facility name: NORRIS FAMILY DAY CARE  
 Higher Facility eval. code: 8160

Facility office number: 33  
 Facility county number: 19  
 Facility type code: 810  
 Facility status code: 03  
 Address: 5841 E. WALTON ST.  
 City: LONG BEACH  
 State: CA  
 Zip: 90815  
 Alt. address: 5841 E. WALTON ST.  
 City: LONG BEACH  
 State: CA  
 Zip: 90815  
 Facility investor: "NORRIS, DEANNA & BROCK"  
 Licensee type: A  
 License effective date: 940426  
 License expiration date: Not Reported  
 License issue date: 940426  
 Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4  
 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE  
 WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED  
 "

Original app. received date: 940214  
 Facility closed date: Not Reported  
 Mailing address: 5841 E. WALTON ST.  
 Mailing city: LONG BEACH  
 Mailing state: CA  
 Mailing zip: 90815  
 Contact person: "NORRIS, DEANNA"  
 Facility capacity: 8  
 Type of clients served: 960  
 Facility phone: 5624255612

AR175  
 NW EDR ID: SRDCCA200708231 SRDCCA200708231  
 2-4 mi Facility number: 198002126 Daycare  
 14250 Facility name: "HEWITT, ROSA FAMILY DAY CARE"  
 Higher Facility eval. code: 8160

Facility office number: 33  
 Facility county number: 19  
 Facility type code: 810

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Facility status code: 03  
 Address: 2327 CHARLEMAGNE AVE  
 City: LONG BEACH  
 State: CA  
 Zip: 90815  
 Alt. address: 2327 CHARLEMAGNE AVE  
 City: LONG BEACH  
 State: CA  
 Zip: 90815  
 Facility investor: "HEWITT, ROSA"  
 Licensee type: A  
 License effective date: 960717  
 License expiration date: Not Reported  
 License issue date: 960717  
 Program type: LICENSE INACTIVE FROM 4-1-2004 UNTIL 1-31-2007  
 Original app. received date: 960430  
 Facility closed date: Not Reported  
 Mailing address: 2327 CHARLEMAGNE AVE  
 Mailing city: LONG BEACH  
 Mailing state: CA  
 Mailing zip: 90815  
 Contact person: "HEWITT, ROSA"  
 Facility capacity: 6  
 Type of clients served: 960  
 Facility phone: 5625975662

AS176  
 WSW  
 2-4 mi  
 14291  
 Higher

EDR ID: SRDCCA200754582  
 Facility number: 198006258  
 Facility name: BELMONT SHORE CHILDREN'S CENTER  
 Facility eval. code: 8160  
 Facility office number: 33  
 Facility county number: 19  
 Facility type code: 850  
 Facility status code: 03  
 Address: 30 S. TERMINO  
 City: LONG BEACH  
 State: CA  
 Zip: 90803  
 Alt. address: 4181 GREEN AVENUE  
 City: LOS ALAMITOS  
 State: CA  
 Zip: 90720  
 Facility investor: "GREEN STREET, INC."  
 Licensee type: D  
 License effective date: 10102  
 License expiration date: Not Reported  
 License issue date: 010102  
 Program type: AMBULATORY CHILDREN AGE 2 UNTIL ENTRY INTO FIRST GRADE.  
 Original app. received date: 000830  
 Facility closed date: Not Reported  
 Mailing address: 4181 GREEN AVENUE  
 Mailing city: LOS ALAMITOS  
 Mailing state: CA  
 Mailing zip: 90720

SRDCCA200754582  
 Daycare

# MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Contact person: SOPHIA NAVARRO  
 Facility capacity: 70  
 Type of clients served: 950  
 Facility phone: 5624393369

AS177  
 WSW  
 2-4 mi  
 14291  
 Higher

Pss school id: BB040248  
 Pss inst: BELMONT SHORE CHILDREN'S CENTE  
 Lgrade: PK  
 Higrade: K  
 Pss address: 30 S TERMINO AVE  
 Pss city: LONG BEACH  
 Pss county no: 037  
 Pss county fips: 06037  
 Pss stabb: CA  
 Pss fips: 06  
 Pss zip5: 90803  
 Pss phone: 5624393369  
 Pss sch days: 180  
 Pss stu day hrs: 6  
 Pss library: No  
 Pss enroll ug: Not Reported  
 Pss enroll pk: 15  
 Pss enroll k: 7  
 Pss enroll 1: Not Reported  
 Pss enroll 2: Not Reported  
 Pss enroll 3: Not Reported  
 Pss enroll 4: Not Reported  
 Pss enroll 5: Not Reported  
 Pss enroll 6: Not Reported  
 Pss enroll 7: Not Reported  
 Pss enroll 8: Not Reported  
 Pss enroll 9: Not Reported  
 Pss enroll 10: Not Reported  
 Pss enroll 11: Not Reported  
 Pss enroll 12: Not Reported  
 Pss enroll t: 22  
 Pss enroll tk12: 7  
 Pss race ai: 0  
 Pss race as: 0  
 Pss race h: 2  
 Pss race b: 0  
 Pss race w: 5  
 Pss fte teach: 1  
 Pss locale: 1  
 Pss coed: 1  
 Pss type: 7  
 Pss level: 1  
 Pss relig: 3  
 Pss comm type: 1  
 Pss indian pct: 0  
 Pss asian pct: 0  
 Pss hisp pct: 28.57  
 Pss black pct: 0  
 Pss white pct: 71.43

SRPR20051024830  
 Private Schools

# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Pss stdtch rt: 7  
 Pss orient: 29  
 Pss county name: LOS ANGELES  
 Pss assoc 1: No Membership Association  
 Pss assoc 2: Not Reported  
 Pss assoc 3: Not Reported  
 Pss assoc 4: Not Reported  
 Pss assoc 5: Not Reported  
 Pss assoc 6: Not Reported  
 Pss assoc 7: Not Reported  
 Source: NCESDATA\_E72D09B4  
 Edr id: SRPR20051024830

AS178  
 WSW  
 2-4 mi  
 14328  
 Higher

EDR ID: SRDCCA200726376  
 Facility number: 198010743  
 Facility name: SHADE FAMILY CHILD CARE  
 Facility eval. code: 8160  
 Facility office number: 33  
 Facility county number: 19  
 Facility type code: 810  
 Facility status code: 03  
 Address: 11 SOUTH TERMINO #115  
 City: LONG BEACH  
 State: CA  
 Zip: 90803  
 Alt. address: 11 SOUTH TERMINO #115  
 City: LONG BEACH  
 State: CA  
 Zip: 90803  
 Facility investor: AMY LOUISE SHADE  
 Licensee type: A  
 License effective date: 41108  
 License expiration date: Not Reported  
 License issue date: 041108

SRDCCA200726376  
 Daycare

Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4  
 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE  
 WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED  
 "

Original app. received date: 040713  
 Facility closed date: Not Reported  
 Mailing address: 11 SOUTH TERMINO #115  
 Mailing city: LONG BEACH  
 Mailing state: CA  
 Mailing zip: 90803  
 Contact person: "SHADE, AMY"  
 Facility capacity: 8  
 Type of clients served: 960  
 Facility phone: 5624335503

AR179  
 NW  
 2-4 mi  
 14328  
 Higher

EDR ID: SRDCCA200712487  
 Facility number: 198006296  
 Facility name: MURILLO FAMILY CHILD CARE

SRDCCA200712487  
 Daycare

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Facility eval. code: 8160  
 Facility office number: 33  
 Facility county number: 19  
 Facility type code: 810  
 Facility status code: 03  
 Address: 2339 CHARLEMAGNE  
 City: LONG BEACH  
 State: CA  
 Zip: 90815  
 Alt. address: 2339 CHARLEMAGNE  
 City: LONG BEACH  
 State: CA  
 Zip: 90815  
 Facility investor: "MURILLO, GABRIELA"  
 Licensee type: A  
 License effective date: 1108  
 License expiration date: Not Reported  
 License issue date: 001108  
 Program type: "MAXIMUM CAPACITY: 12 CHILDREN, WITH NO MORE THAN 4 INFANTS, OR  
 CAPACITY 14 CHILDREN WHEN 2 CHILDREN ARE AT LEAST 6 YEARS OF AGE WITH A  
 MAXIMUM OF 3 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "  
 Original app. received date: 000919  
 Facility closed date: Not Reported  
 Mailing address: 2339 CHARLEMAGNE  
 Mailing city: LONG BEACH  
 Mailing state: CA  
 Mailing zip: 90815  
 Contact person: "MURILLO, GABRIELA"  
 Facility capacity: 14  
 Type of clients served: 960  
 Facility phone: 5629613998

AO180  
 West  
 2-4 mi  
 14353  
 Higher

Hospital type: 03  
 Num of times COO: 02  
 Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: 1  
 Compliance status: A  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: 20060211  
 Medicare/Medicaid: 1  
 Facility name: ALAMITOS BELMONT REHAB HOSPITA  
 Intermediary/Carrier: 00040  
 Medicaid number: 940000062  
 Participation date: 19691014  
 Prior COO date: 19980601  
 Prior carrier: Not Reported  
 Provider ID: 056125  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Not Reported  
 state abbrev: CA

SRHO20070011095  
 AHA Hospitals

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

ssa state: 05  
 state region cd: L4  
 street address: 3901 E FOURTH STREET  
 Phone num: 5624348421  
 Termination reason: 00  
 Term Date: Not Reported  
 Purpose of action: 2  
 Provider control: 03  
 Zip: 90814  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0094  
 Num cert beds: 0094  
 Source: US\_HOSPITAL\_POSOTHER  
 Edr id: SRHO20070011095

AO181  
 West  
 2-4 mi  
 14353  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: ALAMITOS-BELMONT REHABILITATION HOSP  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19930114  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0677689  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 3901 E 4TH STREET  
 Phone num: 3104348421  
 Termination reason: 00  
 Term Date: 20080831  
 Purpose of action: Not Reported  
 Provider control: 10  
 Zip: 90814  
 Fips state: 06  
 Fips cnty: 037

SRHO20070138500  
 AHA Hospitals

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070138500

AO182  
 West  
 2-4 mi  
 14353  
 Higher

Provnum: 056125  
 Nursinghomename: ALAMITOS BELMONT REHAB HOSPITA  
 Street: 3901 E FOURTH STREET  
 City: LONG BEACH  
 State: CA  
 Zipcode: 90814  
 Phonenumber: 5624348421  
 Dateoflastinspection: 20060127  
 Certifiednumberofbeds: 94  
 Totalnumberofresidents: 89  
 Percofoccupiedbeds: 95  
 Categorydescription: Participating in Medicare and Medicaid  
 Typeofownership: For profit - Corporation  
 Locatedwithinahospital: NO  
 Multinursinghomeownership: NO  
 Residentandfamilycouncils: RESIDENT  
 Edr id: SRNH20060901150

SRNH20060901150  
 Nursing Homes

AT183  
 WNW  
 2-4 mi  
 14520  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: EMPRESS REHABILITATION CENTER  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19930108  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0717326  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB

SRHO20070141632  
 AHA Hospitals

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

street address: 1020 TERMINO AVENUE  
 Phone num: 5624336791  
 Termination reason: 00  
 Term Date: 20080831  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90804  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070141632

AT184  
 WNW  
 2-4 mi  
 14520  
 Higher

Hospital type: 03  
 Num of times COO: 01  
 Owner date: 20040621  
 City: LONG BEACH  
 Has plan of corr: 1  
 Compliance status: A  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: 20011218  
 Current survey date: 20060207  
 Medicare/Medicaid: 1  
 Facility name: EMPRESS REHABILITATION CENTER  
 Intermediary/Carrier: 52280  
 Medicaid number: ZZT06164G  
 Participation date: 19700306  
 Prior COO date: Not Reported  
 Prior carrier: 51051  
 Provider ID: 056164  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Not Reported  
 state abbrev: CA  
 ssa state: 05  
 state region cd: L4  
 street address: 1020 TERMINO AVENUE  
 Phone num: 5624336791  
 Termination reason: 00  
 Term Date: Not Reported  
 Purpose of action: 2  
 Provider control: 03  
 Zip: 90804  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A

SRHO20070011712  
 AHA Hospitals

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0133  
 Num cert beds: 0133  
 Source: US\_HOSPITAL\_POSOTHER  
 Edr id: SRHO20070011712

AT185  
 WNW  
 2-4 mi  
 14520  
 Higher

Provnum: 056164  
 Nursinghomename: EMPRESS REHABILITATION CENTER  
 Street: 1020 TERMINO AVENUE  
 City: LONG BEACH  
 State: CA  
 Zipcode: 90804  
 Phonenumber: 5624336791  
 Dateoflastinspection: 20060202  
 Certifiednumberofbeds: 133  
 Totalnumberofresidents: 122  
 Percofoccupiedbeds: 92  
 Categorydescription: Participating in Medicare and Medicaid  
 Typeofownership: For profit - Corporation  
 Locatedwithinahospital: NO  
 Multinursinghomeownership: NO  
 Residentandfamilycouncils: RESIDENT  
 Edr id: SRNH20060901172

SRNH20060901172  
 Nursing Homes

AU186  
 WNW  
 2-4 mi  
 14534  
 Higher

EDR ID: SRDCCA200700147  
 Facility number: 191601150  
 Facility name: LONG BEACH YOUTH HOME  
 Facility eval. code: 7005  
 Facility office number: 32  
 Facility county number: 19  
 Facility type code: 730  
 Facility status code: 06  
 Address: 4151 FOUNTAIN STREET  
 City: LONG BEACH  
 State: CA  
 Zip: 90804  
 Alt. address: P.O.BOX 4550  
 City: LONG BEACH  
 State: CA  
 Zip: 90804  
 Facility investor: CHILDNET YOUTH AND FAMILY SERVICES  
 Licensee type: C  
 License effective date: 931015  
 License expiration date: Not Reported  
 License issue date: Not Reported  
 Program type: "AMBULATORY ONLY, MALES AGES 11 THRU 17 YEARS OLD"  
 Original app. received date: 760706  
 Facility closed date: Not Reported  
 Mailing address: 4151 FOUNTAIN STREET

SRDCCA200700147  
 Daycare

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Mailing city: LONG BEACH  
 Mailing state: CA  
 Mailing zip: 90804  
 Contact person: TIMOTHY WITHERSPOON  
 Facility capacity: 30  
 Type of clients served: 950  
 Facility phone: 5629616100

AP187  
 NW  
 2-4 mi  
 14583  
 Higher

Pss school id: 00071344  
 Pss inst: OUR LADY OF REFUGE SCHOOL  
 Lograde: K  
 Higrade: 8  
 Pss address: 5210 E LOS COYOTES DIAGONAL  
 Pss city: LONG BEACH  
 Pss county no: 037  
 Pss county fips: 06037  
 Pss stabb: CA  
 Pss fips: 06  
 Pss zip5: 90815  
 Pss phone: 5625970819  
 Pss sch days: 180  
 Pss stu day hrs: 6.42  
 Pss library: Yes  
 Pss enroll ug: Not Reported  
 Pss enroll pk: Not Reported  
 Pss enroll k: 25  
 Pss enroll 1: 28  
 Pss enroll 2: 18  
 Pss enroll 3: 22  
 Pss enroll 4: 10  
 Pss enroll 5: 25  
 Pss enroll 6: 26  
 Pss enroll 7: 31  
 Pss enroll 8: 19  
 Pss enroll 9: Not Reported  
 Pss enroll 10: Not Reported  
 Pss enroll 11: Not Reported  
 Pss enroll 12: Not Reported  
 Pss enroll t: 204  
 Pss enroll tk12: 204  
 Pss race ai: 0  
 Pss race as: 45  
 Pss race h: 49  
 Pss race b: 3  
 Pss race w: 107  
 Pss fte teach: 12  
 Pss locale: 1  
 Pss coed: 1  
 Pss type: 1  
 Pss level: 1  
 Pss relig: 1  
 Pss comm type: 1  
 Pss indian pct: 0  
 Pss asian pct: 22.06

SRPR20051023278  
 Private Schools

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Pss hisp pct: 24.02  
 Pss black pct: 1.47  
 Pss white pct: 52.45  
 Pss stdtch rt: 17  
 Pss orient: 1  
 Pss county name: LOS ANGELES  
 Pss assoc 1: Not Reported  
 Pss assoc 2: Not Reported  
 Pss assoc 3: Not Reported  
 Pss assoc 4: Not Reported  
 Pss assoc 5: Not Reported  
 Pss assoc 6: Not Reported  
 Pss assoc 7: Not Reported  
 Source: NCESDATA\_E72D09B4  
 Edr id: SRPR20051023278

AT188  
 WNW  
 2-4 mi  
 14584  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: SHORELINE HEALTHCARE CENTER  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19930402  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0694483  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: M1  
 street address: 4029 EAST ANAHEIM STREET  
 Phone num: 5624944421  
 Termination reason: 00  
 Term Date: 20080831  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90804  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported

SRHO20070138419  
 AHA Hospitals

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070138419

AT189  
 WNW  
 2-4 mi  
 14584  
 Higher

Hospital type: 03  
 Num of times COO: 01  
 Owner date: 20020701  
 City: LONG BEACH  
 Has plan of corr: 1  
 Compliance status: A  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: 20040716  
 Current survey date: 20060413  
 Medicare/Medicaid: 1  
 Facility name: SHORELINE HEALTHCARE CENTER  
 Intermediary/Carrier: 52280  
 Medicaid number: 940000042  
 Participation date: 19670101  
 Prior COO date: Not Reported  
 Prior carrier: 00040  
 Provider ID: 055353  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Not Reported  
 state abbrev: CA  
 ssa state: 05  
 state region cd: L4  
 street address: 4029 EAST ANAHEIM STREET  
 Phone num: 5624944421  
 Termination reason: 00  
 Term Date: Not Reported  
 Purpose of action: 2  
 Provider control: 03  
 Zip: 90804  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0075  
 Num cert beds: 0075  
 Source: US\_HOSPITAL\_POSOTHER  
 Edr id: SRHO20070009715

SRHO20070009715  
 AHA Hospitals

AT190  
 WNW  
 2-4 mi  
 14584  
 Higher

Provnum: 055353  
 Nursinghomename: SHORELINE HEALTHCARE CENTER  
 Street: 4029 EAST ANAHEIM STREET  
 City: LONG BEACH

SRNH20060900771  
 Nursing Homes

# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

State: CA  
 Zipcode: 90804  
 Phonenumber: 5624944421  
 Dateoflastinspection: 20060328  
 Certifiednumberofbeds: 75  
 Totalnumberofresidents: 65  
 Percofoccupiedbeds: 87  
 Categorydescription: Participating in Medicare and Medicaid  
 Typeofownership: For profit - Corporation  
 Locatedwithinahospital: NO  
 Multinursinghomeownership: YES  
 Residentandfamilycouncils: RESIDENT  
 Edr id: SRNH20060900771

AT191  
 WNW  
 2-4 mi  
 14607  
 Higher

EDR ID: SRDCCA200735932  
 Facility number: 198012782  
 Facility name: ZEPEDA FAMILY CHILD CARE  
 Facility eval. code: 6170  
 Facility office number: 33  
 Facility county number: 19  
 Facility type code: 810  
 Facility status code: 03  
 Address: 1063 TERMINO AVENUE  
 City: LONG BEACH  
 State: CA  
 Zip: 90804  
 Alt. address: 1063 TERMINO AVENUE  
 City: LONG BEACH  
 State: CA  
 Zip: 90804  
 Facility investor: MARTA ARELI ZEPEDA  
 Licensee type: A  
 License effective date: 60921  
 License expiration date: Not Reported  
 License issue date: 060921  
 Program type: " MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY.  
 CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY  
 SCHOOL AND 1 CHILD AT LEAST AGE 6. "

Original app. received date: 060719  
 Facility closed date: Not Reported  
 Mailing address: 1063 TERMINO AVENUE  
 Mailing city: LONG BEACH  
 Mailing state: CA  
 Mailing zip: 90804  
 Contact person: "ZEPEDA, MARTA "  
 Facility capacity: 8  
 Type of clients served: 960  
 Facility phone: 5626219756

SRDCCA200735932  
 Daycare

AV192  
 North  
 2-4 mi  
 14626  
 Higher

EDR ID: SRDCCA200703821  
 Facility number: 191608464  
 Facility name: STEVENSON FAMILY CHILD CARE

SRDCCA200703821  
 Daycare

# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Facility eval. code: 8140  
 Facility office number: 33  
 Facility county number: 19  
 Facility type code: 810  
 Facility status code: 03  
 Address: 2819 JOSIE AVENUE  
 City: LONG BEACH  
 State: CA  
 Zip: 90815  
 Alt. address: 2819 JOSIE AVENUE  
 City: LONG BEACH  
 State: CA  
 Zip: 90815  
 Facility investor: STEVENSON FAMILY DAY CARE  
 Licensee type: A  
 License effective date: 951028  
 License expiration date: Not Reported  
 License issue date: 921028  
 Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED."  
 Original app. received date: 920820  
 Facility closed date: Not Reported  
 Mailing address: 2819 JOSIE AVENUE  
 Mailing city: LONG BEACH  
 Mailing state: CA  
 Mailing zip: 90815  
 Contact person: LAURA M. STEVENSON  
 Facility capacity: 8  
 Type of clients served: 960  
 Facility phone: 5624290069

AU193 WNW 2-4 mi 14641 Higher	Necessch: 062250002701 Schname05: BRYANT ELEMENTARY Mstreet05: 4101 EAST FOUNTAIN ST. Mcity05: LONG BEACH Mstate05: CA Mzip05: 90804 Mzip405: 3022 Member05: 381 Phone05: (562) 498-3802 Locale05: 1 Type05: 1 Level05: 1 Gslo05: KG Gshi05: 05 Edr id: SRPU20071013797	SRPU20071013797 Public Schools
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AP194 NW 2-4 mi 14670 Higher	EDR ID: SRDCCA200747576 Facility number: 191602122 Facility name: NAZARENE PRE SCHOOL	SRDCCA200747576 Daycare
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# MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Facility eval. code: 8150  
 Facility office number: 33  
 Facility county number: 19  
 Facility type code: 850  
 Facility status code: 03  
 Address: 5253 LOS COYOTES DIAGONAL  
 City: LONG BEACH  
 State: CA  
 Zip: 90815  
 Alt. address: 5253 LOS COYOTES DIAGONAL  
 City: LONG BEACH  
 State: CA  
 Zip: 90815  
 Facility investor: FIRST CHURCH OF THE NAZARENE OF LONG BEACH  
 Licensee type: C  
 License effective date: 941008  
 License expiration date: Not Reported  
 License issue date: Not Reported  
 Program type: "AMBULATORY, PRESCHOOL AGES 2.5-6 YEARS."  
 "

Original app. received date: 770822  
 Facility closed date: Not Reported  
 Mailing address: 5253 LOS COYOTES DIAGONAL  
 Mailing city: LONG BEACH  
 Mailing state: CA  
 Mailing zip: 90815  
 Contact person: "BLATT, CARALYN"  
 Facility capacity: 85  
 Type of clients served: 950  
 Facility phone: 5625973900

AP195  
 NW  
 2-4 mi  
 14670  
 Higher

Pss school id: 00093969  
 Pss inst: NAZARENE CHRN SCH OF LONG BCH  
 Lograde: PK  
 Higrade: 12  
 Pss address: 5253 E LOS COYOTES DIAGONAL  
 Pss city: LONG BEACH  
 Pss county no: 037  
 Pss county fips: 06037  
 Pss stabb: CA  
 Pss fips: 06  
 Pss zip5: 90815  
 Pss phone: 5625973900  
 Pss sch days: 185  
 Pss stu day hrs: 6.25  
 Pss library: Yes  
 Pss enroll ug: Not Reported  
 Pss enroll pk: 32  
 Pss enroll k: 15  
 Pss enroll 1: 8  
 Pss enroll 2: 12  
 Pss enroll 3: 18  
 Pss enroll 4: 20  
 Pss enroll 5: 7

SRPR20051023064  
 Private Schools

# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Pss enroll 6: 9  
 Pss enroll 7: 7  
 Pss enroll 8: 12  
 Pss enroll 9: Not Reported  
 Pss enroll 10: Not Reported  
 Pss enroll 11: Not Reported  
 Pss enroll 12: 1  
 Pss enroll t: 141  
 Pss enroll tk12: 109  
 Pss race ai: 0  
 Pss race as: 8  
 Pss race h: 33  
 Pss race b: 11  
 Pss race w: 57  
 Pss fte teach: 7.8  
 Pss locale: 1  
 Pss coed: 1  
 Pss type: 1  
 Pss level: 3  
 Pss relig: 2  
 Pss comm type: 1  
 Pss indian pct: 0  
 Pss asian pct: 7.34  
 Pss hisp pct: 30.28  
 Pss black pct: 10.09  
 Pss white pct: 52.29  
 Pss stdtch rt: 13.97  
 Pss orient: 28  
 Pss county name: LOS ANGELES  
 Pss assoc 1: Association of Christian Schools International (ACSI)  
 Pss assoc 2: Other religious school association(s)  
 Pss assoc 3: Not Reported  
 Pss assoc 4: Not Reported  
 Pss assoc 5: Not Reported  
 Pss assoc 6: Not Reported  
 Pss assoc 7: Not Reported  
 Source: NCESDATA\_E72D09B4  
 Edr id: SRPR20051023064

AU196  
 WNW  
 2-4 mi  
 14767  
 Higher

EDR ID: SRDCCA200725446  
 Facility number: 198010231  
 Facility name: MA'AE FAMILY CHILD CARE  
 Facility eval. code: 8160  
 Facility office number: 33  
 Facility county number: 19  
 Facility type code: 810  
 Facility status code: 03  
 Address: 1398 BELMONT AVENUE  
 City: LONG BEACH  
 State: CA  
 Zip: 90806  
 Alt. address: 1398 BELMONT AVENUE  
 City: LONG BEACH  
 State: CA

SRDCCA200725446  
 Daycare

# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Zip: 90806  
 Facility investor: TOEASO FAATAFA MA'AE  
 Licensee type: A  
 License effective date: 40721  
 License expiration date: Not Reported  
 License issue date: 040721  
 Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4  
 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE  
 WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED  
 "  
 Original app. received date: 040310  
 Facility closed date: Not Reported  
 Mailing address: 1398 BELMONT AVENUE  
 Mailing city: LONG BEACH  
 Mailing state: CA  
 Mailing zip: 90806  
 Contact person: "MA'AE, TOEASO "  
 Facility capacity: 8  
 Type of clients served: 960  
 Facility phone: 5624940353

AV197  
 North  
 2-4 mi  
 14799  
 Higher

EDR ID: SRDCCA200703769  
 Facility number: 191608270  
 Facility name: FOLLETT DAY CARE  
 Facility eval. code: 8160  
 Facility office number: 33  
 Facility county number: 19  
 Facility type code: 810  
 Facility status code: 03  
 Address: 2861 IROQUOIS AVE  
 City: LONG BEACH  
 State: CA  
 Zip: 90815  
 Alt. address: 2861 IROQUOIS AVE  
 City: LONG BEACH  
 State: CA  
 Zip: 90815  
 Facility investor: FOLLETT FAMILY DAY CARE  
 Licensee type: A  
 License effective date: 951216  
 License expiration date: Not Reported  
 License issue date: 921216  
 Program type: "MAXIMUM CAPACITY: 6 CHILDREN, INCLUDING LICENSEE'S CHILDREN UNDER 10  
 YEARS OF AGE WHO RESIDE IN THE HOME, WITH NO MORE THAN 3 INFANTS OR 4  
 INFANTS ONLY (INFANT MEANS A CHILD UNDER 2 YEARS OLD). "  
 Original app. received date: 920714  
 Facility closed date: Not Reported  
 Mailing address: 2861 IROQUOIS AVENUE  
 Mailing city: LONG BEACH  
 Mailing state: CA  
 Mailing zip: 90815  
 Contact person: SANDRA FOLLETT  
 Facility capacity: 6  
 Type of clients served: 960

SRDCCA200703769  
 Daycare

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Facility phone: 5624961843

AW198		SRPU20071014036
NNW	Ncessch: 062250002745	Public Schools
2-4 mi	Schname05: MILLIKAN SENIOR HIGH	
14837	Mstreet05: 2800 SNOWDEN AVE.	
Higher	Mcity05: LONG BEACH	
	Mstate05: CA	
	Mzip05: 90815	
	Mzip405: 1436	
	Member05: 4026	
	Phone05: (562) 425-7441	
	Locale05: 1	
	Type05: 1	
	Level05: 3	
	Gslo05: 09	
	Gshi05: 12	
	Edr id: SRPU20071014036	

AP199		SRHO20070131796
NW	Hospital type: 01	AHA Hospitals
2-4 mi	Num of times COO: 00	
14848	Owner date: Not Reported	
Higher	City: LONG BEACH	
	Has plan of corr: Not Reported	
	Compliance status: Not Reported	
	SSA county code: 200	
	Cross ref number: Not Reported	
	FMS survey date: Not Reported	
	Current survey date: Not Reported	
	Medicare/Medicaid: Not Reported	
	Facility name: FRIENDLY HILLS-LONG BEACH	
	Intermediary/Carrier: Not Reported	
	Medicaid number: Not Reported	
	Participation date: 19930506	
	Prior COO date: Not Reported	
	Prior carrier: Not Reported	
	Provider ID: 05D0555073	
	Record Status: A	
	Region code: 09	
	Is Partial Record: Y	
	state abbrev: CA	
	ssa state: 05	
	state region cd: LAB	
	street address: 2220 CLARK AVENUE	
	Phone num: 3105973653	
	Termination reason: 12	
	Term Date: 19991231	
	Purpose of action: Not Reported	
	Provider control: 04	
	Zip: 90815	
	Fips state: 06	
	Fips cnty: 037	
	SSA MSA: 328	

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070131796

AP200  
 NW  
 2-4 mi  
 14848  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: PIONEER MEDICAL GROUP LONG BEACH  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 20010322  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0984507  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 2220 CLARK AVENUE  
 Phone num: 5625974183  
 Termination reason: 00  
 Term Date: 20070321  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90815  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070154840

SRHO20070154840  
 AHA Hospitals

## MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site	EDR ID Database
AX201 NW 2-4 mi 14897 Higher	EDR ID: SRDCCA200720650 Facility number: 198008061 Facility name: VAN DUREN FAMILY DAY CAR Facility eval. code: 8160 Facility office number: 33 Facility county number: 19 Facility type code: 810 Facility status code: 03 Address: 4741 E. LOS COYOTES DIAGONAL City: LONG BEACH State: CA Zip: 90815 Alt. address: 4741 E. LOS COYOTES DIAGONAL City: LONG BEACH State: CA Zip: 90815 Facility investor: TONALYN KAY VAN DUREN Licensee type: A License effective date: 20924 License expiration date: Not Reported License issue date: 020924 Program type: "MAXIMUM CAPACITY: 12 CHILDREN, WITH NO MORE THAN 4 INFANTS, OR CAPACITY 14 CHILDREN WHEN 2 CHILDREN ARE AT LEAST 6 YEARS OF AGE WITH A MAXIMUM OF 3 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED " Original app. received date: 020909 Facility closed date: Not Reported Mailing address: 4741 E. LOS COYOTES DIAGONAL Mailing city: LONG BEACH Mailing state: CA Mailing zip: 90815 Contact person: "VAN DUREN, TONALYN " Facility capacity: 14 Type of clients served: 960 Facility phone: 5625979946	SRDCCA200720650 Daycare
AQ202 WNW 2-4 mi 14898 Higher	Hospital type: 01 Num of times COO: 00 Owner date: Not Reported City: LONG BEACH Has plan of corr: Not Reported Compliance status: Not Reported SSA county code: 200 Cross ref number: Not Reported FMS survey date: Not Reported Current survey date: Not Reported Medicare/Medicaid: Not Reported Facility name: EAST LONG BEACH URGENT CARE CENTER Intermediary/Carrier: Not Reported Medicaid number: Not Reported Participation date: 20001002 Prior COO date: Not Reported Prior carrier: Not Reported Provider ID: 05D0978748	SRHO20070155873 AHA Hospitals

# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 4290 E PACIFIC COAST HWY  
 Phone num: 5624984401  
 Termination reason: 08  
 Term Date: 20021001  
 Purpose of action: Not Reported  
 Provider control: 01  
 Zip: 90804  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070155873

AP203  
 NW  
 2-4 mi  
 14948  
 Higher

EDR ID: SRDCCA200702691  
 Facility number: 198004972  
 Facility name: FORNEY FAMILY CHILD CARE  
 Facility eval. code: 8140  
 Facility office number: 33  
 Facility county number: 19  
 Facility type code: 810  
 Facility status code: 03  
 Address: 2212 GRANADA  
 City: LONG BEACH  
 State: CA  
 Zip: 90815  
 Alt. address: 2212 GRANADA  
 City: LONG BEACH  
 State: CA  
 Zip: 90815  
 Facility investor: "FORNEY, DONNA JEAN"  
 Licensee type: A  
 License effective date: 990628  
 License expiration date: Not Reported  
 License issue date: 990628  
 Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4  
 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE  
 WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED  
 "  
 Original app. received date: 990219  
 Facility closed date: Not Reported  
 Mailing address: 2212 GRANADA  
 Mailing city: LONG BEACH

SRDCCA200702691  
 Daycare

# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Mailing state: CA  
 Mailing zip: 90815  
 Contact person: "FORNEY, DONNA JEAN"  
 Facility capacity: 8  
 Type of clients served: 960  
 Facility phone: 5624947474

AP204		SRDCCA200750428
NW	EDR ID: SRDCCA200750428	Daycare
2-4 mi	Facility number: 191605144	
14965	Facility name: BETHANY PRE-SCHOOL	
Higher	Facility eval. code: 8150	
	Facility office number: 33	
	Facility county number: 19	
	Facility type code: 850	
	Facility status code: 03	
	Address: 2244 CLARK AVENUE	
	City: LONG BEACH	
	State: CA	
	Zip: 90815	
	Alt. address: 2244 CLARK AVENUE	
	City: LONG BEACH	
	State: CA	
	Zip: 90815	
	Facility investor: BETHANY BAPTIST CHURCH	
	Licensee type: C	
	License effective date: 931101	
	License expiration date: Not Reported	
	License issue date: 900912	
	Program type: "AMBULATORY, CHILDREN AGES 2-6 YEARS. INCREASE IN CAPACITY EFFECTIVE 3-16-93."	
	Original app. received date: 900601	
	Facility closed date: Not Reported	
	Mailing address: 2250 CLARK AVENUE	
	Mailing city: LONG BEACH	
	Mailing state: CA	
	Mailing zip: 90815	
	Contact person: "BOLTON, CHERYL"	
	Facility capacity: 70	
	Type of clients served: 950	
	Facility phone: 5629850714	

AP205		SRPR20051024934
NW	Pss school id: 00084116	Private Schools
2-4 mi	Pss inst: BETHANY SCHOOL	
14965	Lograde: PK	
Higher	Higrade: 8	
	Pss address: 2244 CLARK AVE	
	Pss city: LONG BEACH	
	Pss county no: 037	
	Pss county fips: 06037	
	Pss stabb: CA	
	Pss fips: 06	

# MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Pss zip5: 90815  
 Pss phone: 5625972814  
 Pss sch days: 176  
 Pss stu day hrs: 7  
 Pss library: Yes  
 Pss enroll ug: Not Reported  
 Pss enroll pk: 77  
 Pss enroll k: 50  
 Pss enroll 1: 21  
 Pss enroll 2: 30  
 Pss enroll 3: 38  
 Pss enroll 4: 25  
 Pss enroll 5: 24  
 Pss enroll 6: 18  
 Pss enroll 7: 20  
 Pss enroll 8: 13  
 Pss enroll 9: Not Reported  
 Pss enroll 10: Not Reported  
 Pss enroll 11: Not Reported  
 Pss enroll 12: Not Reported  
 Pss enroll t: 316  
 Pss enroll tk12: 239  
 Pss race ai: 2  
 Pss race as: 27  
 Pss race h: 39  
 Pss race b: 43  
 Pss race w: 128  
 Pss fte teach: 12  
 Pss locale: 1  
 Pss coed: 1  
 Pss type: 1  
 Pss level: 1  
 Pss relig: 2  
 Pss comm type: 1  
 Pss indian pct: 0.84  
 Pss asian pct: 11.3  
 Pss hisp pct: 16.32  
 Pss black pct: 17.99  
 Pss white pct: 53.56  
 Pss stdtch rt: 19.92  
 Pss orient: 5  
 Pss county name: LOS ANGELES  
 Pss assoc 1: Association of Christian Schools International (ACSI)  
 Pss assoc 2: Not Reported  
 Pss assoc 3: Not Reported  
 Pss assoc 4: Not Reported  
 Pss assoc 5: Not Reported  
 Pss assoc 6: Not Reported  
 Pss assoc 7: Not Reported  
 Source: NCESDATA\_E72D09B4  
 Edr id: SRPR20051024934

AU206  
 WNW  
 2-4 mi  
 15012  
 Higher

EDR ID: SRDCCA200724233  
 Facility number: 198010388

SRDCCA200724233  
 Daycare

# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Facility name: PLANCARTE DE ROBLES FAMILY CHILD CARE  
 Facility eval. code: 8160  
 Facility office number: 33  
 Facility county number: 19  
 Facility type code: 810  
 Facility status code: 03  
 Address: 4110 E. 15TH STREET  
 City: LONG BEACH  
 State: CA  
 Zip: 90804  
 Alt. address: 4110 E. 15TH STREET  
 City: LONG BEACH  
 State: CA  
 Zip: 90804  
 Facility investor: "PLANCARTE DE ROBLES, A. "  
 Licensee type: A  
 License effective date: 40511  
 License expiration date: Not Reported  
 License issue date: 040511  
 Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4  
 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE  
 WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED  
 "  
 Original app. received date: 040324  
 Facility closed date: Not Reported  
 Mailing address: 4110 E. 15TH STREET  
 Mailing city: LONG BEACH  
 Mailing state: CA  
 Mailing zip: 90804  
 Contact person: "PLANCARTE DE ROBLES, A. "  
 Facility capacity: 8  
 Type of clients served: 960  
 Facility phone: 5624983081

AR207  
 NW  
 2-4 mi  
 15014  
 Higher

EDR ID: SRDCCA200729386  
 Facility number: 198011755  
 Facility name: AKPAMGBO FAMILY CHILD CARE  
 Facility eval. code: 8140  
 Facility office number: 33  
 Facility county number: 19  
 Facility type code: 810  
 Facility status code: 03  
 Address: 2444 CHARLEMAGNE AVENUE  
 City: LONG BEACH  
 State: CA  
 Zip: 90815  
 Alt. address: 2444 CHARLEMAGNE AVENUE  
 City: LONG BEACH  
 State: CA  
 Zip: 90815  
 Facility investor: "AKPAMGBO, CYNTHIA & CLARE "  
 Licensee type: A  
 License effective date: 50706  
 License expiration date: Not Reported

SRDCCA200729386  
 Daycare

# MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

License issue date: 050706  
 Program type: "MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY.  
 CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY  
 SCHOOL AND 1 CHILD AT LEAST AGE 6. "  
 Original app. received date: 050518  
 Facility closed date: Not Reported  
 Mailing address: 2444 CHARLEMAGNE AVENUE  
 Mailing city: LONG BEACH  
 Mailing state: CA  
 Mailing zip: 90815  
 Contact person: "AKPAMGBO, C. & C. "  
 Facility capacity: 8  
 Type of clients served: 960  
 Facility phone: 5629610225

AX208		SRDCCA200708565
NW	EDR ID: SRDCCA200708565	Daycare
2-4 mi	Facility number: 198001627	
15046	Facility name: "BROWN, KATHRYN FAMILY DAY CARE "	
Higher	Facility eval. code: 8140	
	Facility office number: 33	
	Facility county number: 19	
	Facility type code: 810	
	Facility status code: 03	
	Address: 4932 FERRO COURT	
	City: LONG BEACH	
	State: CA	
	Zip: 90815	
	Alt. address: 4932 FERRO COURT	
	City: LONG BEACH	
	State: CA	
	Zip: 90815	
	Facility investor: "BROWN, KATHRYN P. "	
	Licensee type: A	
	License effective date: 951121	
	License expiration date: Not Reported	
	License issue date: 951121	
	Program type: "MAXIMUM CAPACITY: 12 CHILDREN, INCLUDING LICENSEE'S CHILDREN UNDER 10 YEARS OF AGE WHO RESIDE IN THE HOME, WITH NO MORE THAN 4 INFANTS. (INFANT MEANS A CHILD UNDER 2 YEARS OLD). " "	
	Original app. received date: 951010	
	Facility closed date: Not Reported	
	Mailing address: 4932 FERRO COURT	
	Mailing city: LONG BEACH	
	Mailing state: CA	
	Mailing zip: 90815	
	Contact person: "BROWN, KATHRYN P. "	
	Facility capacity: 12	
	Type of clients served: 960	
	Facility phone: 5625977110	

## MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site	EDR ID Database
AU209 WNW 2-4 mi 15138 Higher	EDR ID: SRDCCA200715074 Facility number: 198006553 Facility name: GRIFFIN FAMILY CHILD CARE Facility eval. code: 8140 Facility office number: 33 Facility county number: 19 Facility type code: 810 Facility status code: 03 Address: 4023 E. 14TH STREET City: LONG BEACH State: CA Zip: 90804 Alt. address: 4023 E. 14TH STREET City: LONG BEACH State: CA Zip: 90804 Facility investor: "GRIFFIN, ALICIA LEE" Licensee type: A License effective date: 10216 License expiration date: Not Reported License issue date: 010216 Program type: "MAXIMUM CAPACITY: 12 CHILDREN, WITH NO MORE THAN 4 INFANTS, OR CAPACITY 14 CHILDREN WHEN 2 CHILDREN ARE AT LEAST 6 YEARS OF AGE WITH A MAXIMUM OF 3 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED" Original app. received date: 010122 Facility closed date: Not Reported Mailing address: 4023 E. 14TH STREET Mailing city: LONG BEACH Mailing state: CA Mailing zip: 90804 Contact person: "GRIFFIN, ALICIALEE" Facility capacity: 14 Type of clients served: 960 Facility phone: 5624986965	SRDCCA200715074 Daycare
AT210 WNW 2-4 mi 15152 Higher	EDR ID: SRDCCA200734045 Facility number: 198012162 Facility name: JOHNSON & JOHNSON-HERNANDEZ FAMILY CHILD CARE Facility eval. code: 8160 Facility office number: 33 Facility county number: 19 Facility type code: 810 Facility status code: 03 Address: 1110 MIRA MAR AVE. City: LONG BEACH State: CA Zip: 90804 Alt. address: 1110 MIRA MAR AVE. City: LONG BEACH State: CA Zip: 90804 Facility investor: GENEVA JOHNSON & CARRIE JOHNSON-HERNANDEZ Licensee type: A	SRDCCA200734045 Daycare

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

License effective date: 60221  
 License expiration date: Not Reported  
 License issue date: 060221  
 Program type: "MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY.  
 CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY  
 SCHOOL AND 1 CHILD AT LEAST AGE 6. "

Original app. received date: 051013  
 Facility closed date: Not Reported  
 Mailing address: 1110 MIRA MAR AVE.  
 Mailing city: LONG BEACH  
 Mailing state: CA  
 Mailing zip: 90804  
 Contact person: "JOHNSON, GENEVA "  
 Facility capacity: 8  
 Type of clients served: 960  
 Facility phone: 5624333339

AY211		SRDCCA200706188
NW	EDR ID: SRDCCA200706188	Daycare
2-4 mi	Facility number: 198000670	
15154	Facility name: "RIFFEL, NORMA FAMILY DAY CARE "	
Higher	Facility eval. code: 8160	
	Facility office number: 33	
	Facility county number: 19	
	Facility type code: 810	
	Facility status code: 03	
	Address: 4916 STEARNS ST.	
	City: LONG BEACH	
	State: CA	
	Zip: 90815	
	Alt. address: 4916 STEARNS ST.	
	City: LONG BEACH	
	State: CA	
	Zip: 90815	
	Facility investor: "RIFFEL, NORMA "	
	Licensee type: A	
	License effective date: 941216	
	License expiration date: Not Reported	
	License issue date: 941216	
	Program type: "MAXIMUM CAPACITY: 6 CHILDREN, INCLUDING LICENSEE'S CHILDREN UNDER 10 YEARS OF AGE WHO RESIDE IN THE HOME, WITH NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY (INFANT MEANS A CHILD UNDER 2 YEARS OLD). "	
	Original app. received date: 940913	
	Facility closed date: Not Reported	
	Mailing address: 4916 STEARNS ST.	
	Mailing city: LONG BEACH	
	Mailing state: CA	
	Mailing zip: 90815	
	Contact person: "RIFFEL, NORMA "	
	Facility capacity: 6	
	Type of clients served: 960	
	Facility phone: 5624987496	

## MAP FINDINGS

Map ID	Direction	Distance	Distance (ft.)	Elevation	Site	EDR ID	Database
AZ212	West	2-4 mi	15178	Higher	EDR ID: SRDCCA200751568 Facility number: 198003025 Facility name: KID WORKS CHILDRENS CENTER Facility eval. code: 8160 Facility office number: 33 Facility county number: 19 Facility type code: 850 Facility status code: 03 Address: 3621 E. BROADWAY City: LONG BEACH State: CA Zip: 90803 Alt. address: 3621 E. BROADWAY City: LONG BEACH State: CA Zip: 90803 Facility investor: "JURANEK,LINDA" Licensee type: A License effective date: 970627 License expiration date: Not Reported License issue date: 970627 Program type: AGES OF CHILDREN SERVED: 3 YRS - 6 YRS. HOURS OF OPERATION: 7:00 AM - 6:00 PM MONDAY - FRIDAY. Original app. received date: 970410 Facility closed date: Not Reported Mailing address: 3621 E. BROADWAY Mailing city: LONG BEACH Mailing state: CA Mailing zip: 90803 Contact person: "JURANEK, LINDA" Facility capacity: 50 Type of clients served: 950 Facility phone: 5624384904	SRDCCA200751568	Daycare
BA213	WNW	2-4 mi	15203	Higher	Ncessch: 062250002727 Schname05: JEFFERSON LEADERSHIP ACADEMIES Mstreet05: 750 EUCLID AVE. Mcity05: LONG BEACH Mstate05: CA Mzip05: 90804 Mzip405: 5228 Member05: 1152 Phone05: (562) 438-9904 Locale05: 1 Type05: 1 Level05: 2 Gslo05: 06 Gshi05: 08 Edr id: SRPU20071014018	SRPU20071014018	Public Schools

## MAP FINDINGS

Map ID	Direction	Distance	Distance (ft.)	Elevation	Site	EDR ID Database
BB214	NNE	2-4 mi	15206	Higher	Hospital type: 01 Num of times COO: 00 Owner date: Not Reported City: LOS ALAMITOS Has plan of corr: Not Reported Compliance status: A SSA county code: 400 Cross ref number: Not Reported FMS survey date: 20010725 Current survey date: 20051019 Medicare/Medicaid: 1 Facility name: CENTERS FOR FAMILY MEDICINE-A MEDICAL CORP Intermediary/Carrier: 02050 Medicaid number: Not Reported Participation date: 19920901 Prior COO date: Not Reported Prior carrier: Not Reported Provider ID: 05D0722506 Record Status: A Region code: 09 Is Partial Record: Not Reported state abbrev: CA ssa state: 05 state region cd: M1 street address: 3460 KATELLA AVENUE Phone num: 3105946599 Termination reason: 00 Term Date: 20070910 Purpose of action: 2 Provider control: 04 Zip: 90720 Fips state: 06 Fips cnty: 059 SSA MSA: 033 SSA MSA size code: B Date accredited: Not Reported Accred expire date: Not Reported Accred Org: Not Reported Num beds: 0000 Num cert beds: 0000 Source: US_HOSPITAL_POSCLIA Edr id: SRHO20070141030	SRHO20070141030 AHA Hospitals
AY215	NW	2-4 mi	15280	Higher	Ncessch: 062250007113 Schname05: TUCKER ELEMENTARY Mstreet05: 2221 ARGONNE AVE. Mcity05: LONG BEACH Mstate05: CA Mzip05: 90815 Mzip405: 2527 Member05: 373 Phone05: (562) 498-2324 Locale05: 1	SRPU20071014256 Public Schools

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Type05: 1  
 Level05: 1  
 Gslo05: KG  
 Gshi05: 05  
 Edr id: SRPU20071014256

AV216  
 North  
 2-4 mi  
 15382  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: TALBERT MEDICAL GROUP-PLAZA  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19990503  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0960208  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 2925 PALO VERDE AVE  
 Phone num: 5624294273  
 Termination reason: 00  
 Term Date: 20070502  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90815  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070151020

SRHO20070151020  
 AHA Hospitals

AU217  
 WNW  
 2-4 mi  
 15411  
 Higher

EDR ID: SRDCCA200712791  
 Facility number: 198006041  
 Facility name: GRIFFIN FAMIY CHILD CARE

SRDCCA200712791  
 Daycare

# MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Facility eval. code: 8160  
 Facility office number: 33  
 Facility county number: 19  
 Facility type code: 810  
 Facility status code: 03  
 Address: 1514 TERMINO AVENUE  
 City: LONG BEACH  
 State: CA  
 Zip: 90804  
 Alt. address: 1514 TERMINO AVENUE  
 City: LONG BEACH  
 State: CA  
 Zip: 90804  
 Facility investor: "GRIFFIN,ARIANA"  
 Licensee type: A  
 License effective date: 609  
 License expiration date: Not Reported  
 License issue date: 000609  
 Program type: "MAXIMUM CAPACITY: 12 CHILDREN, WITH NO MORE THAN 4 INFANTS, OR  
 CAPACITY 14 CHILDREN WHEN 2 CHILDREN ARE AT LEAST 6 YEARS OF AGE WITH A  
 MAXIMUM OF 3 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED"  
 Original app. received date: 000530  
 Facility closed date: Not Reported  
 Mailing address: 1514 TERMINO AVENUE  
 Mailing city: LONG BEACH  
 Mailing state: CA  
 Mailing zip: 90804  
 Contact person: "GRIFFIN,ARIANA"  
 Facility capacity: 14  
 Type of clients served: 960  
 Facility phone: 5629613332

AU218  
 WNW  
 2-4 mi  
 15476  
 Higher

Hospital type: 03  
 Num of times COO: 03  
 Owner date: 20040101  
 City: LONG BEACH  
 Has plan of corr: 1  
 Compliance status: A  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: 20060710  
 Medicare/Medicaid: 1  
 Facility name: MARLORA POST ACUTE REHAB HOSP  
 Intermediary/Carrier: 00454  
 Medicaid number: ZZT06234H  
 Participation date: 19700820  
 Prior COO date: 19750524  
 Prior carrier: 00040  
 Provider ID: 056234  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Not Reported  
 state abbrev: CA

SRHO20070011716  
 AHA Hospitals

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

ssa state: 05  
 state region cd: L4  
 street address: 3801 E ANAHEIM ST  
 Phone num: 5624943311  
 Termination reason: 00  
 Term Date: Not Reported  
 Purpose of action: 2  
 Provider control: 03  
 Zip: 90804  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0099  
 Num cert beds: 0099  
 Source: US\_HOSPITAL\_POSOTHER  
 Edr id: SRHO20070011716

AU219  
 WNW  
 2-4 mi  
 15476  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: MARLORA POST ACUTE REHABILIT HOSPITAL  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19930111  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0675431  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 3801 E ANAHEIM STREET  
 Phone num: 3104943312  
 Termination reason: 00  
 Term Date: 20080831  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90804  
 Fips state: 06  
 Fips cnty: 037

SRHO20070138792  
 AHA Hospitals

## MAP FINDINGS

Map ID	Direction	Distance	Distance (ft.)	Elevation	Site	EDR ID Database
					SSA MSA: 328 SSA MSA size code: A Date accredited: Not Reported Accred expire date: Not Reported Accred Org: Not Reported Num beds: 0000 Num cert beds: 0000 Source: US_HOSPITAL_POSCLIA Edr id: SRHO20070138792	
AU220						SRNH20060901213
WNW	Provnum:				056234	Nursing Homes
2-4 mi	Nursinghomename:				MARLORA POST ACUTE REHAB HOSP	
15476	Street:				3801 E ANAHEIM ST	
Higher	City:				LONG BEACH	
	State:				CA	
	Zipcode:				90804	
	Phonenumber:				5624943311	
	Dateoflastinspection:				20050517	
	Certifiednumberofbeds:				99	
	Totalnumberofresidents:				89	
	Percofoccupiedbeds:				90	
	Categorydescription:				Participating in Medicare and Medicaid	
	Typeofownership:				For profit - Corporation	
	Locatedwithinahospital:				NO	
	Multinursinghomeownership:				NO	
	Residentandfamilycouncils:				BOTH	
	Edr id:				SRNH20060901213	
AZ221						SRDCCA200740201
West	EDR ID:				SRDCCA200740201	Daycare
2-4 mi	Facility number:				198013149	
15538	Facility name:				CAMPBELL FAMILY CHILD CARE	
Higher	Facility eval. code:				8160	
	Facility office number:				33	
	Facility county number:				19	
	Facility type code:				810	
	Facility status code:				03	
	Address:				246 NEWPORT AVE.	
	City:				LONG BEACH	
	State:				CA	
	Zip:				90803	
	Alt. address:				246 NEWPORT AVE.	
	City:				LONG BEACH	
	State:				CA	
	Zip:				90803	
	Facility investor:				ERICA CAMPBELL	
	Licensee type:				A	
	License effective date:				61221	
	License expiration date:				Not Reported	
	License issue date:				061221	
	Program type:				"MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY. CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6.	"

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Original app. received date: 061214  
 Facility closed date: Not Reported  
 Mailing address: 246 NEWPORT AVE.  
 Mailing city: LONG BEACH  
 Mailing state: CA  
 Mailing zip: 90803  
 Contact person: "CAMPBELL, ERICA"  
 Facility capacity: 8  
 Type of clients served: 960  
 Facility phone: 5624399936

BB222  
 NE  
 2-4 mi  
 15589  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LOS ALAMITOS  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 400  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: ACE HOME HEALTH CARE INC  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19960909  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0919431  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Not Reported  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 3532 KATELLA AVE, #105  
 Phone num: 3104318611  
 Termination reason: 08  
 Term Date: 19980908  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90720  
 Fips state: 06  
 Fips cnty: 059  
 SSA MSA: 033  
 SSA MSA size code: B  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070148200

SRHO20070148200  
 AHA Hospitals

## MAP FINDINGS

Map ID	Direction	Distance	Distance (ft.)	Elevation	Site	EDR ID	Database
BC223	WNW	2-4 mi	15601	Higher	Hospital type: 01 Num of times COO: 00 Owner date: Not Reported City: LONG BEACH Has plan of corr: Not Reported Compliance status: Not Reported SSA county code: 200 Cross ref number: Not Reported FMS survey date: Not Reported Current survey date: Not Reported Medicare/Medicaid: Not Reported Facility name: PAIGNE FAMILY MEDICAL CLINIC Intermediary/Carrier: Not Reported Medicaid number: Not Reported Participation date: 19941107 Prior COO date: Not Reported Prior carrier: Not Reported Provider ID: 05D0894090 Record Status: A Region code: 09 Is Partial Record: Not Reported state abbrev: CA ssa state: 05 state region cd: LAB street address: 3747 E ANAHEIM STREET Phone num: 3109864811 Termination reason: 08 Term Date: 19941109 Purpose of action: Not Reported Provider control: 04 Zip: 90804 Fips state: 06 Fips cnty: 037 SSA MSA: 328 SSA MSA size code: A Date accredited: Not Reported Accred expire date: Not Reported Accred Org: Not Reported Num beds: 0000 Num cert beds: 0000 Source: US_HOSPITAL_POSCLIA Edr id: SRHO20070144038	SRHO20070144038	AHA Hospitals
BD224	West	2-4 mi	15603	Higher	EDR ID: SRDCCA200752335 Facility number: 198002665 Facility name: PHASES; AN EARLY LEARNING COMPREHENSIVE Facility eval. code: 8160 Facility office number: 33 Facility county number: 19 Facility type code: 850 Facility status code: 03 Address: 404 NEWPORT AVENUE City: LONG BEACH	SRDCCA200752335	Daycare

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

State: CA  
 Zip: 90814  
 Alt. address: 3010 E. 1ST STREET  
 City: LONG BEACH  
 State: CA  
 Zip: 90803  
 Facility investor: "MURRAY, ANNE MARIE"  
 Licensee type: A  
 License effective date: 970502  
 License expiration date: Not Reported  
 License issue date: 970502  
 Program type: LICENSEE PREFERS TO SERVE AGES 18 MONTHS THRU 36 MONTHS - PRESCHOOL WITH TODDLER OPTION - AMBULATORY CARE.  
 Original app. received date: 961104  
 Facility closed date: Not Reported  
 Mailing address: 380 NEWPORT AVENUE  
 Mailing city: LONG BEACH  
 Mailing state: CA  
 Mailing zip: 90814  
 Contact person: "MURRAY, ANNE MARIE"  
 Facility capacity: 15  
 Type of clients served: 950  
 Facility phone: 5624395222

AV225  
 North  
 2-4 mi  
 15636  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: 1  
 Compliance status: A  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: 19970731  
 Medicare/Medicaid: 1  
 Facility name: SPRING FAMILY MEDICAL GROUP  
 Intermediary/Carrier: 02050  
 Medicaid number: Not Reported  
 Participation date: 19920901  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0676753  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Not Reported  
 state abbrev: CA  
 ssa state: 05  
 state region cd: M1  
 street address: 6510 EAST SPRING STREET  
 Phone num: 3104214791  
 Termination reason: 00  
 Term Date: 20080130  
 Purpose of action: 2  
 Provider control: 04

SRHO20070138765  
 AHA Hospitals

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Zip: 90815  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070138765

AV226  
 North  
 2-4 mi  
 15636  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: WOMANKIND  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19970723  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0931139  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Not Reported  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 6510 EAST SPRING STREET  
 Phone num: 3104214791  
 Termination reason: 12  
 Term Date: 19980313  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90815  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA

SRHO20070149637  
 AHA Hospitals

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Edr id: SRHO20070149637

BE227 NW 2-4 mi 15668 Higher	EDR ID: Facility number: Facility name: Facility eval. code: Facility office number: Facility county number: Facility type code: Facility status code: Address: City: State: Zip: Alt. address: City: State: Zip: Facility investor: Licensee type: License effective date: License expiration date: License issue date: Program type:  Original app. received date: Facility closed date: Mailing address: Mailing city: Mailing state: Mailing zip: Contact person: Facility capacity: Type of clients served: Facility phone:	SRDCCA200727137 198010735 LEYVA FAMILY CHILD CARE 8160 33 19 810 03 5385 E. WILLOW STREET LONG BEACH CA 90815 5385 E. WILLOW STREET LONG BEACH CA 90815 ENEVITA LEYVA A 40928 Not Reported 040928 "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED " 040629 Not Reported 5385 E. WILLOW STREET LONG BEACH CA 90815 "LEYVA, ENEVITA" 8 960 5624968104	SRDCCA200727137 Daycare
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BA228 West 2-4 mi 15668 Higher	Hospital type: Num of times COO: Owner date: City: Has plan of corr: Compliance status: SSA county code: Cross ref number: FMS survey date: Current survey date: Medicare/Medicaid: Facility name: Intermediary/Carrier: Medicaid number:	01 00 Not Reported LONG BEACH Not Reported Not Reported 200 Not Reported Not Reported Not Reported Not Reported Not Reported CHIROPRACTIC & PHYSICAL THERAPY REHAB Not Reported Not Reported	SRHO20070131650 AHA Hospitals
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## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Participation date: 19930302  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0554980  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 3535 EAST 7TH STREET  
 Phone num: 5624340062  
 Termination reason: 00  
 Term Date: 20080831  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90804  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070131650

AX229  
 NW  
 2-4 mi  
 15674  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: SAV-ON EXPRESS #9505  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 20050624  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D1042363  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: M1  
 street address: 1928 LAKEWOOD BLVD

SRHO20070159974  
 AHA Hospitals

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Phone num: 5624944282  
 Termination reason: 00  
 Term Date: 20070623  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90815  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070159974

BB230		SRPU20071014277
NNE	Ncessch: 062259004805	Public Schools
2-4 mi	Schname05: OAK MIDDLE	
15677	Mstreet05: 10821 OAK ST.	
Higher	Mcity05: LOS ALAMITOS	
	Mstate05: CA	
	Mzip05: 90720	
	Mzip405: 2313	
	Member05: 1057	
	Phone05: (562) 799-4740	
	Locale05: 3	
	Type05: 1	
	Level05: 2	
	Gslo05: 06	
	Gshi05: 08	
	Edr id: SRPU20071014277	

AU231		SRDCCA200737284
WNW	EDR ID: SRDCCA200737284	Daycare
2-4 mi	Facility number: 198012648	
15711	Facility name: GUEVARA FAMILY CHILD CARE	
Higher	Facility eval. code: 8150	
	Facility office number: 33	
	Facility county number: 19	
	Facility type code: 810	
	Facility status code: 03	
	Address: 3837 E. 14TH ST.	
	City: LONG BEACH	
	State: CA	
	Zip: 90804	
	Alt. address: 3837 E. 14TH ST.	
	City: LONG BEACH	
	State: CA	
	Zip: 90804	
	Facility investor: NELLY GUEVARA	
	Licensee type: A	

# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

License effective date: 60814  
 License expiration date: Not Reported  
 License issue date: 060814  
 Program type: "MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY.  
 CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY  
 SCHOOL AND 1 CHILD AT LEAST AGE 6. "

Original app. received date: 060605  
 Facility closed date: Not Reported  
 Mailing address: 3837 E. 14TH ST.  
 Mailing city: LONG BEACH  
 Mailing state: CA  
 Mailing zip: 90804  
 Contact person: "GUEVARA, NELLY "  
 Facility capacity: 8  
 Type of clients served: 960  
 Facility phone: 5624944365

BF232  
 North  
 2-4 mi  
 15739  
 Higher

EDR ID: SRDCCA200708461  
 Facility number: 198001599  
 Facility name: TANAKA FAMILY CHILD CARE  
 Facility eval. code: 7110  
 Facility office number: 33  
 Facility county number: 19  
 Facility type code: 810  
 Facility status code: 03  
 Address: 3009 KALLIN AVE  
 City: LONG BEACH  
 State: CA  
 Zip: 90808  
 Alt. address: 3009 KALLIN AVE  
 City: LONG BEACH  
 State: CA  
 Zip: 90808  
 Facility investor: "TANAKA, SHARON ELIZABETH "  
 Licensee type: A  
 License effective date: 960329  
 License expiration date: Not Reported  
 License issue date: 960329  
 Program type: "MAXIMUM CAPACITY: 6 CHILDREN, INCLUDING LICENSEE'S CHILDREN UNDER 10  
 YEARS OF AGE WHO RESIDE IN THE HOME, WITH NO MORE THAN 3 INFANTS OR 4  
 INFANTS ONLY (INFANT MEANS A CHILD UNDER 2 YEARS OLD). "

Original app. received date: 950925  
 Facility closed date: Not Reported  
 Mailing address: 3009 KALLIN AVE  
 Mailing city: LONG BEACH  
 Mailing state: CA  
 Mailing zip: 90808  
 Contact person: "TANAKA, SHARON E. "  
 Facility capacity: 6  
 Type of clients served: 960  
 Facility phone: 5626275867

SRDCCA200708461  
 Daycare

## MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site	EDR ID Database
BG233 WNW 2-4 mi 15794 Higher	Hospital type: 01 Num of times COO: 00 Owner date: Not Reported City: LONG BEACH Has plan of corr: Not Reported Compliance status: Not Reported SSA county code: 200 Cross ref number: Not Reported FMS survey date: Not Reported Current survey date: Not Reported Medicare/Medicaid: Not Reported Facility name: JULIE ANN SHERMAN DO Intermediary/Carrier: Not Reported Medicaid number: Not Reported Participation date: 20020211 Prior COO date: Not Reported Prior carrier: Not Reported Provider ID: 05D0996143 Record Status: A Region code: 09 Is Partial Record: Y state abbrev: CA ssa state: 05 state region cd: LAB street address: 1703 TERMINO SUITE 209 Phone num: 5624983002 Termination reason: 00 Term Date: 20080210 Purpose of action: Not Reported Provider control: 04 Zip: 90804 Fips state: 06 Fips cnty: 037 SSA MSA: 328 SSA MSA size code: A Date accredited: Not Reported Accred expire date: Not Reported Accred Org: Not Reported Num beds: 0000 Num cert beds: 0000 Source: US_HOSPITAL_POSCLIA Edr id: SRHO20070155493	SRHO20070155493 AHA Hospitals
BG234 WNW 2-4 mi 15794 Higher	Hospital type: 01 Num of times COO: 00 Owner date: Not Reported City: LONG BEACH Has plan of corr: Not Reported Compliance status: Not Reported SSA county code: 200 Cross ref number: Not Reported FMS survey date: Not Reported Current survey date: Not Reported	SRHO20070140293 AHA Hospitals

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Medicare/Medicaid: Not Reported  
 Facility name: MA-TERESA GALARPE-PASTOR MD INC  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19930331  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0713688  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 1703 TERMINO AVENUE  
 Phone num: 5629610210  
 Termination reason: 00  
 Term Date: 20080831  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90804  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070140293

BG235  
 WNW  
 2-4 mi  
 15794  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: 1  
 Compliance status: A  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: 19930629  
 Medicare/Medicaid: 1  
 Facility name: BIO-DIAGNOSTICS LABORATORIES  
 Intermediary/Carrier: 02050  
 Medicaid number: Not Reported  
 Participation date: 19920901  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0554086  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Not Reported

SRHO20070131123  
 AHA Hospitals

## MAP FINDINGS

Map ID	Direction	Distance	Distance (ft.)	Elevation	Site	EDR ID Database
					state abbrev: CA ssa state: 05 state region cd: M1 street address: 1703 TERMINO AVE SUITE 104 Phone num: 3104982100 Termination reason: 12 Term Date: 19930806 Purpose of action: 1 Provider control: 04 Zip: 90804 Fips state: 06 Fips cnty: 037 SSA MSA: 328 SSA MSA size code: A Date accredited: Not Reported Accred expire date: Not Reported Accred Org: Not Reported Num beds: 0000 Num cert beds: 0000 Source: US_HOSPITAL_POSCLIA Edr id: SRHO20070131123	
BG236						SRHO20070155927
WNW	Hospital type:				01	AHA Hospitals
2-4 mi	Num of times COO:				00	
15794	Owner date:				Not Reported	
Higher	City:				LONG BEACH	
	Has plan of corr:				Not Reported	
	Compliance status:				Not Reported	
	SSA county code:				200	
	Cross ref number:				Not Reported	
	FMS survey date:				Not Reported	
	Current survey date:				Not Reported	
	Medicare/Medicaid:				Not Reported	
	Facility name:				SIAMAK ROUZROCH MD	
	Intermediary/Carrier:				Not Reported	
	Medicaid number:				Not Reported	
	Participation date:				20020718	
	Prior COO date:				Not Reported	
	Prior carrier:				Not Reported	
	Provider ID:				05D1001731	
	Record Status:				A	
	Region code:				09	
	Is Partial Record:				Y	
	state abbrev:				CA	
	ssa state:				05	
	state region cd:				LAB	
	street address:				1703 TERMINO AVE #107	
	Phone num:				5624948008	
	Termination reason:				00	
	Term Date:				20080717	
	Purpose of action:				Not Reported	
	Provider control:				04	
	Zip:				90804	
	Fips state:				06	

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070155927

BG237  
 WNW  
 2-4 mi  
 15794  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: SOPHIA ANH TRAN MD  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 20030814  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D1015886  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: M1  
 street address: 1703 TERMINO AVENUE SUITE 106  
 Phone num: 5625977751  
 Termination reason: 01  
 Term Date: 20050801  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90804  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070160986

SRHO20070160986  
 AHA Hospitals

## MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site	EDR ID Database
BG238 WNW 2-4 mi 15838 Higher	Hospital type: 01 Num of times COO: 00 Owner date: Not Reported City: LONG BEACH Has plan of corr: Not Reported Compliance status: Not Reported SSA county code: 200 Cross ref number: Not Reported FMS survey date: Not Reported Current survey date: Not Reported Medicare/Medicaid: Not Reported Facility name: LONG BEACH COMM MED CTR HOME HEALTH Intermediary/Carrier: Not Reported Medicaid number: Not Reported Participation date: 19970522 Prior COO date: Not Reported Prior carrier: Not Reported Provider ID: 05D0928651 Record Status: A Region code: 09 Is Partial Record: Y state abbrev: CA ssa state: 05 state region cd: LAB street address: 1720 TERMINO AVENUE Phone num: 5624940871 Termination reason: 12 Term Date: 19971008 Purpose of action: Not Reported Provider control: 03 Zip: 90804 Fips state: 06 Fips cnty: 037 SSA MSA: 328 SSA MSA size code: A Date accredited: Not Reported Accred expire date: Not Reported Accred Org: Not Reported Num beds: 0000 Num cert beds: 0000 Source: US_HOSPITAL_POSCLIA Edr id: SRHO20070146896	SRHO20070146896 AHA Hospitals
BG239 WNW 2-4 mi 15838 Higher	Hospital type: 01 Num of times COO: 00 Owner date: Not Reported City: LONG BEACH Has plan of corr: Not Reported Compliance status: Not Reported SSA county code: 200 Cross ref number: Not Reported FMS survey date: Not Reported Current survey date: Not Reported	SRHO20070153560 AHA Hospitals

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Medicare/Medicaid: Not Reported  
 Facility name: CATHOLIC HEALTHCARE WEST SOUTHER CA  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19971224  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0937931  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 1720 TERMINO AVE  
 Phone num: 5624989647  
 Termination reason: 08  
 Term Date: 20011223  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90804  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070153560

BG240  
 WNW  
 2-4 mi  
 15838  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: LONG BEACH COMMUNITY HOSP-RT DEPT NICU  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19940615  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0887608  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y

SRHO20070144091  
 AHA Hospitals

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

state abbrev: CA  
ssa state: 05  
state region cd: LAB  
street address: 1720 TERMINO AVENUE  
Phone num: 5624940600  
Termination reason: 12  
Term Date: 19991220  
Purpose of action: Not Reported  
Provider control: 02  
Zip: 90804  
Fips state: 06  
Fips cnty: 037  
SSA MSA: 328  
SSA MSA size code: A  
Date accredited: Not Reported  
Accred expire date: Not Reported  
Accred Org: Not Reported  
Num beds: 0000  
Num cert beds: 0000  
Source: US\_HOSPITAL\_POSCLIA  
Edr id: SRHO20070144091

BG241  
WNW  
2-4 mi  
15838  
Higher

Hospital type: 01  
Num of times COO: 02  
Owner date: 19981201  
City: LONG BEACH  
Has plan of corr: Not Reported  
Compliance status: A  
SSA county code: 200  
Cross ref number: Not Reported  
FMS survey date: Not Reported  
Current survey date: 19950727  
Medicare/Medicaid: 1  
Facility name: LONG BEACH COMMUNITY MEDICAL CENTER  
Intermediary/Carrier: 00040  
Medicaid number: Not Reported  
Participation date: 19660701  
Prior COO date: 19981130  
Prior carrier: Not Reported  
Provider ID: 050170  
Record Status: A  
Region code: 09  
Is Partial Record: Not Reported  
state abbrev: CA  
ssa state: 05  
state region cd: L4  
street address: 1720 TERMINO AVE  
Phone num: 3104981000  
Termination reason: 01  
Term Date: 20000927  
Purpose of action: 5  
Provider control: 02  
Zip: 90804  
Fips state: 06

SRHO20070008170  
AHA Hospitals

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: 19920604  
 Accred expire date: 19950604  
 Accred Org: 1  
 Num beds: 0278  
 Num cert beds: 0251  
 Source: US\_HOSPITAL\_POSOTHER  
 Edr id: SRHO20070008170

BG242  
 WNW  
 2-4 mi  
 15838  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: LONG BEACH COMMUNITY MEDICAL CENTER  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19930120  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0554077  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 1720 TERMINO AVE  
 Phone num: 5624940635  
 Termination reason: 08  
 Term Date: 20010227  
 Purpose of action: Not Reported  
 Provider control: 02  
 Zip: 90804  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070131122

SRHO20070131122  
 AHA Hospitals

## MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site	EDR ID Database
BG243 WNW 2-4 mi 15838 Higher	Hospital type: 01 Num of times COO: 00 Owner date: Not Reported City: LONG BEACH Has plan of corr: Not Reported Compliance status: A SSA county code: 200 Cross ref number: Not Reported FMS survey date: Not Reported Current survey date: 20050713 Medicare/Medicaid: 1 Facility name: COMMUNITY HOSPITAL OF LONG BEACH Intermediary/Carrier: Not Reported Medicaid number: Not Reported Participation date: 20010328 Prior COO date: Not Reported Prior carrier: Not Reported Provider ID: 05D0984707 Record Status: A Region code: 09 Is Partial Record: Not Reported state abbrev: CA ssa state: 05 state region cd: M1 street address: 1720 TERMINO AVENUE Phone num: 5624940600 Termination reason: 00 Term Date: 20080428 Purpose of action: 5 Provider control: 02 Zip: 90804 Fips state: 06 Fips cnty: 037 SSA MSA: 328 SSA MSA size code: A Date accredited: Not Reported Accred expire date: Not Reported Accred Org: Not Reported Num beds: 0000 Num cert beds: 0000 Source: US_HOSPITAL_POSCLIA Edr id: SRHO20070153192	SRHO20070153192 AHA Hospitals
BG244 WNW 2-4 mi 15838 Higher	Hospital type: 01 Num of times COO: 00 Owner date: Not Reported City: LONG BEACH Has plan of corr: Not Reported Compliance status: A SSA county code: 200 Cross ref number: Not Reported FMS survey date: Not Reported Current survey date: 20010713	SRHO20070008973 AHA Hospitals

# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Medicare/Medicaid: 1  
 Facility name: COMMUNITY HOSPITAL OF LONG BEACH  
 Intermediary/Carrier: 00454  
 Medicaid number: Not Reported  
 Participation date: 20010723  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 050727  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Not Reported  
 state abbrev: CA  
 ssa state: 05  
 state region cd: L4  
 street address: 1720 TERMINO AVENUE  
 Phone num: 5624940600  
 Termination reason: 00  
 Term Date: Not Reported  
 Purpose of action: 1  
 Provider control: 02  
 Zip: 90804  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: 19990702  
 Accred expire date: 20010702  
 Accred Org: 1  
 Num beds: 0258  
 Num cert beds: 0107  
 Source: US\_HOSPITAL\_POSOTHER  
 Edr id: SRHO20070008973

BG245  
 WNW  
 2-4 mi  
 15838  
 Higher

Hospital type: 03  
 Num of times COO: 03  
 Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: 1  
 Compliance status: A  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: 19991116  
 Medicare/Medicaid: 1  
 Facility name: LONG BEACH COMMUNITY HOSPITAL D/P-SNF  
 Intermediary/Carrier: 00040  
 Medicaid number: Not Reported  
 Participation date: 19931029  
 Prior COO date: 19981201  
 Prior carrier: Not Reported  
 Provider ID: 555571  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Not Reported

SRHO20070108186  
 AHA Hospitals

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

state abbrev: CA  
 ssa state: 05  
 state region cd: L4  
 street address: 1720 TERMINO AVE  
 Phone num: 5624981000  
 Termination reason: 01  
 Term Date: 20000915  
 Purpose of action: 2  
 Provider control: 05  
 Zip: 90804  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0027  
 Num cert beds: 0027  
 Source: US\_HOSPITAL\_POSOTHER  
 Edr id: SRHO20070108186

BH246  
 NNW  
 2-4 mi  
 15850  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: PATRICIA A MACIOG MD  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19930512  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0709120  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 2700 BELLFLOWER BLVD 217  
 Phone num: 3104211182  
 Termination reason: 17  
 Term Date: 19970517  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90815  
 Fips state: 06

SRHO20070140673  
 AHA Hospitals

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070140673

BH247  
 NNW  
 2-4 mi  
 15850  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: SAWSAN F SELEM MD  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19960916  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0919731  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 2700 BELLFLOWER BOULEVARD SUITE 201  
 Phone num: 3109289711  
 Termination reason: 00  
 Term Date: 20080915  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90815  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070146938

SRHO20070146938  
 AHA Hospitals

## MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site	EDR ID Database
BH248 NNW 2-4 mi 15850 Higher	Hospital type: 01 Num of times COO: 00 Owner date: Not Reported City: LONG BEACH Has plan of corr: Not Reported Compliance status: Not Reported SSA county code: 200 Cross ref number: Not Reported FMS survey date: Not Reported Current survey date: Not Reported Medicare/Medicaid: Not Reported Facility name: BONDOC TERESA ROZON Intermediary/Carrier: Not Reported Medicaid number: Not Reported Participation date: 19950417 Prior COO date: Not Reported Prior carrier: Not Reported Provider ID: 05D0900101 Record Status: A Region code: 09 Is Partial Record: Y state abbrev: CA ssa state: 05 state region cd: LAB street address: 2700 BELLFLOWER BLVD SUITE 115 Phone num: 3104251275 Termination reason: 00 Term Date: 20070416 Purpose of action: Not Reported Provider control: 02 Zip: 90815 Fips state: 06 Fips cnty: 037 SSA MSA: 328 SSA MSA size code: A Date accredited: Not Reported Accred expire date: Not Reported Accred Org: Not Reported Num beds: 0000 Num cert beds: 0000 Source: US_HOSPITAL_POSCLIA Edr id: SRHO20070145989	SRHO20070145989 AHA Hospitals
AW249 NNW 2-4 mi 15854 Higher	Hospital type: 01 Num of times COO: 00 Owner date: Not Reported City: LONG BEACH Has plan of corr: 1 Compliance status: A SSA county code: 200 Cross ref number: Not Reported FMS survey date: Not Reported Current survey date: 19970729	SRHO20070131266 AHA Hospitals

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Medicare/Medicaid: 1  
 Facility name: HEALTH CARE PARTNERS  
 Intermediary/Carrier: 02050  
 Medicaid number: Not Reported  
 Participation date: 19920901  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0554213  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Not Reported  
 state abbrev: CA  
 ssa state: 05  
 state region cd: M1  
 street address: 6226 E SPRING STREET SUITE 100  
 Phone num: 3104240449  
 Termination reason: 00  
 Term Date: 20080117  
 Purpose of action: 2  
 Provider control: 04  
 Zip: 90815  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070131266

AW250  
 NNW  
 2-4 mi  
 15854  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: PATRICIA A MACIOG  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 20000214  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0970428  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y

SRHO20070152425  
 AHA Hospitals

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

state abbrev: CA  
ssa state: 05  
state region cd: LAB  
street address: 6226 EAST SPRING STREET, STE 240  
Phone num: 5629387129  
Termination reason: 00  
Term Date: 20080213  
Purpose of action: Not Reported  
Provider control: 04  
Zip: 90815  
Fips state: 06  
Fips cnty: 037  
SSA MSA: 328  
SSA MSA size code: A  
Date accredited: Not Reported  
Accred expire date: Not Reported  
Accred Org: Not Reported  
Num beds: 0000  
Num cert beds: 0000  
Source: US\_HOSPITAL\_POSCLIA  
Edr id: SRHO20070152425

AW251  
NNW  
2-4 mi  
15854  
Higher

Hospital type: 01  
Num of times COO: 00  
Owner date: Not Reported  
City: LONG BEACH  
Has plan of corr: Not Reported  
Compliance status: Not Reported  
SSA county code: 200  
Cross ref number: Not Reported  
FMS survey date: Not Reported  
Current survey date: Not Reported  
Medicare/Medicaid: Not Reported  
Facility name: CARLOS ARGUEDAS MD  
Intermediary/Carrier: Not Reported  
Medicaid number: Not Reported  
Participation date: 19930310  
Prior COO date: Not Reported  
Prior carrier: Not Reported  
Provider ID: 05D0863908  
Record Status: A  
Region code: 09  
Is Partial Record: Y  
state abbrev: CA  
ssa state: 05  
state region cd: LAB  
street address: 6226 E SPRING STREET SUITE 380  
Phone num: 3104201338  
Termination reason: 08  
Term Date: 19970809  
Purpose of action: Not Reported  
Provider control: 04  
Zip: 90815  
Fips state: 06

SRHO20070143032  
AHA Hospitals

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070143032

AW252  
 NNW  
 2-4 mi  
 15854  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: 1  
 Compliance status: A  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: 19960625  
 Medicare/Medicaid: 1  
 Facility name: THOMAS L PERCER MD  
 Intermediary/Carrier: 02050  
 Medicaid number: Not Reported  
 Participation date: 19920901  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0555025  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Not Reported  
 state abbrev: CA  
 ssa state: 05  
 state region cd: M1  
 street address: 6226 E SPRING ST SUITE 230  
 Phone num: 3104201349  
 Termination reason: 00  
 Term Date: 20070602  
 Purpose of action: 2  
 Provider control: 04  
 Zip: 90815  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070131662

SRHO20070131662  
 AHA Hospitals

## MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site	EDR ID Database
AW253 NNW 2-4 mi 15854 Higher	Hospital type: 01 Num of times COO: 00 Owner date: Not Reported City: LONG BEACH Has plan of corr: 1 Compliance status: A SSA county code: 200 Cross ref number: Not Reported FMS survey date: Not Reported Current survey date: 19950208 Medicare/Medicaid: 1 Facility name: JOHN R PROSSER MD INC Intermediary/Carrier: Not Reported Medicaid number: Not Reported Participation date: 19920901 Prior COO date: Not Reported Prior carrier: Not Reported Provider ID: 05D0720469 Record Status: A Region code: 09 Is Partial Record: Not Reported state abbrev: CA ssa state: 05 state region cd: M1 street address: 6226 E SPRING ST 100 Phone num: 3104201338 Termination reason: 01 Term Date: 19950208 Purpose of action: 1 Provider control: 04 Zip: 90815 Fips state: 06 Fips cnty: 037 SSA MSA: 328 SSA MSA size code: A Date accredited: Not Reported Accred expire date: Not Reported Accred Org: Not Reported Num beds: 0000 Num cert beds: 0000 Source: US_HOSPITAL_POSCLIA Edr id: SRHO20070141270	SRHO20070141270 AHA Hospitals
AW254 NNW 2-4 mi 15854 Higher	Hospital type: 01 Num of times COO: 00 Owner date: Not Reported City: LONG BEACH Has plan of corr: Not Reported Compliance status: Not Reported SSA county code: 200 Cross ref number: Not Reported FMS survey date: Not Reported Current survey date: Not Reported	SRHO20070152180 AHA Hospitals

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Medicare/Medicaid: Not Reported  
 Facility name: CARLOS ARGUEDAS MD  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 20000204  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0970131  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 6226 E SPRING ST #380  
 Phone num: 5624291200  
 Termination reason: 00  
 Term Date: 20080203  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90815  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070152180

AW255  
 NNW  
 2-4 mi  
 15854  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: Not Reported  
 Compliance status: A  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: 20060418  
 Medicare/Medicaid: 1  
 Facility name: NANCY F GODFREY MD  
 Intermediary/Carrier: 02050  
 Medicaid number: Not Reported  
 Participation date: 19920901  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0554136  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Not Reported

SRHO20070131240  
 AHA Hospitals

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

state abbrev: CA  
ssa state: 05  
state region cd: M1  
street address: 6226 EAST SPRING STREET, SUITE 275  
Phone num: 5624960546  
Termination reason: 00  
Term Date: 20081212  
Purpose of action: 2  
Provider control: 04  
Zip: 90815  
Fips state: 06  
Fips cnty: 037  
SSA MSA: 328  
SSA MSA size code: A  
Date accredited: Not Reported  
Accred expire date: Not Reported  
Accred Org: Not Reported  
Num beds: 0000  
Num cert beds: 0000  
Source: US\_HOSPITAL\_POSCLIA  
Edr id: SRHO20070131240

AW256  
NNW  
2-4 mi  
15854  
Higher

Hospital type: 01  
Num of times COO: 00  
Owner date: Not Reported  
City: LONG BEACH  
Has plan of corr: Not Reported  
Compliance status: Not Reported  
SSA county code: 200  
Cross ref number: Not Reported  
FMS survey date: Not Reported  
Current survey date: Not Reported  
Medicare/Medicaid: Not Reported  
Facility name: US MEDICAL GROUP INC  
Intermediary/Carrier: Not Reported  
Medicaid number: Not Reported  
Participation date: 20020724  
Prior COO date: Not Reported  
Prior carrier: Not Reported  
Provider ID: 05D1001947  
Record Status: A  
Region code: 09  
Is Partial Record: Y  
state abbrev: CA  
ssa state: 05  
state region cd: LAB  
street address: 6226 E SPRING STREET SUITE 380  
Phone num: 5624979229  
Termination reason: 00  
Term Date: 20080723  
Purpose of action: Not Reported  
Provider control: 04  
Zip: 90815  
Fips state: 06

SRHO20070156613  
AHA Hospitals

## MAP FINDINGS

Map ID	Direction	Distance	Distance (ft.)	Elevation	Site	EDR ID Database
					Fips cnty: 037 SSA MSA: 328 SSA MSA size code: A Date accredited: Not Reported Accred expire date: Not Reported Accred Org: Not Reported Num beds: 0000 Num cert beds: 0000 Source: US_HOSPITAL_POSCLIA Edr id: SRHO20070156613	
BI257	West	2-4 mi	15865	Higher	Hospital type: 01 Num of times COO: 00 Owner date: Not Reported City: LONG BEACH Has plan of corr: Not Reported Compliance status: Not Reported SSA county code: 200 Cross ref number: Not Reported FMS survey date: Not Reported Current survey date: Not Reported Medicare/Medicaid: Not Reported Facility name: CLAYTON DEJONG MD Intermediary/Carrier: Not Reported Medicaid number: Not Reported Participation date: 19930319 Prior COO date: Not Reported Prior carrier: Not Reported Provider ID: 05D0715065 Record Status: A Region code: 09 Is Partial Record: Not Reported state abbrev: CA ssa state: 05 state region cd: LAB street address: 300 REDONDO AVENUE SUITE B Phone num: 3104337496 Termination reason: 12 Term Date: 19950901 Purpose of action: Not Reported Provider control: 04 Zip: 90814 Fips state: 06 Fips cnty: 037 SSA MSA: 328 SSA MSA size code: A Date accredited: Not Reported Accred expire date: Not Reported Accred Org: Not Reported Num beds: 0000 Num cert beds: 0000 Source: US_HOSPITAL_POSCLIA Edr id: SRHO20070141780	SRHO20070141780 AHA Hospitals

## MAP FINDINGS

Map ID			EDR ID
Direction			Database
Distance			
Distance (ft.)	Site		
Elevation			
BI258			SRHO20070149084
West	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
15865	Owner date:	Not Reported	
Higher	City:	LONG BEACH	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	PROHEALTH PARTNERS,A MEDICAL GROUP,INC	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Participation date:	19971028	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0935377	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	300 REDONDO AVENUE, SUITE B	
	Phone num:	5624337496	
	Termination reason:	00	
	Term Date:	20071027	
	Purpose of action:	Not Reported	
	Provider control:	10	
	Zip:	90814	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070149084	
BI259			SRHO20070141927
West	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
15865	Owner date:	Not Reported	
Higher	City:	LONG BEACH	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Medicare/Medicaid: Not Reported  
 Facility name: DANIEL M O'TOOLE, MD INC  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19930303  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0863193  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Not Reported  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 300 REDONDO AVE  
 Phone num: 3104277946  
 Termination reason: 12  
 Term Date: 19940101  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90814  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070141927

BI260  
 West  
 2-4 mi  
 15865  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: DIANA R BRYANT MD  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19930728  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0715177  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y

SRHO20070141107  
 AHA Hospitals

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

state abbrev: CA  
ssa state: 05  
state region cd: LAB  
street address: 300 REDONDO AVE STE B  
Phone num: 3104337496  
Termination reason: 04  
Term Date: 19960831  
Purpose of action: Not Reported  
Provider control: 04  
Zip: 90814  
Fips state: 06  
Fips cnty: 037  
SSA MSA: 328  
SSA MSA size code: A  
Date accredited: Not Reported  
Accred expire date: Not Reported  
Accred Org: Not Reported  
Num beds: 0000  
Num cert beds: 0000  
Source: US\_HOSPITAL\_POSCLIA  
Edr id: SRHO20070141107

BI261  
West  
2-4 mi  
15865  
Higher

Hospital type: 01  
Num of times COO: 00  
Owner date: Not Reported  
City: LONG BEACH  
Has plan of corr: Not Reported  
Compliance status: Not Reported  
SSA county code: 200  
Cross ref number: Not Reported  
FMS survey date: Not Reported  
Current survey date: Not Reported  
Medicare/Medicaid: Not Reported  
Facility name: WOMEN'S HEALTH & REPRODUCTIVE CENTER  
Intermediary/Carrier: Not Reported  
Medicaid number: Not Reported  
Participation date: 19930309  
Prior COO date: Not Reported  
Prior carrier: Not Reported  
Provider ID: 05D0863761  
Record Status: A  
Region code: 09  
Is Partial Record: Not Reported  
state abbrev: CA  
ssa state: 05  
state region cd: LAB  
street address: 300 REDONDO AVE SUITE C  
Phone num: 3109874710  
Termination reason: 01  
Term Date: 19980101  
Purpose of action: Not Reported  
Provider control: 04  
Zip: 90814  
Fips state: 06

SRHO20070143873  
AHA Hospitals

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070143873

AZ262  
 West  
 2-4 mi  
 15869  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: LAWRENCE P CUTNER MD FACOG  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19930120  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0705652  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Not Reported  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 260 REDONDO AVE  
 Phone num: 3104344476  
 Termination reason: 01  
 Term Date: 19950301  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90803  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070138617

SRHO20070138617  
 AHA Hospitals

## MAP FINDINGS

Map ID	Direction	Distance	Distance (ft.)	Elevation	Site	EDR ID Database
AW263	NNW	2-4 mi	15929	Higher	Hospital type: 01 Num of times COO: 00 Owner date: Not Reported City: LONG BEACH Has plan of corr: Not Reported Compliance status: Not Reported SSA county code: 200 Cross ref number: Not Reported FMS survey date: Not Reported Current survey date: Not Reported Medicare/Medicaid: Not Reported Facility name: SAV ON PHARMACY #6154 Intermediary/Carrier: Not Reported Medicaid number: Not Reported Participation date: 20050329 Prior COO date: Not Reported Prior carrier: Not Reported Provider ID: 05D1038849 Record Status: A Region code: 09 Is Partial Record: Y state abbrev: CA ssa state: 05 state region cd: M1 street address: 6235 E SPRING ST Phone num: 5624210003 Termination reason: 00 Term Date: 20070328 Purpose of action: Not Reported Provider control: 04 Zip: 90808 Fips state: 06 Fips cnty: 037 SSA MSA: 328 SSA MSA size code: A Date accredited: Not Reported Accred expire date: Not Reported Accred Org: Not Reported Num beds: 0000 Num cert beds: 0000 Source: US_HOSPITAL_POSCLIA Edr id: SRHO20070159314	SRHO20070159314 AHA Hospitals
BG264	WNW	2-4 mi	15946	Higher	Hospital type: 01 Num of times COO: 00 Owner date: Not Reported City: LONG BEACH Has plan of corr: 1 Compliance status: A SSA county code: 200 Cross ref number: Not Reported FMS survey date: Not Reported Current survey date: 19960930	SRHO20070131795 AHA Hospitals

## MAP FINDINGS

Map ID	Direction	Distance	Distance (ft.)	Elevation	Site	EDR ID Database
					Medicare/Medicaid: 1 Facility name: ANDREW J MANOS INC Intermediary/Carrier: 02050 Medicaid number: Not Reported Participation date: 19920901 Prior COO date: Not Reported Prior carrier: Not Reported Provider ID: 05D0555066 Record Status: A Region code: 09 Is Partial Record: Not Reported state abbrev: CA ssa state: 05 state region cd: M1 street address: 1760 TERMINO AVENUE SUITE 222 Phone num: 3104201466 Termination reason: 00 Term Date: 20070723 Purpose of action: 2 Provider control: 04 Zip: 90804 Fips state: 06 Fips cnty: 037 SSA MSA: 328 SSA MSA size code: A Date accredited: Not Reported Accred expire date: Not Reported Accred Org: Not Reported Num beds: 0000 Num cert beds: 0000 Source: US_HOSPITAL_POSCLIA Edr id: SRHO20070131795	
BG265						SRHO20070158812
WNW					Hospital type: 01	AHA Hospitals
2-4 mi					Num of times COO: 00	
15946					Owner date: Not Reported	
Higher					City: LONG BEACH	
					Has plan of corr: Not Reported	
					Compliance status: Not Reported	
					SSA county code: 200	
					Cross ref number: Not Reported	
					FMS survey date: Not Reported	
					Current survey date: Not Reported	
					Medicare/Medicaid: Not Reported	
					Facility name: CAREMORE MEDICAL GROUP INC	
					Intermediary/Carrier: Not Reported	
					Medicaid number: Not Reported	
					Participation date: 20041019	
					Prior COO date: Not Reported	
					Prior carrier: Not Reported	
					Provider ID: 05D1032199	
					Record Status: A	
					Region code: 09	
					Is Partial Record: Y	

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

state abbrev: CA  
ssa state: 05  
state region cd: M1  
street address: 1760 TERMINO AVE  
Phone num: 5623441150  
Termination reason: 00  
Term Date: 20081018  
Purpose of action: Not Reported  
Provider control: 04  
Zip: 90804  
Fips state: 06  
Fips cnty: 037  
SSA MSA: 328  
SSA MSA size code: A  
Date accredited: Not Reported  
Accred expire date: Not Reported  
Accred Org: Not Reported  
Num beds: 0000  
Num cert beds: 0000  
Source: US\_HOSPITAL\_POSCLIA  
Edr id: SRHO20070158812

BG266  
WNW  
2-4 mi  
15946  
Higher

Hospital type: 01  
Num of times COO: 00  
Owner date: Not Reported  
City: LONG BEACH  
Has plan of corr: Not Reported  
Compliance status: Not Reported  
SSA county code: 200  
Cross ref number: Not Reported  
FMS survey date: Not Reported  
Current survey date: Not Reported  
Medicare/Medicaid: Not Reported  
Facility name: CHISATO OBA MD, INC  
Intermediary/Carrier: Not Reported  
Medicaid number: Not Reported  
Participation date: 20040817  
Prior COO date: Not Reported  
Prior carrier: Not Reported  
Provider ID: 05D1029495  
Record Status: A  
Region code: 09  
Is Partial Record: Y  
state abbrev: CA  
ssa state: 05  
state region cd: M1  
street address: 1760 TERMINO AVE SUITE 223  
Phone num: 5623441280  
Termination reason: 00  
Term Date: 20080816  
Purpose of action: Not Reported  
Provider control: 04  
Zip: 90804  
Fips state: 06

SRHO20070157742  
AHA Hospitals

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070157742

BG267  
 WNW  
 2-4 mi  
 15946  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: CURTIS FOSTER MEDICAL OFFICE  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 20030723  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D1015075  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 1760 TERMINO AVE #108  
 Phone num: 5624984510  
 Termination reason: 08  
 Term Date: 20040127  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90804  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070160051

SRHO20070160051  
 AHA Hospitals

## MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site	EDR ID Database
BG268 WNW 2-4 mi 15946 Higher	Hospital type: 01 Num of times COO: 00 Owner date: Not Reported City: LONG BEACH Has plan of corr: Not Reported Compliance status: Not Reported SSA county code: 200 Cross ref number: Not Reported FMS survey date: Not Reported Current survey date: Not Reported Medicare/Medicaid: Not Reported Facility name: THOMAS M NORUM, MD, INC Intermediary/Carrier: Not Reported Medicaid number: Not Reported Participation date: 19980313 Prior COO date: Not Reported Prior carrier: Not Reported Provider ID: 05D0942597 Record Status: A Region code: 09 Is Partial Record: Y state abbrev: CA ssa state: 05 state region cd: LAB street address: 1760 TERMINO AVENUE SUITE 306 Phone num: 5624980550 Termination reason: 08 Term Date: 20060312 Purpose of action: Not Reported Provider control: 04 Zip: 90804 Fips state: 06 Fips cnty: 037 SSA MSA: 328 SSA MSA size code: A Date accredited: Not Reported Accred expire date: Not Reported Accred Org: Not Reported Num beds: 0000 Num cert beds: 0000 Source: US_HOSPITAL_POSCLIA Edr id: SRHO20070153429	SRHO20070153429 AHA Hospitals
BG269 WNW 2-4 mi 15946 Higher	Hospital type: 01 Num of times COO: 00 Owner date: Not Reported City: LONG BEACH Has plan of corr: Not Reported Compliance status: Not Reported SSA county code: 200 Cross ref number: Not Reported FMS survey date: Not Reported Current survey date: Not Reported	SRHO20070131105 AHA Hospitals

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Medicare/Medicaid: Not Reported  
 Facility name: NICHOLAS S C LEE MD  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19930330  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0554011  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 1760 TERMINO AVENUE STE 200  
 Phone num: 3105970376  
 Termination reason: 00  
 Term Date: 20080831  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90804  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070131105

BG270  
 WNW  
 2-4 mi  
 15946  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: Not Reported  
 Compliance status: A  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: 19970724  
 Medicare/Medicaid: 1  
 Facility name: GEORGE M JAYATILAKA MD INC  
 Intermediary/Carrier: 02050  
 Medicaid number: Not Reported  
 Participation date: 19940627  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0888209  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Not Reported

SRHO20070145453  
 AHA Hospitals

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

state abbrev: CA  
ssa state: 05  
state region cd: M1  
street address: 1760 TERMINO AVE #116  
Phone num: 3105978885  
Termination reason: 00  
Term Date: 20080124  
Purpose of action: 2  
Provider control: 04  
Zip: 90804  
Fips state: 06  
Fips cnty: 037  
SSA MSA: 328  
SSA MSA size code: A  
Date accredited: Not Reported  
Accred expire date: Not Reported  
Accred Org: Not Reported  
Num beds: 0000  
Num cert beds: 0000  
Source: US\_HOSPITAL\_POSCLIA  
Edr id: SRHO20070145453

BG271  
WNW  
2-4 mi  
15946  
Higher

Hospital type: 01  
Num of times COO: 00  
Owner date: Not Reported  
City: LONG BEACH  
Has plan of corr: Not Reported  
Compliance status: Not Reported  
SSA county code: 200  
Cross ref number: Not Reported  
FMS survey date: Not Reported  
Current survey date: Not Reported  
Medicare/Medicaid: Not Reported  
Facility name: MILLER CHILDRENS HOSPITAL OUTPATIENT  
Intermediary/Carrier: Not Reported  
Medicaid number: Not Reported  
Participation date: 20050531  
Prior COO date: Not Reported  
Prior carrier: Not Reported  
Provider ID: 05D1041357  
Record Status: A  
Region code: 09  
Is Partial Record: Y  
state abbrev: CA  
ssa state: 05  
state region cd: M1  
street address: 1760 TERMINO  
Phone num: 5629330709  
Termination reason: 00  
Term Date: 20070530  
Purpose of action: Not Reported  
Provider control: 02  
Zip: 90804  
Fips state: 06

SRHO20070161248  
AHA Hospitals

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070161248

BG272  
 WNW  
 2-4 mi  
 15946  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: Not Reported  
 Compliance status: A  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: 20050908  
 Medicare/Medicaid: 1  
 Facility name: ALAN HELLER MD  
 Intermediary/Carrier: 02050  
 Medicaid number: Not Reported  
 Participation date: 19920901  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0554055  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Not Reported  
 state abbrev: CA  
 ssa state: 05  
 state region cd: M1  
 street address: 1760 TERMINO AVENUE SUITE #114  
 Phone num: 5624982459  
 Termination reason: 00  
 Term Date: 20071017  
 Purpose of action: 2  
 Provider control: 04  
 Zip: 90804  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070131121

SRHO20070131121  
 AHA Hospitals

## MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site	EDR ID Database
BG273 WNW 2-4 mi 15946 Higher	Hospital type: 01 Num of times COO: 00 Owner date: Not Reported City: LONG BEACH Has plan of corr: Not Reported Compliance status: Not Reported SSA county code: 200 Cross ref number: Not Reported FMS survey date: Not Reported Current survey date: Not Reported Medicare/Medicaid: Not Reported Facility name: RON V ROQUE MD INC Intermediary/Carrier: Not Reported Medicaid number: Not Reported Participation date: 20050419 Prior COO date: Not Reported Prior carrier: Not Reported Provider ID: 05D1039630 Record Status: A Region code: 09 Is Partial Record: Y state abbrev: CA ssa state: 05 state region cd: M1 street address: 1760 TERMINO AVE #104 Phone num: 5624948512 Termination reason: 00 Term Date: 20070418 Purpose of action: Not Reported Provider control: 04 Zip: 90804 Fips state: 06 Fips cnty: 037 SSA MSA: 328 SSA MSA size code: A Date accredited: Not Reported Accred expire date: Not Reported Accred Org: Not Reported Num beds: 0000 Num cert beds: 0000 Source: US_HOSPITAL_POSCLIA Edr id: SRHO20070163497	SRHO20070163497 AHA Hospitals
BG274 WNW 2-4 mi 15946 Higher	Hospital type: 01 Num of times COO: 00 Owner date: Not Reported City: LONG BEACH Has plan of corr: Not Reported Compliance status: Not Reported SSA county code: 200 Cross ref number: Not Reported FMS survey date: Not Reported Current survey date: Not Reported	SRHO20070147761 AHA Hospitals

# MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Medicare/Medicaid: Not Reported  
 Facility name: HEZEKIAH N MOORE, MD  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19960624  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0916511  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 1760 TERMINO AVENUE, SUITE G-21  
 Phone num: 5624984425  
 Termination reason: 00  
 Term Date: 20080623  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90804  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070147761

BF275  
 North  
 2-4 mi  
 16055  
 Higher

EDR ID: SRDCCA200723073  
 Facility number: 198009718  
 Facility name: YANO FAMILY CHILD CARE  
 Facility eval. code: 8140  
 Facility office number: 33  
 Facility county number: 19  
 Facility type code: 810  
 Facility status code: 03  
 Address: 3051 LEES AVENUE  
 City: LONG BEACH  
 State: CA  
 Zip: 90808  
 Alt. address: 3051 LEES AVENUE  
 City: LONG BEACH  
 State: CA  
 Zip: 90808  
 Facility investor: "YANO, IRMA"  
 Licensee type: A  
 License effective date: 31124  
 License expiration date: Not Reported  
 License issue date: 031124

SRDCCA200723073  
 Daycare

# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED"

Original app. received date: 030916  
 Facility closed date: Not Reported  
 Mailing address: 3051 LEES AVENUE  
 Mailing city: LONG BEACH  
 Mailing state: CA  
 Mailing zip: 90808  
 Contact person: "YANO, IRMA"  
 Facility capacity: 8  
 Type of clients served: 960  
 Facility phone: 5624215604

BA276  
 West  
 2-4 mi  
 16068  
 Higher

EDR ID: SRDCCA200732903  
 Facility number: 198012357  
 Facility name: PERKINS FAMILY CHILD CARE  
 Facility eval. code: 8160  
 Facility office number: 33  
 Facility county number: 19  
 Facility type code: 810  
 Facility status code: 03  
 Address: 3410 E. 7TH STREET  
 City: LONG BEACH  
 State: CA  
 Zip: 90804  
 Alt. address: 3410 E. 7TH STREET  
 City: LONG BEACH  
 State: CA  
 Zip: 90804  
 Facility investor: "PERKINS, DIANE"  
 Licensee type: A  
 License effective date: 60310  
 License expiration date: Not Reported  
 License issue date: 060310

SRDCCA200732903  
 Daycare

Program type: "MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY. CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6."

Original app. received date: 060120  
 Facility closed date: Not Reported  
 Mailing address: 3410 E. 7TH STREET  
 Mailing city: LONG BEACH  
 Mailing state: CA  
 Mailing zip: 90804  
 Contact person: "PERKINS, DIANE"  
 Facility capacity: 8  
 Type of clients served: 960  
 Facility phone: 5624394350

BJ277  
 NE  
 2-4 mi  
 16188  
 Higher

Hospital type: 01  
 Num of times COO: 00

SRHO20070130562  
 AHA Hospitals

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Owner date: Not Reported  
 City: LOS ALAMITOS  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 400  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: ROSSMOOR-LOS ALAMITOS MEDICAL GROUP  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19930114  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0553410  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 3722 KATELLA AVE  
 Phone num: 3104316531  
 Termination reason: 01  
 Term Date: 19960701  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90720  
 Fips state: 06  
 Fips cnty: 059  
 SSA MSA: 033  
 SSA MSA size code: B  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070130562

BI278  
 West  
 2-4 mi  
 16207  
 Higher

Ncessch: 062250002742  
 Scname05: MANN ELEMENTARY  
 Mstreet05: 257 CORONADO AVE.  
 Mcity05: LONG BEACH  
 Mstate05: CA  
 Mzip05: 90803  
 Mzip405: 5842  
 Member05: 399  
 Phone05: (562) 439-6897  
 Locale05: 1  
 Type05: 1  
 Level05: 1  
 Gslo05: KG

SRPU20071014033  
 Public Schools

## MAP FINDINGS

Map ID	Direction	Distance	Distance (ft.)	Elevation	Site	EDR ID Database
					Gshi05: 05 Edr id: SRPU20071014033	
279	NNW	2-4 mi	16263	Higher	Hospital type: 01 Num of times COO: 00 Owner date: Not Reported City: LONG BEACH Has plan of corr: Not Reported Compliance status: Not Reported SSA county code: 200 Cross ref number: Not Reported FMS survey date: Not Reported Current survey date: Not Reported Medicare/Medicaid: Not Reported Facility name: FAMILY HEALTH CARE OF LONG BEACH Intermediary/Carrier: Not Reported Medicaid number: Not Reported Participation date: 19930514 Prior COO date: Not Reported Prior carrier: Not Reported Provider ID: 05D0554745 Record Status: A Region code: 09 Is Partial Record: Y state abbrev: CA ssa state: 05 state region cd: LAB street address: 5977 SPRING ST Phone num: 3104213727 Termination reason: 00 Term Date: 20080831 Purpose of action: Not Reported Provider control: 04 Zip: 90808 Fips state: 06 Fips cnty: 037 SSA MSA: 328 SSA MSA size code: A Date accredited: Not Reported Accred expire date: Not Reported Accred Org: Not Reported Num beds: 0000 Num cert beds: 0000 Source: US_HOSPITAL_POSCLIA Edr id: SRHO20070131111	SRHO20070131111 AHA Hospitals
BG280	WNW	2-4 mi	16286	Higher	Hospital type: 01 Num of times COO: 00 Owner date: Not Reported City: LONG BEACH Has plan of corr: Not Reported Compliance status: Not Reported	SRHO20070145001 AHA Hospitals

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: REGENCY OAKS SKILLED NURSING CARE  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19940907  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0891347  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: M1  
 street address: 3850 EAST ESTHER STREET  
 Phone num: 3104983368  
 Termination reason: 00  
 Term Date: 20080906  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90804  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070145001

BG281  
 WNW  
 2-4 mi  
 16286  
 Higher

Hospital type: 03  
 Num of times COO: 04  
 Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: 1  
 Compliance status: A  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: 20060511  
 Medicare/Medicaid: 1  
 Facility name: REGENCY OAKS CARE CENTER  
 Intermediary/Carrier: 52280  
 Medicaid number: 940000023  
 Participation date: 19741213  
 Prior COO date: 20000601  
 Prior carrier: 00040

SRHO20070010975  
 AHA Hospitals

# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Provider ID: 056378  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Not Reported  
 state abbrev: CA  
 ssa state: 05  
 state region cd: L4  
 street address: 3850 E. ESTHER ST.  
 Phone num: 5624983368  
 Termination reason: 00  
 Term Date: Not Reported  
 Purpose of action: 2  
 Provider control: 02  
 Zip: 90804  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0099  
 Num cert beds: 0099  
 Source: US\_HOSPITAL\_POSOTHER  
 Edr id: SRHO20070010975

BG282		SRNH20060901076
WNW	Provnum: 056378	Nursing Homes
2-4 mi	Nursinghomename: REGENCY OAKS CARE CENTER	
16286	Street: 3850 E. ESTHER ST.	
Higher	City: LONG BEACH	
	State: CA	
	Zipcode: 90804	
	Phonenumber: 5624983368	
	Dateoflastinspection: 20060409	
	Certifiednumberofbeds: 99	
	Totalnumberofresidents: 91	
	Percofoccupiedbeds: 92	
	Categorydescription: Participating in Medicare and Medicaid	
	Typeofownership: For profit - Partnership	
	Locatedwithinahospital: NO	
	Multinursinghomeownership: NO	
	Residentandfamilycouncils: RESIDENT	
	Edr id: SRNH20060901076	

BE283		SRDCCA200730860
NW	EDR ID: SRDCCA200730860	Daycare
2-4 mi	Facility number: 198011474	
16289	Facility name: COLOCHO FAMILY CHILD CARE	
Higher	Facility eval. code: 8160	
	Facility office number: 33	
	Facility county number: 19	
	Facility type code: 810	
	Facility status code: 03	

# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Address: 5171 E. WILLOW STREET  
 City: LONG BEACH  
 State: CA  
 Zip: 90815  
 Alt. address: 5171 E. WILLOW STREET  
 City: LONG BEACH  
 State: CA  
 Zip: 90815  
 Facility investor: "COLOCHO, GINA M. "  
 Licensee type: A  
 License effective date: 50808  
 License expiration date: Not Reported  
 License issue date: 050808  
 Program type: MAX. CAP (WHEN THERE IS AN ASSISTANT PRESENT): 12 - NO MORE THAN 4  
 INFANTS. CAP 14 - NO MORE THAN 3 INFANTS. 1 CHILD IN  
 KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6.  
 Original app. received date: 050225  
 Facility closed date: Not Reported  
 Mailing address: 5171 E. WILLOW STREET  
 Mailing city: LONG BEACH  
 Mailing state: CA  
 Mailing zip: 90815  
 Contact person: "COLOCHO, GINA M. "  
 Facility capacity: 14  
 Type of clients served: 960  
 Facility phone: 5624219560

BJ284  
 NE  
 2-4 mi  
 16309  
 Higher

EDR ID: SRDCCA200700057  
 Facility number: 300602437  
 Facility name: CASA YOUTH SHELTER  
 Facility eval. code: 0308  
 Facility office number: 22  
 Facility county number: 30  
 Facility type code: 730  
 Facility status code: 03  
 Address: 10911 REAGAN STREET  
 City: LOS ALAMITOS  
 State: CA  
 Zip: 90720  
 Alt. address: 10911 REAGAN STREET  
 City: LOS ALAMITOS  
 State: CA  
 Zip: 90720  
 Facility investor: "CASA YOUTH SHELTER, INC. "  
 Licensee type: C  
 License effective date: 930403  
 License expiration date: Not Reported  
 License issue date: Not Reported  
 Program type: "AMBULATORY ONLY, AGES 12 THROUGH 17 YEARS"  
 Original app. received date: 771214  
 Facility closed date: Not Reported  
 Mailing address: 10911 REAGAN STREET  
 Mailing city: LOS ALAMITOS

SRDCCA200700057  
 Daycare

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Mailing state: CA  
 Mailing zip: 90720  
 Contact person: "MAULHARDT, LUCIANN"  
 Facility capacity: 12  
 Type of clients served: 950  
 Facility phone: 7149958601

BK285		SRDCCA200729079
NE	EDR ID: SRDCCA200729079	Daycare
2-4 mi	Facility number: 304300932	
16310	Facility name: "JOHNSON, JANN"	
Higher	Facility eval. code: 3404	
	Facility office number: 06	
	Facility county number: 30	
	Facility type code: 810	
	Facility status code: 03	
	Address: 4051 FARQUHAR	
	City: LOS ALAMITOS	
	State: CA	
	Zip: 90720	
	Alt. address: 4051 FARQUHAR	
	City: LOS ALAMITOS	
	State: CA	
	Zip: 90720	
	Facility investor: "JOHNSON, JANN"	
	Licensee type: A	
	License effective date: 41103	
	License expiration date: Not Reported	
	License issue date: 041103	
	Program type: "MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY. CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6."	
	Original app. received date: 041004	
	Facility closed date: Not Reported	
	Mailing address: 4051 FARQUHAR	
	Mailing city: LOS ALAMITOS	
	Mailing state: CA	
	Mailing zip: 90720	
	Contact person: "JOHNSON, JANN"	
	Facility capacity: 8	
	Type of clients served: 960	
	Facility phone: 5624936656	

BJ286		SRHO20070130561
NE	Hospital type: 01	AHA Hospitals
2-4 mi	Num of times COO: 00	
16327	Owner date: Not Reported	
Higher	City: LOS ALAMITOS	
	Has plan of corr: Not Reported	
	Compliance status: A	
	SSA county code: 400	
	Cross ref number: Not Reported	
	FMS survey date: Not Reported	
	Current survey date: 20050706	

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Medicare/Medicaid: 1  
 Facility name: PATIENT PREFERRED DERMATOLOGY MEDICAL  
 Intermediary/Carrier: 02050  
 Medicaid number: Not Reported  
 Participation date: 19920901  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0553407  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Not Reported  
 state abbrev: CA  
 ssa state: 05  
 state region cd: M1  
 street address: 3772 KATELLA AVE SUITE 206  
 Phone num: 3104304294  
 Termination reason: 00  
 Term Date: 20070827  
 Purpose of action: 2  
 Provider control: 04  
 Zip: 90720  
 Fips state: 06  
 Fips cnty: 059  
 SSA MSA: 033  
 SSA MSA size code: B  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070130561

BJ287  
 NE  
 2-4 mi  
 16327  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LOS ALAMITOS  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 400  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: WEST COAST SURGERY CENTER  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19990329  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0958871  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y

SRHO20070151456  
 AHA Hospitals

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 3772 KATELLA AVE STE 107  
 Phone num: 5625980058  
 Termination reason: 01  
 Term Date: 20001023  
 Purpose of action: Not Reported  
 Provider control: 02  
 Zip: 90720  
 Fips state: 06  
 Fips cnty: 059  
 SSA MSA: 033  
 SSA MSA size code: B  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070151456

BJ288  
 NE  
 2-4 mi  
 16327  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LOS ALAMITOS  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 400  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: ABC PEDIATRICS MEDICAL CENTER  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19960709  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0917038  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: M1  
 street address: 3772 W KATELLA AVE 101  
 Phone num: 5625948853  
 Termination reason: 00  
 Term Date: 20080708  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90720  
 Fips state: 06

SRHO20070148296  
 AHA Hospitals

# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Fips cnty: 059  
 SSA MSA: 033  
 SSA MSA size code: B  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070148296

BJ289  
 NE  
 2-4 mi  
 16327  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LOS ALAMITOS  
 Has plan of corr: 1  
 Compliance status: A  
 SSA county code: 400  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: 20010911  
 Medicare/Medicaid: 1  
 Facility name: MILLENIUM SURGERY CENTER  
 Intermediary/Carrier: 00542  
 Medicaid number: Not Reported  
 Participation date: 20010911  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05C0001527  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Not Reported  
 state abbrev: CA  
 ssa state: 05  
 state region cd: ORG  
 street address: 3772 KATELLA AVENUE, SUITE 107  
 Phone num: 5625980058  
 Termination reason: 00  
 Term Date: Not Reported  
 Purpose of action: 1  
 Provider control: 01  
 Zip: 90720  
 Fips state: 06  
 Fips cnty: 059  
 SSA MSA: 033  
 SSA MSA size code: B  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: 2  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSOTHER  
 Edr id: SRHO20070005685

SRHO20070005685  
 AHA Hospitals

## MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site	EDR ID Database
BJ290 NE 2-4 mi 16327 Higher	Hospital type: 01 Num of times COO: 00 Owner date: Not Reported City: LOS ALAMITOS Has plan of corr: 1 Compliance status: A SSA county code: 400 Cross ref number: Not Reported FMS survey date: Not Reported Current survey date: 20000502 Medicare/Medicaid: 2 Facility name: PREFERRED SURGICAL CENTER Intermediary/Carrier: 02050 Medicaid number: Not Reported Participation date: 20000619 Prior COO date: Not Reported Prior carrier: Not Reported Provider ID: 05C0001467 Record Status: A Region code: 09 Is Partial Record: Not Reported state abbrev: CA ssa state: 05 state region cd: ORG street address: 3772 KATELLA AVENUE, SUITE 107 Phone num: 5625980058 Termination reason: 01 Term Date: 20000626 Purpose of action: 1 Provider control: 01 Zip: 90720 Fips state: 06 Fips cnty: 059 SSA MSA: 033 SSA MSA size code: B Date accredited: Not Reported Accred expire date: Not Reported Accred Org: 0 Num beds: 0000 Num cert beds: 0000 Source: US_HOSPITAL_POSOTHER Edr id: SRHO20070005297	SRHO20070005297 AHA Hospitals
BJ291 NE 2-4 mi 16327 Higher	Hospital type: 01 Num of times COO: 00 Owner date: Not Reported City: LOS ALAMITOS Has plan of corr: Not Reported Compliance status: Not Reported SSA county code: 400 Cross ref number: Not Reported FMS survey date: Not Reported Current survey date: Not Reported	SRHO20070154637 AHA Hospitals

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Medicare/Medicaid: Not Reported  
 Facility name: HELEN MAHONEY MD  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19971224  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0937907  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: M1  
 street address: 3772 KATELLA AVE SUITE #201  
 Phone num: 5626268181  
 Termination reason: 00  
 Term Date: 20081017  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90720  
 Fips state: 06  
 Fips cnty: 059  
 SSA MSA: 033  
 SSA MSA size code: B  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070154637

BJ292  
 NE  
 2-4 mi  
 16327  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LOS ALAMITOS  
 Has plan of corr: Not Reported  
 Compliance status: A  
 SSA county code: 400  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: 20051121  
 Medicare/Medicaid: 1  
 Facility name: SUSAN E SKLAR MD INC  
 Intermediary/Carrier: 02050  
 Medicaid number: Not Reported  
 Participation date: 19920901  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0867197  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Not Reported

SRHO20070146486  
 AHA Hospitals

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

state abbrev: CA  
ssa state: 05  
state region cd: M1  
street address: 3772 KATELLA AVENUE SUITE 201  
Phone num: 5626268181  
Termination reason: 00  
Term Date: 20080415  
Purpose of action: 2  
Provider control: 04  
Zip: 90720  
Fips state: 06  
Fips cnty: 059  
SSA MSA: 033  
SSA MSA size code: B  
Date accredited: Not Reported  
Accred expire date: Not Reported  
Accred Org: Not Reported  
Num beds: 0000  
Num cert beds: 0000  
Source: US\_HOSPITAL\_POSCLIA  
Edr id: SRHO20070146486

BG293  
WNW  
2-4 mi  
16338  
Higher

Hospital type: 01  
Num of times COO: 00  
Owner date: Not Reported  
City: LONG BEACH  
Has plan of corr: 1  
Compliance status: A  
SSA county code: 200  
Cross ref number: Not Reported  
FMS survey date: Not Reported  
Current survey date: 19950602  
Medicare/Medicaid: 1  
Facility name: SO CALIF PERMANENTE MED GRP LABORATORY  
Intermediary/Carrier: 02050  
Medicaid number: Not Reported  
Participation date: 19920901  
Prior COO date: Not Reported  
Prior carrier: Not Reported  
Provider ID: 05D0671624  
Record Status: A  
Region code: 09  
Is Partial Record: Not Reported  
state abbrev: CA  
ssa state: 05  
state region cd: M1  
street address: 3900 PACIFIC COAST HIGHWAY  
Phone num: 3109862227  
Termination reason: 12  
Term Date: 19981231  
Purpose of action: 2  
Provider control: 03  
Zip: 90804  
Fips state: 06

SRHO20070135437  
AHA Hospitals

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070135437

BG294  
 WNW  
 2-4 mi  
 16338  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: SOUTHERN CALIFORNIA PERMANENTE  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19941004  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0892699  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 3900 PACIFIC COAST HIGHWAY  
 Phone num: 3107262227  
 Termination reason: 00  
 Term Date: 20081003  
 Purpose of action: Not Reported  
 Provider control: 03  
 Zip: 90804  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070144324

SRHO20070144324  
 AHA Hospitals

## MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site	EDR ID Database
BG295 WNW 2-4 mi 16338 Higher	Hospital type: 01 Num of times COO: 00 Owner date: Not Reported City: LONG BEACH Has plan of corr: 1 Compliance status: A SSA county code: 200 Cross ref number: Not Reported FMS survey date: Not Reported Current survey date: 19870417 Medicare/Medicaid: 1 Facility name: CALIF INST OF EYE SURGERY & VISION Intermediary/Carrier: 02050 Medicaid number: Not Reported Participation date: 19870421 Prior COO date: Not Reported Prior carrier: Not Reported Provider ID: 55C0001072 Record Status: A Region code: 09 Is Partial Record: Not Reported state abbrev: CA ssa state: 05 state region cd: L4 street address: 3900 PACIFIC COAST HWY, STE 150 Phone num: 2138660788 Termination reason: 01 Term Date: 19920101 Purpose of action: 1 Provider control: 01 Zip: 90804 Fips state: 06 Fips cnty: 037 SSA MSA: 328 SSA MSA size code: A Date accredited: Not Reported Accred expire date: Not Reported Accred Org: Not Reported Num beds: 0000 Num cert beds: 0000 Source: US_HOSPITAL_POSOTHER Edr id: SRHO20070110937	SRHO20070110937 AHA Hospitals
BG296 WNW 2-4 mi 16358 Higher	Hospital type: 03 Num of times COO: 06 Owner date: Not Reported City: LONG BEACH Has plan of corr: 1 Compliance status: A SSA county code: 200 Cross ref number: Not Reported FMS survey date: Not Reported Current survey date: 20060427	SRHO20070009811 AHA Hospitals

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Medicare/Medicaid: 1  
 Facility name: COUNTRY VILLA BELMONT HEIGHTS  
 Intermediary/Carrier: 52280  
 Medicaid number: 940000053  
 Participation date: 19851009  
 Prior COO date: 19980901  
 Prior carrier: 00040  
 Provider ID: 055077  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Not Reported  
 state abbrev: CA  
 ssa state: 05  
 state region cd: L4  
 street address: 1730 GRAND AVE  
 Phone num: 5625978817  
 Termination reason: 00  
 Term Date: Not Reported  
 Purpose of action: 2  
 Provider control: 02  
 Zip: 90804  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0117  
 Num cert beds: 0117  
 Source: US\_HOSPITAL\_POSOTHER  
 Edr id: SRHO20070009811

BG297  
 WNW  
 2-4 mi  
 16358  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: COUNTRY VILLA BELMONT HEIGHTS  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19921221  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0855683  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y

SRHO20070140345  
 AHA Hospitals

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

state abbrev: CA  
ssa state: 05  
state region cd: M1  
street address: 1730 GRAND AVE  
Phone num: 5625978817  
Termination reason: 00  
Term Date: 20080831  
Purpose of action: Not Reported  
Provider control: 04  
Zip: 90804  
Fips state: 06  
Fips cnty: 037  
SSA MSA: 328  
SSA MSA size code: A  
Date accredited: Not Reported  
Accred expire date: Not Reported  
Accred Org: Not Reported  
Num beds: 0000  
Num cert beds: 0000  
Source: US\_HOSPITAL\_POSCLIA  
Edr id: SRHO20070140345

BG298  
WNW  
2-4 mi  
16358  
Higher

Provnum: 055077  
Nursinghomename: COUNTRY VILLA BELMONT HEIGHTS  
Street: 1730 GRAND AVE  
City: LONG BEACH  
State: CA  
Zipcode: 90804  
Phonenumber: 5625978817  
Dateoflastinspection: 20060410  
Certifiednumberofbeds: 117  
Totalnumberofresidents: 105  
Percofoccupiedbeds: 90  
Categorydescription: Participating in Medicare and Medicaid  
Typeofownership: For profit - Partnership  
Locatedwithinahospital: NO  
Multinursinghomeownership: YES  
Residentandfamilycouncils: BOTH  
Edr id: SRNH20060900506

SRNH20060900506  
Nursing Homes

BJ299  
NE  
2-4 mi  
16361  
Higher

Hospital type: 01  
Num of times COO: 00  
Owner date: Not Reported  
City: LOS ALAMITOS  
Has plan of corr: 1  
Compliance status: A  
SSA county code: 400  
Cross ref number: Not Reported  
FMS survey date: Not Reported  
Current survey date: 19990414  
Medicare/Medicaid: 1  
Facility name: LOS ALAMITOS MEDICAL CENTER D/P SNF

SRHO20070108183  
AHA Hospitals

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Intermediary/Carrier: 52280  
 Medicaid number: Not Reported  
 Participation date: 19921026  
 Prior COO date: Not Reported  
 Prior carrier: 51051  
 Provider ID: 555523  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Not Reported  
 state abbrev: CA  
 ssa state: 05  
 state region cd: ORG  
 street address: 3751 KATELLA AVE  
 Phone num: 3105981311  
 Termination reason: 01  
 Term Date: 20000313  
 Purpose of action: 2  
 Provider control: 03  
 Zip: 90720  
 Fips state: 06  
 Fips cnty: 059  
 SSA MSA: 033  
 SSA MSA size code: B  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0020  
 Num cert beds: 0020  
 Source: US\_HOSPITAL\_POSOTHER  
 Edr id: SRHO20070108183

BJ300  
 NE  
 2-4 mi  
 16361  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LOS ALAMITOS  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 400  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: LOS ALAMITOS MEDICAL CENTER LABORATORY  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19930106  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0553391  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05

SRHO20070130560  
 AHA Hospitals

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

state region cd: LAB  
street address: 3751 KATELLA AVENUE  
Phone num: 3107993155  
Termination reason: 00  
Term Date: 20090102  
Purpose of action: Not Reported  
Provider control: 04  
Zip: 90720  
Fips state: 06  
Fips cnty: 059  
SSA MSA: 033  
SSA MSA size code: B  
Date accredited: Not Reported  
Accred expire date: Not Reported  
Accred Org: Not Reported  
Num beds: 0000  
Num cert beds: 0000  
Source: US\_HOSPITAL\_POSCLIA  
Edr id: SRHO20070130560

BJ301  
NE  
2-4 mi  
16361  
Higher

Hospital type: 01  
Num of times COO: 01  
Owner date: 20020531  
City: LOS ALAMITOS  
Has plan of corr: 1  
Compliance status: A  
SSA county code: 400  
Cross ref number: Not Reported  
FMS survey date: Not Reported  
Current survey date: 19940628  
Medicare/Medicaid: 1  
Facility name: LOS ALAMITOS MEDICAL CENTER  
Intermediary/Carrier: 52280  
Medicaid number: Not Reported  
Participation date: 19790501  
Prior COO date: Not Reported  
Prior carrier: 51051  
Provider ID: 050551  
Record Status: A  
Region code: 09  
Is Partial Record: Not Reported  
state abbrev: CA  
ssa state: 05  
state region cd: ORG  
street address: 3751 KATELLA AVENUE  
Phone num: 5627993220  
Termination reason: 00  
Term Date: Not Reported  
Purpose of action: 5  
Provider control: 04  
Zip: 90720  
Fips state: 06  
Fips cnty: 059  
SSA MSA: 033

SRHO20070006833  
AHA Hospitals

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

SSA MSA size code: B  
 Date accredited: 19940426  
 Accred expire date: 19970426  
 Accred Org: 1  
 Num beds: 0167  
 Num cert beds: 0167  
 Source: US\_HOSPITAL\_POSOTHER  
 Edr id: SRHO20070006833

BJ302  
 NE  
 2-4 mi  
 16420  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LOS ALAMITOS  
 Has plan of corr: 1  
 Compliance status: A  
 SSA county code: 400  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: 20060726  
 Medicare/Medicaid: 1  
 Facility name: COAST UROLOGICAL MEDICAL GROUP INC  
 Intermediary/Carrier: 02050  
 Medicaid number: Not Reported  
 Participation date: 19920901  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0553361  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Not Reported  
 state abbrev: CA  
 ssa state: 05  
 state region cd: M1  
 street address: 3771 KATELLA #210  
 Phone num: 5624300581  
 Termination reason: 00  
 Term Date: 20070325  
 Purpose of action: 2  
 Provider control: 04  
 Zip: 90720  
 Fips state: 06  
 Fips cnty: 059  
 SSA MSA: 033  
 SSA MSA size code: B  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070130570

SRHO20070130570  
 AHA Hospitals

## MAP FINDINGS

Map ID	Direction	Distance	Distance (ft.)	Elevation	Site	EDR ID Database
BJ303	NE	2-4 mi	16420	Higher	Hospital type: 01 Num of times COO: 00 Owner date: Not Reported City: LOS ALAMITOS Has plan of corr: Not Reported Compliance status: Not Reported SSA county code: 400 Cross ref number: Not Reported FMS survey date: Not Reported Current survey date: Not Reported Medicare/Medicaid: Not Reported Facility name: JACQUELYN VANDER WALL MD INC Intermediary/Carrier: Not Reported Medicaid number: Not Reported Participation date: 20000419 Prior COO date: Not Reported Prior carrier: Not Reported Provider ID: 05D0972888 Record Status: A Region code: 09 Is Partial Record: Y state abbrev: CA ssa state: 05 state region cd: LAB street address: 3771 KATELLA AVE, SUITE 100 Phone num: 5624318771 Termination reason: 00 Term Date: 20080418 Purpose of action: Not Reported Provider control: 04 Zip: 90720 Fips state: 06 Fips cnty: 059 SSA MSA: 033 SSA MSA size code: B Date accredited: Not Reported Accred expire date: Not Reported Accred Org: Not Reported Num beds: 0000 Num cert beds: 0000 Source: US_HOSPITAL_POSCLIA Edr id: SRHO20070157888	SRHO20070157888 AHA Hospitals
BJ304	NE	2-4 mi	16420	Higher	Hospital type: 01 Num of times COO: 00 Owner date: Not Reported City: LOS ALAMITOS Has plan of corr: Not Reported Compliance status: Not Reported SSA county code: 400 Cross ref number: Not Reported FMS survey date: Not Reported Current survey date: Not Reported	SRHO20070143961 AHA Hospitals

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Medicare/Medicaid: Not Reported  
 Facility name: MARCY L ZWELLING-AAMOT MD  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19930219  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0862340  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: M1  
 street address: 3771 KATELLA AVE, #108  
 Phone num: 5625967584  
 Termination reason: 00  
 Term Date: 20080831  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90720  
 Fips state: 06  
 Fips cnty: 059  
 SSA MSA: 033  
 SSA MSA size code: B  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070143961

BJ305  
 NE  
 2-4 mi  
 16420  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LOS ALAMITOS  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 400  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: LOS ALAMITOS OBG GYN MEDICAL GROUP  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19930421  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0675161  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y

SRHO20070138521  
 AHA Hospitals

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

state abbrev: CA  
 ssa state: 05  
 state region cd: M1  
 street address: 3771 KATELLA AVENUE,SUITE 219  
 Phone num: 5625965567  
 Termination reason: 00  
 Term Date: 20070423  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90720  
 Fips state: 06  
 Fips cnty: 059  
 SSA MSA: 033  
 SSA MSA size code: B  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070138521

BJ306  
 NE  
 2-4 mi  
 16420  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LOS ALAMITOS  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 400  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: LOS ALAMITOS CARDIOVASCULAR  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 20060320  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D1052201  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: M1  
 street address: 3771 KATELLA AVE STE 300  
 Phone num: 5624307533  
 Termination reason: 00  
 Term Date: 20080319  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90720  
 Fips state: 06

SRHO20070165031  
 AHA Hospitals

## MAP FINDINGS

Map ID	Direction	Distance	Distance (ft.)	Elevation	Site	EDR ID Database
					Fips cnty: 059 SSA MSA: 033 SSA MSA size code: B Date accredited: Not Reported Accred expire date: Not Reported Accred Org: Not Reported Num beds: 0000 Num cert beds: 0000 Source: US_HOSPITAL_POSCLIA Edr id: SRHO20070165031	
BJ307	NE	2-4 mi	16420	Higher	Hospital type: 01 Num of times COO: 00 Owner date: Not Reported City: LOS ALAMITOS Has plan of corr: Not Reported Compliance status: Not Reported SSA county code: 400 Cross ref number: Not Reported FMS survey date: Not Reported Current survey date: Not Reported Medicare/Medicaid: Not Reported Facility name: CHARLES M MAPLE, DO Intermediary/Carrier: Not Reported Medicaid number: Not Reported Participation date: 20051123 Prior COO date: Not Reported Prior carrier: Not Reported Provider ID: 05D1048208 Record Status: A Region code: 09 Is Partial Record: Y state abbrev: CA ssa state: 05 state region cd: M1 street address: 3771 KATELLA AVE SUITE 110 Phone num: 5624306850 Termination reason: 00 Term Date: 20071122 Purpose of action: Not Reported Provider control: 04 Zip: 90720 Fips state: 06 Fips cnty: 059 SSA MSA: 033 SSA MSA size code: B Date accredited: Not Reported Accred expire date: Not Reported Accred Org: Not Reported Num beds: 0000 Num cert beds: 0000 Source: US_HOSPITAL_POSCLIA Edr id: SRHO20070165333	SRHO20070165333 AHA Hospitals

## MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site	EDR ID Database
BJ308 NE 2-4 mi 16420 Higher	Hospital type: 01 Num of times COO: 00 Owner date: Not Reported City: LOS ALAMITOS Has plan of corr: Not Reported Compliance status: Not Reported SSA county code: 400 Cross ref number: Not Reported FMS survey date: Not Reported Current survey date: Not Reported Medicare/Medicaid: Not Reported Facility name: CECILIA CHU MD INC Intermediary/Carrier: Not Reported Medicaid number: Not Reported Participation date: 20030924 Prior COO date: Not Reported Prior carrier: Not Reported Provider ID: 05D1017393 Record Status: A Region code: 09 Is Partial Record: Y state abbrev: CA ssa state: 05 state region cd: LAB street address: 3771 KATELLA AVENUE SUITE 205 Phone num: 5625947555 Termination reason: 00 Term Date: 20070923 Purpose of action: Not Reported Provider control: 04 Zip: 90720 Fips state: 06 Fips cnty: 059 SSA MSA: 033 SSA MSA size code: B Date accredited: Not Reported Accred expire date: Not Reported Accred Org: Not Reported Num beds: 0000 Num cert beds: 0000 Source: US_HOSPITAL_POSCLIA Edr id: SRHO20070160754	SRHO20070160754 AHA Hospitals
BJ309 NE 2-4 mi 16435 Higher	Hospital type: 01 Num of times COO: 02 Owner date: Not Reported City: LOS ALAMITOS Has plan of corr: 1 Compliance status: A SSA county code: 400 Cross ref number: Not Reported FMS survey date: Not Reported Current survey date: 20020201	SRHO20070008077 AHA Hospitals

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Medicare/Medicaid: 1  
 Facility name: LOS ALAMITOS HEMODIALYSIS CENTER  
 Intermediary/Carrier: 00040  
 Medicaid number: Not Reported  
 Participation date: 19770815  
 Prior COO date: 19820201  
 Prior carrier: 51051  
 Provider ID: 052515  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Not Reported  
 state abbrev: CA  
 ssa state: 05  
 state region cd: SD  
 street address: 3810 KATELLA AVE  
 Phone num: 3105989527  
 Termination reason: 00  
 Term Date: Not Reported  
 Purpose of action: 2  
 Provider control: 01  
 Zip: 90720  
 Fips state: 06  
 Fips cnty: 059  
 SSA MSA: 033  
 SSA MSA size code: B  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSOTHER  
 Edr id: SRHO20070008077

BJ310  
 NE  
 2-4 mi  
 16435  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LOS ALAMITOS  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 400  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: DIALYSIS MEDICAL GROUP  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19980211  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0940485  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y

SRHO20070154261  
 AHA Hospitals

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

state abbrev: CA  
ssa state: 05  
state region cd: LAB  
street address: 3810 KATELLA AVENUE  
Phone num: 5624268881  
Termination reason: 01  
Term Date: 20020212  
Purpose of action: Not Reported  
Provider control: 04  
Zip: 90720  
Fips state: 06  
Fips cnty: 059  
SSA MSA: 033  
SSA MSA size code: B  
Date accredited: Not Reported  
Accred expire date: Not Reported  
Accred Org: Not Reported  
Num beds: 0000  
Num cert beds: 0000  
Source: US\_HOSPITAL\_POSCLIA  
Edr id: SRHO20070154261

BJ311  
NE  
2-4 mi  
16435  
Higher

Hospital type: 01  
Num of times COO: 00  
Owner date: Not Reported  
City: LOS ALAMITOS  
Has plan of corr: Not Reported  
Compliance status: Not Reported  
SSA county code: 400  
Cross ref number: Not Reported  
FMS survey date: Not Reported  
Current survey date: Not Reported  
Medicare/Medicaid: Not Reported  
Facility name: MAHER A A AZER MD INC  
Intermediary/Carrier: Not Reported  
Medicaid number: Not Reported  
Participation date: 20000621  
Prior COO date: Not Reported  
Prior carrier: Not Reported  
Provider ID: 05D0974944  
Record Status: A  
Region code: 09  
Is Partial Record: Y  
state abbrev: CA  
ssa state: 05  
state region cd: LAB  
street address: 3810 KATELLA AVE  
Phone num: 5624268881  
Termination reason: 00  
Term Date: 20080620  
Purpose of action: Not Reported  
Provider control: 02  
Zip: 90720  
Fips state: 06

SRHO20070156012  
AHA Hospitals

## MAP FINDINGS

Map ID	Direction	Distance	Distance (ft.)	Elevation	Site	EDR ID Database
					Fips cnty: 059 SSA MSA: 033 SSA MSA size code: B Date accredited: Not Reported Accred expire date: Not Reported Accred Org: Not Reported Num beds: 0000 Num cert beds: 0000 Source: US_HOSPITAL_POSCLIA Edr id: SRHO20070156012	
BJ312	NE	2-4 mi	16435	Higher	Hospital type: 01 Num of times COO: 00 Owner date: Not Reported City: LOS ALAMITOS Has plan of corr: Not Reported Compliance status: Not Reported SSA county code: 400 Cross ref number: 05D0940485 FMS survey date: Not Reported Current survey date: Not Reported Medicare/Medicaid: Not Reported Facility name: DIALYSIS MEDICAL GROUP Intermediary/Carrier: Not Reported Medicaid number: Not Reported Participation date: 19980410 Prior COO date: Not Reported Prior carrier: Not Reported Provider ID: 05D0944395 Record Status: A Region code: 09 Is Partial Record: Not Reported state abbrev: CA ssa state: 05 state region cd: LAB street address: 3810 KATELLA AVENUE Phone num: 5624268881 Termination reason: 16 Term Date: 19980411 Purpose of action: Not Reported Provider control: 04 Zip: 90720 Fips state: 06 Fips cnty: 059 SSA MSA: 033 SSA MSA size code: B Date accredited: Not Reported Accred expire date: Not Reported Accred Org: Not Reported Num beds: 0000 Num cert beds: 0000 Source: US_HOSPITAL_POSCLIA Edr id: SRHO20070154098	SRHO20070154098 AHA Hospitals

## MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site	EDR ID Database
BJ313 NE 2-4 mi 16435 Higher	Hospital type: 01 Num of times COO: 00 Owner date: Not Reported City: LOS ALAMITOS Has plan of corr: Not Reported Compliance status: Not Reported SSA county code: 400 Cross ref number: Not Reported FMS survey date: Not Reported Current survey date: Not Reported Medicare/Medicaid: Not Reported Facility name: LOS ALAMITOS HEMODIALYSIS CENTER Intermediary/Carrier: Not Reported Medicaid number: Not Reported Participation date: 19980211 Prior COO date: Not Reported Prior carrier: Not Reported Provider ID: 05D0940483 Record Status: A Region code: 09 Is Partial Record: Y state abbrev: CA ssa state: 05 state region cd: LAB street address: 3810 KATELLA AVE Phone num: 5625989527 Termination reason: 00 Term Date: 20080210 Purpose of action: Not Reported Provider control: 04 Zip: 90720 Fips state: 06 Fips cnty: 059 SSA MSA: 033 SSA MSA size code: B Date accredited: Not Reported Accred expire date: Not Reported Accred Org: Not Reported Num beds: 0000 Num cert beds: 0000 Source: US_HOSPITAL_POSCLIA Edr id: SRHO20070153994	SRHO20070153994 AHA Hospitals
BJ314 NE 2-4 mi 16440 Higher	Hospital type: 01 Num of times COO: 00 Owner date: Not Reported City: LOS ALAMITOS Has plan of corr: 1 Compliance status: A SSA county code: 400 Cross ref number: Not Reported FMS survey date: Not Reported Current survey date: 19970813	SRHO20070148312 AHA Hospitals

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Medicare/Medicaid: 1  
 Facility name: LABORATORY CORPORATION OF AMERICA  
 Intermediary/Carrier: 02050  
 Medicaid number: Not Reported  
 Participation date: 19960329  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0913374  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Not Reported  
 state abbrev: CA  
 ssa state: 05  
 state region cd: M1  
 street address: 3812 KATELLA AVENUE  
 Phone num: 7148916771  
 Termination reason: 01  
 Term Date: 19981030  
 Purpose of action: 2  
 Provider control: 04  
 Zip: 90720  
 Fips state: 06  
 Fips cnty: 059  
 SSA MSA: 033  
 SSA MSA size code: B  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070148312

BJ315  
 NE  
 2-4 mi  
 16440  
 Higher

Hospital type: 01  
 Num of times COO: 02  
 Owner date: Not Reported  
 City: LOS ALAMITOS  
 Has plan of corr: 1  
 Compliance status: A  
 SSA county code: 400  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: 19950920  
 Medicare/Medicaid: 1  
 Facility name: LABORATORY CORPORATION OF AMERICA  
 Intermediary/Carrier: 02050  
 Medicaid number: Not Reported  
 Participation date: 19920901  
 Prior COO date: 19931104  
 Prior carrier: Not Reported  
 Provider ID: 05D0553292  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Not Reported

SRHO20070131338  
 AHA Hospitals

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

state abbrev: CA  
ssa state: 05  
state region cd: M1  
street address: 3812 KATELLA AVENUE  
Phone num: 3104312725  
Termination reason: 01  
Term Date: 19960428  
Purpose of action: 2  
Provider control: 07  
Zip: 90720  
Fips state: 06  
Fips cnty: 059  
SSA MSA: 033  
SSA MSA size code: B  
Date accredited: Not Reported  
Accred expire date: Not Reported  
Accred Org: Not Reported  
Num beds: 0000  
Num cert beds: 0000  
Source: US\_HOSPITAL\_POSCLIA  
Edr id: SRHO20070131338

BJ316  
NE  
2-4 mi  
16452  
Higher

Hospital type: 01  
Num of times COO: 00  
Owner date: Not Reported  
City: LOS ALAMITOS  
Has plan of corr: Not Reported  
Compliance status: Not Reported  
SSA county code: 400  
Cross ref number: Not Reported  
FMS survey date: Not Reported  
Current survey date: Not Reported  
Medicare/Medicaid: Not Reported  
Facility name: REAGAN STREET SURGERY CENTER  
Intermediary/Carrier: Not Reported  
Medicaid number: Not Reported  
Participation date: 20051007  
Prior COO date: Not Reported  
Prior carrier: Not Reported  
Provider ID: 05D1046415  
Record Status: A  
Region code: 09  
Is Partial Record: Y  
state abbrev: CA  
ssa state: 05  
state region cd: M1  
street address: 10904 REAGAN STREET  
Phone num: 5625963140  
Termination reason: 00  
Term Date: 20071006  
Purpose of action: Not Reported  
Provider control: 04  
Zip: 90720  
Fips state: 06

SRHO20070160395  
AHA Hospitals

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Fips cnty: 059  
 SSA MSA: 033  
 SSA MSA size code: B  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070160395

BJ317  
 NE  
 2-4 mi  
 16452  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LOS ALAMITOS  
 Has plan of corr: Not Reported  
 Compliance status: A  
 SSA county code: 400  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: 20051221  
 Medicare/Medicaid: 1  
 Facility name: REAGAN STREET SURGERY CENTER  
 Intermediary/Carrier: 31144  
 Medicaid number: Not Reported  
 Participation date: 20051221  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05C0001750  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Not Reported  
 state abbrev: CA  
 ssa state: 05  
 state region cd: ORG  
 street address: 10904 REAGAN STREET  
 Phone num: 5625693140  
 Termination reason: 00  
 Term Date: Not Reported  
 Purpose of action: 1  
 Provider control: 01  
 Zip: 90720  
 Fips state: 06  
 Fips cnty: 059  
 SSA MSA: 033  
 SSA MSA size code: B  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: 2  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSOTHER  
 Edr id: SRHO20070005933

SRHO20070005933  
 AHA Hospitals

## MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site	EDR ID Database
BK318 NE 2-4 mi 16468 Higher	EDR ID: SRDCCA200755745 Facility number: 304370194 Facility name: MONTESSORI GREENHOUSE SCHOOL Facility eval. code: 1202 Facility office number: 06 Facility county number: 30 Facility type code: 850 Facility status code: 03 Address: 4001 HOWARD STREET City: LOS ALAMITOS State: CA Zip: 90720 Alt. address: 5152 KATELLA AVE. SUITE 101 City: LOS ALAMITOS State: CA Zip: 90720 Facility investor: "MONTESSORI GREENHOUSE SCHOOLS, LLC" Licensee type: E License effective date: 51110 License expiration date: Not Reported License issue date: 051110 Program type: "AMBULATORY CHILDREN AGES 2-6 YEARS OLD. HOURS: 7:00 AM TO 6:00 PM, MONDAY THROUGH FRIDAY." Original app. received date: 050721 Facility closed date: Not Reported Mailing address: 17583 OAK STREET Mailing city: FOUNTAIN VALLEY Mailing state: CA Mailing zip: 92708 Contact person: "FUENTES, MICHELLE" Facility capacity: 50 Type of clients served: 950 Facility phone: 5624304409	SRDCCA200755745 Daycare
BK319 NE 2-4 mi 16468 Higher	Pss school id: K9300228 Pss inst: MONTESSORI GREENHOUSE Lograde: PK Higrade: K Pss address: 4001 HOWARD AVE Pss city: LOS ALAMITOS Pss county no: 059 Pss county fips: 06059 Pss stabb: CA Pss fips: 06 Pss zip5: 90720 Pss phone: 5624304409 Pss sch days: Not Reported Pss stu day hrs: Not Reported Pss library: No Pss enroll ug: Not Reported Pss enroll pk: 48 Pss enroll k: 8	SRPR20051021966 Private Schools

# MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Pss enroll 1:	Not Reported
Pss enroll 2:	Not Reported
Pss enroll 3:	Not Reported
Pss enroll 4:	Not Reported
Pss enroll 5:	Not Reported
Pss enroll 6:	Not Reported
Pss enroll 7:	Not Reported
Pss enroll 8:	Not Reported
Pss enroll 9:	Not Reported
Pss enroll 10:	Not Reported
Pss enroll 11:	Not Reported
Pss enroll 12:	Not Reported
Pss enroll t:	56
Pss enroll tk12:	8
Pss race ai:	0
Pss race as:	3
Pss race h:	1
Pss race b:	0
Pss race w:	4
Pss fte teach:	4.6
Pss locale:	3
Pss coed:	1
Pss type:	2
Pss level:	1
Pss relig:	3
Pss comm type:	2
Pss indian pct:	0
Pss asian pct:	37.5
Pss hisp pct:	12.5
Pss black pct:	0
Pss white pct:	50
Pss stdtch rt:	1.74
Pss orient:	29
Pss county name:	ORANGE
Pss assoc 1:	American Montessori Society (AMS)
Pss assoc 2:	Not Reported
Pss assoc 3:	Not Reported
Pss assoc 4:	Not Reported
Pss assoc 5:	Not Reported
Pss assoc 6:	Not Reported
Pss assoc 7:	Not Reported
Source:	NCESDATA_E72D09B4
Edr id:	SRPR20051021966

BL320  
 North  
 2-4 mi  
 16479  
 Higher

**EDR ID:** SRDCCA200721204  
**Facility number:** 198009389  
**Facility name:** PETERSON FAMILY CHILD CARE  
**Facility eval. code:** 7110  
**Facility office number:** 33  
**Facility county number:** 19  
**Facility type code:** 810  
**Facility status code:** 03  
**Address:** 3080 PALO VERDE AVENUE  
**City:** LONG BEACH

SRDCCA200721204  
 Daycare

# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

State: CA  
 Zip: 90808  
 Alt. address: 3080 PALO VERDE AVENUE  
 City: LONG BEACH  
 State: CA  
 Zip: 90808  
 Facility investor: SARAH ANN-MICHELLE PETERSON  
 Licensee type: A  
 License effective date: 30917  
 License expiration date: Not Reported  
 License issue date: 030917  
 Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED"  
 Original app. received date: 030711  
 Facility closed date: Not Reported  
 Mailing address: 3080 PALO VERDE AVENUE  
 Mailing city: LONG BEACH  
 Mailing state: CA  
 Mailing zip: 90808  
 Contact person: "PETERSON, SARAH"  
 Facility capacity: 8  
 Type of clients served: 960  
 Facility phone: 5626270312

BI321  
 West  
 2-4 mi  
 16480  
 Higher

EDR ID: SRDCCA200746897  
 Facility number: 191670974  
 Facility name: MANN CHILD DEVELOPMENT CENTER  
 Facility eval. code: 9130  
 Facility office number: 33  
 Facility county number: 19  
 Facility type code: 850  
 Facility status code: 03  
 Address: 3215 E VISTA AVE  
 City: LONG BEACH  
 State: CA  
 Zip: 90803  
 Alt. address: 2209 SEABRIGHT AVE.  
 City: LONG BEACH  
 State: CA  
 Zip: 90810  
 Facility investor: LONG BEACH UNIFIED SCHOOL DISTRICT  
 Licensee type: F  
 License effective date: 941019  
 License expiration date: Not Reported  
 License issue date: Not Reported  
 Program type: PRESCHOOL: AGE 2 YEARS OLD UNTIL ENTRY INTO KINDERGARTEN.  
 Original app. received date: 831202  
 Facility closed date: Not Reported  
 Mailing address: 2209 SEABRIGHT AVE.  
 Mailing city: LONG BEACH  
 Mailing state: CA  
 Mailing zip: 90810

SRDCCA200746897  
 Daycare

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Contact person: CAROLYN NIX  
 Facility capacity: 48  
 Type of clients served: 950  
 Facility phone: 3104387243

BJ322  
 NE  
 2-4 mi  
 16483  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LOS ALAMITOS  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 400  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: M H MAZNAVI MD  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19931222  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0553312  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 3791 KATELLA AVE SUITE 101  
 Phone num: 3105964403  
 Termination reason: 00  
 Term Date: 20080831  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90720  
 Fips state: 06  
 Fips cnty: 059  
 SSA MSA: 033  
 SSA MSA size code: B  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070130546

SRHO20070130546  
 AHA Hospitals

BJ323  
 NE  
 2-4 mi  
 16483  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LOS ALAMITOS

SRHO20070142751  
 AHA Hospitals

# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 400  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: MARK M CHUNG MD  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19930218  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0862049  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 3791 KATELLA AVE, #103  
 Phone num: 3105981002  
 Termination reason: 08  
 Term Date: 19960831  
 Purpose of action: Not Reported  
 Provider control: 02  
 Zip: 90720  
 Fips state: 06  
 Fips cnty: 059  
 SSA MSA: 033  
 SSA MSA size code: B  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070142751

BJ324  
 NE  
 2-4 mi  
 16483  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LOS ALAMITOS  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 400  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: DARRYL R BROWN MD INC  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19930818

SRHO20070142135  
 AHA Hospitals

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0875116  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Not Reported  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 3791 KATELLA AVE SUITE 210  
 Phone num: 3104315353  
 Termination reason: 17  
 Term Date: 19950817  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90720  
 Fips state: 06  
 Fips cnty: 059  
 SSA MSA: 033  
 SSA MSA size code: B  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070142135

BJ325  
 NE  
 2-4 mi  
 16483  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LOS ALAMITOS  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 400  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: NICOLAS A DIKIO MD  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 20020227  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0996834  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 3791 KATELLA AVENUE SUITE 209  
 Phone num: 5625940006

SRHO20070155742  
 AHA Hospitals

# MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Termination reason: 00  
 Term Date: 20080226  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90720  
 Fips state: 06  
 Fips cnty: 059  
 SSA MSA: 033  
 SSA MSA size code: B  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070155742

BJ326  
 NE  
 2-4 mi  
 16483  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LOS ALAMITOS  
 Has plan of corr: 1  
 Compliance status: A  
 SSA county code: 400  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: 19960617  
 Medicare/Medicaid: 1  
 Facility name: HAROLD M LIN MD  
 Intermediary/Carrier: 02050  
 Medicaid number: Not Reported  
 Participation date: 19920901  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0553306  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Not Reported  
 state abbrev: CA  
 ssa state: 05  
 state region cd: M1  
 street address: 3791 KATELLA AVE 105  
 Phone num: 3105946693  
 Termination reason: 08  
 Term Date: 19990719  
 Purpose of action: 2  
 Provider control: 04  
 Zip: 90720  
 Fips state: 06  
 Fips cnty: 059  
 SSA MSA: 033  
 SSA MSA size code: B  
 Date accredited: Not Reported  
 Accred expire date: Not Reported

SRHO20070131341  
 AHA Hospitals

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070131341

BJ327  
 NE  
 2-4 mi  
 16483  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LOS ALAMITOS  
 Has plan of corr: Not Reported  
 Compliance status: A  
 SSA county code: 400  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: 19990402  
 Medicare/Medicaid: 1  
 Facility name: PACIFIC SHORES MEDICAL GROUP  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19980925  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0951757  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Not Reported  
 state abbrev: CA  
 ssa state: 05  
 state region cd: M1  
 street address: 3791 KATELLA AVENUE SUITE 205  
 Phone num: 5624305900  
 Termination reason: 00  
 Term Date: 20070423  
 Purpose of action: 1  
 Provider control: 04  
 Zip: 90720  
 Fips state: 06  
 Fips cnty: 059  
 SSA MSA: 033  
 SSA MSA size code: B  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070152357

SRHO20070152357  
 AHA Hospitals

BJ328  
 NE  
 2-4 mi  
 16483  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported

SRHO20070140260  
 AHA Hospitals

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

City: LOS ALAMITOS  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 400  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: DARRYL R BROWN MD  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19930121  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0708188  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Not Reported  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 3791 KATELLA AVE SUITE 210  
 Phone num: 3104315353  
 Termination reason: 01  
 Term Date: 19930910  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90720  
 Fips state: 06  
 Fips cnty: 059  
 SSA MSA: 033  
 SSA MSA size code: B  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070140260

BJ329  
 NE  
 2-4 mi  
 16483  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LOS ALAMITOS  
 Has plan of corr: Not Reported  
 Compliance status: A  
 SSA county code: 400  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: 20051110  
 Medicare/Medicaid: 1  
 Facility name: ASSOCIATES IN UROLOGY  
 Intermediary/Carrier: 02050  
 Medicaid number: Not Reported

SRHO20070140719  
 AHA Hospitals

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Participation date: 19920901  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0719950  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Not Reported  
 state abbrev: CA  
 ssa state: 05  
 state region cd: M1  
 street address: 3791 KATELLA AVENUE SUITE #200  
 Phone num: 5625986166  
 Termination reason: 00  
 Term Date: 20080115  
 Purpose of action: 2  
 Provider control: 04  
 Zip: 90720  
 Fips state: 06  
 Fips cnty: 059  
 SSA MSA: 033  
 SSA MSA size code: B  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070140719

BJ330  
 NE  
 2-4 mi  
 16483  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LOS ALAMITOS  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 400  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: JAMES Y GER MD  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19921223  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0553297  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 3791 KATELLA AVE SUITE 108

SRHO20070131340  
 AHA Hospitals

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Phone num: 3104313521  
 Termination reason: 00  
 Term Date: 20080831  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90720  
 Fips state: 06  
 Fips cnty: 059  
 SSA MSA: 033  
 SSA MSA size code: B  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070131340

BJ331  
 NE  
 2-4 mi  
 16483  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LOS ALAMITOS  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 400  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: LAWRENCE G WALDROP MD  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19930119  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0709517  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 3791 KATELLA AVENUE SUITE 104  
 Phone num: 3104936461  
 Termination reason: 00  
 Term Date: 20080831  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90720  
 Fips state: 06  
 Fips cnty: 059  
 SSA MSA: 033  
 SSA MSA size code: B  
 Date accredited: Not Reported

SRHO20070140252  
 AHA Hospitals

## MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site	EDR ID Database
	Accred expire date: Not Reported Accred Org: Not Reported Num beds: 0000 Num cert beds: 0000 Source: US_HOSPITAL_POSCLIA Edr id: SRHO20070140252	
BJ332 NE 2-4 mi 16522 Higher	Hospital type: 01 Num of times COO: 00 Owner date: Not Reported City: LOS ALAMITOS Has plan of corr: Not Reported Compliance status: Not Reported SSA county code: 400 Cross ref number: Not Reported FMS survey date: Not Reported Current survey date: Not Reported Medicare/Medicaid: Not Reported Facility name: PROHEALTH PARTNERS, A MEDICAL GRP INC Intermediary/Carrier: Not Reported Medicaid number: Not Reported Participation date: 19971021 Prior COO date: Not Reported Prior carrier: Not Reported Provider ID: 05D0935105 Record Status: A Region code: 09 Is Partial Record: Y state abbrev: CA ssa state: 05 state region cd: M1 street address: 3801 KATELLA AVENUE, SUITE 330 Phone num: 5625949546 Termination reason: 00 Term Date: 20071020 Purpose of action: Not Reported Provider control: 04 Zip: 90720 Fips state: 06 Fips cnty: 059 SSA MSA: 033 SSA MSA size code: B Date accredited: Not Reported Accred expire date: Not Reported Accred Org: Not Reported Num beds: 0000 Num cert beds: 0000 Source: US_HOSPITAL_POSCLIA Edr id: SRHO20070149762	SRHO20070149762 AHA Hospitals
BJ333 NE 2-4 mi 16522 Higher	Hospital type: 01 Num of times COO: 00	SRHO20070146789 AHA Hospitals

# MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Owner date: Not Reported  
 City: LOS ALAMITOS  
 Has plan of corr: 1  
 Compliance status: A  
 SSA county code: 400  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: 20020321  
 Medicare/Medicaid: 1  
 Facility name: CARDIOVASCULAR CARE INC  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19920901  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0870350  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Not Reported  
 state abbrev: CA  
 ssa state: 05  
 state region cd: M1  
 street address: 3801 KATELLA AVE STE 401  
 Phone num: 5625983200  
 Termination reason: 00  
 Term Date: 20080721  
 Purpose of action: 1  
 Provider control: 04  
 Zip: 90720  
 Fips state: 06  
 Fips cnty: 059  
 SSA MSA: 033  
 SSA MSA size code: B  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070146789

BJ334  
 NE  
 2-4 mi  
 16522  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LOS ALAMITOS  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 400  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: SOUTHERN CALIFORNIA UROLOGY, INC  
 Intermediary/Carrier: Not Reported

SRHO20070165037  
 AHA Hospitals

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Medicaid number: Not Reported  
 Participation date: 20060517  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D1054305  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: M1  
 street address: 3801 KATELLA AVE, SUITE 320  
 Phone num: 5625980200  
 Termination reason: 00  
 Term Date: 20080516  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90720  
 Fips state: 06  
 Fips cnty: 059  
 SSA MSA: 033  
 SSA MSA size code: B  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070165037

BJ335  
 NE  
 2-4 mi  
 16522  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LOS ALAMITOS  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 400  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: LOS ALAMITOS INTERNAL MEDICAL GRP INC  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19930223  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0553385  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB

SRHO20070130559  
 AHA Hospitals

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

street address: 3801 KATELLA AVENUE, SUITE 301  
 Phone num: 3104307533  
 Termination reason: 01  
 Term Date: 19960726  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90720  
 Fips state: 06  
 Fips cnty: 059  
 SSA MSA: 033  
 SSA MSA size code: B  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070130559

BJ336  
 NE  
 2-4 mi  
 16522  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LOS ALAMITOS  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 400  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: BARRY SAMSAMY MD  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19930112  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0675562  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 3801 KATELLA AVE STE 221  
 Phone num: 3104316548  
 Termination reason: 00  
 Term Date: 20080831  
 Purpose of action: Not Reported  
 Provider control: 02  
 Zip: 90720  
 Fips state: 06  
 Fips cnty: 059  
 SSA MSA: 033  
 SSA MSA size code: B

SRHO20070137942  
 AHA Hospitals

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070137942

BJ337  
 NE  
 2-4 mi  
 16522  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LOS ALAMITOS  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 400  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: ALAMITOS INF & GYN MED  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19930122  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0553339  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 3801 KATELLA #230  
 Phone num: 3105989426  
 Termination reason: 08  
 Term Date: 20040831  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90720  
 Fips state: 06  
 Fips cnty: 059  
 SSA MSA: 033  
 SSA MSA size code: B  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070130556

SRHO20070130556  
 AHA Hospitals

## MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site	EDR ID Database
BJ338 NE 2-4 mi 16522 Higher	Hospital type: 01 Num of times COO: 00 Owner date: Not Reported City: LOS ALAMITOS Has plan of corr: 1 Compliance status: A SSA county code: 400 Cross ref number: Not Reported FMS survey date: Not Reported Current survey date: 19990917 Medicare/Medicaid: 1 Facility name: WATSON A DE SA MD INC Intermediary/Carrier: 02050 Medicaid number: Not Reported Participation date: 19920901 Prior COO date: Not Reported Prior carrier: Not Reported Provider ID: 05D0552659 Record Status: A Region code: 09 Is Partial Record: Not Reported state abbrev: CA ssa state: 05 state region cd: M1 street address: 3801 KATELLA AVENUE #125 Phone num: 5625946080 Termination reason: 00 Term Date: 20080818 Purpose of action: 2 Provider control: 04 Zip: 90720 Fips state: 06 Fips cnty: 059 SSA MSA: 033 SSA MSA size code: B Date accredited: Not Reported Accred expire date: Not Reported Accred Org: Not Reported Num beds: 0000 Num cert beds: 0000 Source: US_HOSPITAL_POSCLIA Edr id: SRHO20070130544	SRHO20070130544 AHA Hospitals
BJ339 NE 2-4 mi 16522 Higher	Hospital type: 01 Num of times COO: 00 Owner date: Not Reported City: LOS ALAMITOS Has plan of corr: Not Reported Compliance status: Not Reported SSA county code: 400 Cross ref number: 05D0901240 FMS survey date: Not Reported Current survey date: Not Reported	SRHO20070130557 AHA Hospitals

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Medicare/Medicaid: Not Reported  
 Facility name: ASSOCIATES IN INTERNAL MDCN  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19930427  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0553346  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Not Reported  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 3801 KATELLA AVE #330  
 Phone num: 3105949546  
 Termination reason: 01  
 Term Date: 19950918  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90720  
 Fips state: 06  
 Fips cnty: 059  
 SSA MSA: 033  
 SSA MSA size code: B  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070130557

BJ340  
 NE  
 2-4 mi  
 16522  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LOS ALAMITOS  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 400  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: CARDIOLOGY CARE INC A MEDICAL CORP  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19921217  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0666684  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y

SRHO20070136950  
 AHA Hospitals

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

state abbrev: CA  
ssa state: 05  
state region cd: LAB  
street address: 3801 KATELLA AVE STE 401  
Phone num: 3105983200  
Termination reason: 01  
Term Date: 19960831  
Purpose of action: Not Reported  
Provider control: 04  
Zip: 90720  
Fips state: 06  
Fips cnty: 059  
SSA MSA: 033  
SSA MSA size code: B  
Date accredited: Not Reported  
Accred expire date: Not Reported  
Accred Org: Not Reported  
Num beds: 0000  
Num cert beds: 0000  
Source: US\_HOSPITAL\_POSCLIA  
Edr id: SRHO20070136950

BJ341  
NE  
2-4 mi  
16522  
Higher

Hospital type: 01  
Num of times COO: 00  
Owner date: Not Reported  
City: LOS ALAMITOS  
Has plan of corr: Not Reported  
Compliance status: Not Reported  
SSA county code: 400  
Cross ref number: Not Reported  
FMS survey date: Not Reported  
Current survey date: Not Reported  
Medicare/Medicaid: Not Reported  
Facility name: ROBERT A MINOW MD  
Intermediary/Carrier: Not Reported  
Medicaid number: Not Reported  
Participation date: 19930120  
Prior COO date: Not Reported  
Prior carrier: Not Reported  
Provider ID: 05D0553321  
Record Status: A  
Region code: 09  
Is Partial Record: Y  
state abbrev: CA  
ssa state: 05  
state region cd: LAB  
street address: 3801 KATELLA AVENUE 207  
Phone num: 5625989745  
Termination reason: 00  
Term Date: 20071222  
Purpose of action: Not Reported  
Provider control: 04  
Zip: 90720  
Fips state: 06

SRHO20070130547  
AHA Hospitals

## MAP FINDINGS

Map ID	Direction	Distance	Distance (ft.)	Elevation	Site	EDR ID Database
					Fips cnty: 059 SSA MSA: 033 SSA MSA size code: B Date accredited: Not Reported Accred expire date: Not Reported Accred Org: Not Reported Num beds: 0000 Num cert beds: 0000 Source: US_HOSPITAL_POSCLIA Edr id: SRHO20070130547	
BJ342	NE	2-4 mi	16522	Higher	Hospital type: 01 Num of times COO: 00 Owner date: Not Reported City: LOS ALAMITOS Has plan of corr: 1 Compliance status: A SSA county code: 400 Cross ref number: Not Reported FMS survey date: Not Reported Current survey date: 20050222 Medicare/Medicaid: 1 Facility name: ROBERT G PUGACH MD Intermediary/Carrier: Not Reported Medicaid number: Not Reported Participation date: 19920901 Prior COO date: Not Reported Prior carrier: Not Reported Provider ID: 05D0554004 Record Status: A Region code: 09 Is Partial Record: Not Reported state abbrev: CA ssa state: 05 state region cd: M1 street address: 3801 KATELLA AVENUE #110 Phone num: 5625940860 Termination reason: 00 Term Date: 20070424 Purpose of action: 2 Provider control: 04 Zip: 90720 Fips state: 06 Fips cnty: 059 SSA MSA: 033 SSA MSA size code: B Date accredited: Not Reported Accred expire date: Not Reported Accred Org: Not Reported Num beds: 0000 Num cert beds: 0000 Source: US_HOSPITAL_POSCLIA Edr id: SRHO20070130988	SRHO20070130988 AHA Hospitals

## MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site	EDR ID Database
BJ343 NE 2-4 mi 16522 Higher	Hospital type: 01 Num of times COO: 00 Owner date: Not Reported City: LOS ALAMITOS Has plan of corr: Not Reported Compliance status: Not Reported SSA county code: 400 Cross ref number: Not Reported FMS survey date: Not Reported Current survey date: Not Reported Medicare/Medicaid: Not Reported Facility name: TEJANI MD INC Intermediary/Carrier: Not Reported Medicaid number: Not Reported Participation date: 19950627 Prior COO date: Not Reported Prior carrier: Not Reported Provider ID: 05D0686888 Record Status: A Region code: 09 Is Partial Record: Y state abbrev: CA ssa state: 05 state region cd: LAB street address: 3801 KATELLA AVE 421 Phone num: 3104936766 Termination reason: 00 Term Date: 20080831 Purpose of action: Not Reported Provider control: 04 Zip: 90720 Fips state: 06 Fips cnty: 059 SSA MSA: 033 SSA MSA size code: B Date accredited: Not Reported Accred expire date: Not Reported Accred Org: Not Reported Num beds: 0000 Num cert beds: 0000 Source: US_HOSPITAL_POSCLIA Edr id: SRHO20070139324	SRHO20070139324 AHA Hospitals
BJ344 NE 2-4 mi 16522 Higher	Hospital type: 01 Num of times COO: 00 Owner date: Not Reported City: LOS ALAMITOS Has plan of corr: Not Reported Compliance status: A SSA county code: 400 Cross ref number: Not Reported FMS survey date: Not Reported Current survey date: 20050901	SRHO20070159079 AHA Hospitals

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Medicare/Medicaid: 1  
 Facility name: MICHAEL P TABIBIAN MD  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 20041019  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D1032204  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Not Reported  
 state abbrev: CA  
 ssa state: 05  
 state region cd: M1  
 street address: 3801 KATELLA AVE #225  
 Phone num: 5627993330  
 Termination reason: 00  
 Term Date: 20070831  
 Purpose of action: 1  
 Provider control: 04  
 Zip: 90720  
 Fips state: 06  
 Fips cnty: 059  
 SSA MSA: 033  
 SSA MSA size code: B  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070159079

BJ345  
 NE  
 2-4 mi  
 16522  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LOS ALAMITOS  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 400  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: MORRIS SILVER MD  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19981215  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0954995  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Not Reported

SRHO20070151827  
 AHA Hospitals

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

state abbrev: CA  
ssa state: 05  
state region cd: LAB  
street address: 3801 KATELLA AVE STE 301  
Phone num: 7142291363  
Termination reason: 08  
Term Date: 19981216  
Purpose of action: Not Reported  
Provider control: 04  
Zip: 90720  
Fips state: 06  
Fips cnty: 059  
SSA MSA: 033  
SSA MSA size code: B  
Date accredited: Not Reported  
Accred expire date: Not Reported  
Accred Org: Not Reported  
Num beds: 0000  
Num cert beds: 0000  
Source: US\_HOSPITAL\_POSCLIA  
Edr id: SRHO20070151827

BJ346  
NE  
2-4 mi  
16522  
Higher

Hospital type: 01  
Num of times COO: 00  
Owner date: Not Reported  
City: LOS ALAMITOS  
Has plan of corr: Not Reported  
Compliance status: Not Reported  
SSA county code: 400  
Cross ref number: Not Reported  
FMS survey date: Not Reported  
Current survey date: Not Reported  
Medicare/Medicaid: Not Reported  
Facility name: MIR M MADANI MD  
Intermediary/Carrier: Not Reported  
Medicaid number: Not Reported  
Participation date: 20020619  
Prior COO date: Not Reported  
Prior carrier: Not Reported  
Provider ID: 05D1000671  
Record Status: A  
Region code: 09  
Is Partial Record: Y  
state abbrev: CA  
ssa state: 05  
state region cd: LAB  
street address: 3801 KATELLA AVENUE,SUITE 310  
Phone num: 5625982141  
Termination reason: 00  
Term Date: 20080618  
Purpose of action: Not Reported  
Provider control: 04  
Zip: 90720  
Fips state: 06

SRHO20070156946  
AHA Hospitals

## MAP FINDINGS

Map ID	Direction	Distance	Distance (ft.)	Elevation	Site	EDR ID Database
					Fips cnty: 059 SSA MSA: 033 SSA MSA size code: B Date accredited: Not Reported Accred expire date: Not Reported Accred Org: Not Reported Num beds: 0000 Num cert beds: 0000 Source: US_HOSPITAL_POSCLIA Edr id: SRHO20070156946	
BJ347	NE	2-4 mi	16522	Higher	Hospital type: 01 Num of times COO: 01 Owner date: 19950901 City: LOS ALAMITOS Has plan of corr: 1 Compliance status: A SSA county code: 400 Cross ref number: Not Reported FMS survey date: Not Reported Current survey date: 19961105 Medicare/Medicaid: 1 Facility name: PROHEALTH PARTNERS, A MED GRP, INC Intermediary/Carrier: Not Reported Medicaid number: Not Reported Participation date: 19920901 Prior COO date: Not Reported Prior carrier: Not Reported Provider ID: 05D0865686 Record Status: A Region code: 09 Is Partial Record: Not Reported state abbrev: CA ssa state: 05 state region cd: M1 street address: 3801 KATELLA #206 Phone num: 3104933764 Termination reason: 00 Term Date: 20070712 Purpose of action: 2 Provider control: 04 Zip: 90720 Fips state: 06 Fips cnty: 059 SSA MSA: 033 SSA MSA size code: B Date accredited: Not Reported Accred expire date: Not Reported Accred Org: Not Reported Num beds: 0000 Num cert beds: 0000 Source: US_HOSPITAL_POSCLIA Edr id: SRHO20070142508	SRHO20070142508 AHA Hospitals

## MAP FINDINGS

Map ID			EDR ID
Direction			Database
Distance			
Distance (ft.)	Site		
Elevation			
BJ348			SRHO20070130555
NE	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
16522	Owner date:	Not Reported	
Higher	City:	LOS ALAMITOS	
	Has plan of corr:	Not Reported	
	Compliance status:	A	
	SSA county code:	400	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	20050706	
	Medicare/Medicaid:	1	
	Facility name:	ALAMITOS DERMATOLOGICAL MEDICAL	
	Intermediary/Carrier:	02050	
	Medicaid number:	Not Reported	
	Participation date:	19920901	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0553338	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	M1	
	street address:	3801 KATELLA AVENUE, #101	
	Phone num:	7148265191	
	Termination reason:	00	
	Term Date:	20070827	
	Purpose of action:	2	
	Provider control:	04	
	Zip:	90720	
	Fips state:	06	
	Fips cnty:	059	
	SSA MSA:	033	
	SSA MSA size code:	B	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070130555	
BJ349			SRHO20070158093
NE	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
16522	Owner date:	Not Reported	
Higher	City:	LOS ALAMITOS	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	400	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Medicare/Medicaid: Not Reported  
 Facility name: ROBERT MELIKIAN MD  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 20031120  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D1019554  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 3801 KATELLA AVE #321  
 Phone num: 5625948149  
 Termination reason: 00  
 Term Date: 20071119  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90720  
 Fips state: 06  
 Fips cnty: 059  
 SSA MSA: 033  
 SSA MSA size code: B  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070158093

BJ350  
 NE  
 2-4 mi  
 16522  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LOS ALAMITOS  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 400  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: JOHN P COLE MD  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19930105  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0554832  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y

SRHO20070131372  
 AHA Hospitals

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

state abbrev: CA  
ssa state: 05  
state region cd: LAB  
street address: 3801 KATELLA SUITE 416  
Phone num: 5627993630  
Termination reason: 00  
Term Date: 20071222  
Purpose of action: Not Reported  
Provider control: 04  
Zip: 90720  
Fips state: 06  
Fips cnty: 059  
SSA MSA: 033  
SSA MSA size code: B  
Date accredited: Not Reported  
Accred expire date: Not Reported  
Accred Org: Not Reported  
Num beds: 0000  
Num cert beds: 0000  
Source: US\_HOSPITAL\_POSCLIA  
Edr id: SRHO20070131372

BM351  
WNW  
2-4 mi  
16525  
Higher

Hospital type: 01  
Num of times COO: 00  
Owner date: Not Reported  
City: LONG BEACH  
Has plan of corr: Not Reported  
Compliance status: Not Reported  
SSA county code: 200  
Cross ref number: Not Reported  
FMS survey date: Not Reported  
Current survey date: Not Reported  
Medicare/Medicaid: Not Reported  
Facility name: PRUM KUNTHY MD  
Intermediary/Carrier: Not Reported  
Medicaid number: Not Reported  
Participation date: 19941024  
Prior COO date: Not Reported  
Prior carrier: Not Reported  
Provider ID: 05D0675071  
Record Status: A  
Region code: 09  
Is Partial Record: Y  
state abbrev: CA  
ssa state: 05  
state region cd: LAB  
street address: 1082 REDONDO AVENUE  
Phone num: 3104344457  
Termination reason: 00  
Term Date: 20080831  
Purpose of action: Not Reported  
Provider control: 04  
Zip: 90804  
Fips state: 06

SRHO20070138376  
AHA Hospitals

## MAP FINDINGS

Map ID	Direction	Distance	Distance (ft.)	Elevation	Site	EDR ID Database
					Fips cnty: 037 SSA MSA: 328 SSA MSA size code: A Date accredited: Not Reported Accred expire date: Not Reported Accred Org: Not Reported Num beds: 0000 Num cert beds: 0000 Source: US_HOSPITAL_POSCLIA Edr id: SRHO20070138376	
BJ352	NE	2-4 mi	16545	Higher	Hospital type: 01 Num of times COO: 00 Owner date: Not Reported City: LOS ALAMITOS Has plan of corr: Not Reported Compliance status: Not Reported SSA county code: 400 Cross ref number: Not Reported FMS survey date: Not Reported Current survey date: Not Reported Medicare/Medicaid: Not Reported Facility name: SARAH SANDELL MD FACP & SUSAN SLEEP MD Intermediary/Carrier: Not Reported Medicaid number: Not Reported Participation date: 20001016 Prior COO date: Not Reported Prior carrier: Not Reported Provider ID: 05D0979168 Record Status: A Region code: 09 Is Partial Record: Y state abbrev: CA ssa state: 05 state region cd: M1 street address: 10931 CHERRY STREET, SUITE #201 Phone num: 5629360292 Termination reason: 00 Term Date: 20081015 Purpose of action: Not Reported Provider control: 04 Zip: 90720 Fips state: 06 Fips cnty: 059 SSA MSA: 033 SSA MSA size code: B Date accredited: Not Reported Accred expire date: Not Reported Accred Org: Not Reported Num beds: 0000 Num cert beds: 0000 Source: US_HOSPITAL_POSCLIA Edr id: SRHO20070158028	SRHO20070158028 AHA Hospitals

## MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site	EDR ID Database
BJ353 NE 2-4 mi 16595 Higher	Hospital type: 01 Num of times COO: 00 Owner date: Not Reported City: LOS ALAMITOS Has plan of corr: Not Reported Compliance status: A SSA county code: 400 Cross ref number: Not Reported FMS survey date: Not Reported Current survey date: 20030620 Medicare/Medicaid: 1 Facility name: LOS ALAMITOS SURGERY CENTER Intermediary/Carrier: 31143 Medicaid number: Not Reported Participation date: 20030807 Prior COO date: Not Reported Prior carrier: Not Reported Provider ID: 05C0001615 Record Status: A Region code: 09 Is Partial Record: Not Reported state abbrev: CA ssa state: 05 state region cd: ORG street address: 10921 CHERRY STREET, SUITE 100 Phone num: 5627955600 Termination reason: 00 Term Date: Not Reported Purpose of action: 1 Provider control: 01 Zip: 90720 Fips state: 06 Fips cnty: 059 SSA MSA: 033 SSA MSA size code: B Date accredited: Not Reported Accred expire date: Not Reported Accred Org: 2 Num beds: 0000 Num cert beds: 0000 Source: US_HOSPITAL_POSOTHER Edr id: SRHO20070007393	SRHO20070007393 AHA Hospitals
BJ354 NE 2-4 mi 16595 Higher	Hospital type: 01 Num of times COO: 00 Owner date: Not Reported City: LOS ALAMITOS Has plan of corr: Not Reported Compliance status: Not Reported SSA county code: 400 Cross ref number: Not Reported FMS survey date: Not Reported Current survey date: Not Reported	SRHO20070160613 AHA Hospitals

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Medicare/Medicaid: Not Reported  
 Facility name: LOS ALAMITOS SURGERY CENTER  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 20030508  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D1012345  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 10921 CHERRY STREET SUITE 100  
 Phone num: 5627955600  
 Termination reason: 00  
 Term Date: 20070507  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90720  
 Fips state: 06  
 Fips cnty: 059  
 SSA MSA: 033  
 SSA MSA size code: B  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070160613

BC355  
 WNW  
 2-4 mi  
 16622  
 Higher

EDR ID: SRDCCA200724978  
 Facility number: 198010344  
 Facility name: DEMAREST FAMILY CHILD CARE  
 Facility eval. code: 8160  
 Facility office number: 33  
 Facility county number: 19  
 Facility type code: 810  
 Facility status code: 03  
 Address: 1378 NEWPORT AVENUE  
 City: LONG BEACH  
 State: CA  
 Zip: 90804  
 Alt. address: 1378 NEWPORT AVENUE  
 City: LONG BEACH  
 State: CA  
 Zip: 90804  
 Facility investor: "DEMAREST, MARLO"  
 Licensee type: A  
 License effective date: 40623  
 License expiration date: Not Reported  
 License issue date: 040623

SRDCCA200724978  
 Daycare

# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED"

Original app. received date: 040308  
 Facility closed date: Not Reported  
 Mailing address: 1378 NEWPORT AVENUE  
 Mailing city: LONG BEACH  
 Mailing state: CA  
 Mailing zip: 90804  
 Contact person: "DEMAREST, MARLO"  
 Facility capacity: 8  
 Type of clients served: 960  
 Facility phone: 5629861358

BJ356  
 NE  
 2-4 mi  
 16645  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LOS ALAMITOS  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 400  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: ST JOSEPH HOSPICE & PALLIATIVE CARE INC  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 20060913  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D1058700  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: M1  
 street address: 10911 CHERRY ST SUITE 206  
 Phone num: 5623109481  
 Termination reason: 00  
 Term Date: 20080912  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90720  
 Fips state: 06  
 Fips cnty: 059  
 SSA MSA: 033  
 SSA MSA size code: B  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000

SRHO20070165316  
 AHA Hospitals

# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070165316

BJ357  
 NE  
 2-4 mi  
 16660  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LOS ALAMITOS  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 400  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: ALAMITOS WEST CONVALESCENT HOSPITAL  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19940416  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0709057  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 3902 KATELLA AVENUE  
 Phone num: 3105965561  
 Termination reason: 00  
 Term Date: 20080831  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90720  
 Fips state: 06  
 Fips cnty: 059  
 SSA MSA: 033  
 SSA MSA size code: B  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070140558

SRHO20070140558  
 AHA Hospitals

BJ358  
 NE  
 2-4 mi  
 16660  
 Higher

Hospital type: 03  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LOS ALAMITOS  
 Has plan of corr: 1

SRHO20070011725  
 AHA Hospitals

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Compliance status: A  
 SSA county code: 400  
 Cross ref number: Not Reported  
 FMS survey date: 20011130  
 Current survey date: 20060831  
 Medicare/Medicaid: 1  
 Facility name: ALAMITOS WEST HEALTHCARE CENTER  
 Intermediary/Carrier: 00040  
 Medicaid number: ZZT06169G  
 Participation date: 19780501  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 056169  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Not Reported  
 state abbrev: CA  
 ssa state: 05  
 state region cd: ORG  
 street address: 3902 KATELLA AVENUE  
 Phone num: 5625965561  
 Termination reason: 00  
 Term Date: Not Reported  
 Purpose of action: 2  
 Provider control: 02  
 Zip: 90720  
 Fips state: 06  
 Fips cnty: 059  
 SSA MSA: 033  
 SSA MSA size code: B  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0194  
 Num cert beds: 0194  
 Source: US\_HOSPITAL\_POSOTHER  
 Edr id: SRHO20070011725

BJ359  
 NE  
 2-4 mi  
 16660  
 Higher

Provnum: 056169  
 Nursinghomename: ALAMITOS WEST CONV HOSP  
 Street: 3902 KATELLA AVENUE  
 City: LOS ALAMITOS  
 State: CA  
 Zipcode: 90720  
 Phonenumber: 5625965561  
 Dateoflastinspection: 20050616  
 Certifiednumberofbeds: 194  
 Totalnumberofresidents: 178  
 Percofoccupiedbeds: 92  
 Categorydescription: Participating in Medicare and Medicaid  
 Typeofownership: For profit - Partnership  
 Locatedwithinahospital: NO  
 Multinursinghomeownership: NO  
 Residentandfamilycouncils: RESIDENT

SRNH20060901176  
 Nursing Homes

# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Edr id: SRNH20060901176

BD360 West 2-4 mi 16675 Higher	EDR ID: Facility number: Facility name: Facility eval. code: Facility office number: Facility county number: Facility type code: Facility status code: Address: City: State: Zip: Alt. address: City: State: Zip: Facility investor: Licensee type: License effective date: License expiration date: License issue date: Program type:  Original app. received date: Facility closed date: Mailing address: Mailing city: Mailing state: Mailing zip: Contact person: Facility capacity: Type of clients served: Facility phone:	SRDCCA200723592 Daycare  SRDCCA200723592 198009602 RUIZ FAMILY CHILD CARE 8140 33 19 810 03 611 OBISPO AVE LONG BEACH CA 90814 611 OBISPO AVE LONG BEACH CA 90814 DORIS RUIZ A 30915 Not Reported 030915 MAX. CAPACITY (WHEN THERE IS AN ASSISTANT PRESENT): 12 - NO MORE THAN 4 INFANTS. 030818 Not Reported 611 OBISPO AVE LONG BEACH CA 90814 DORIS RUIZ 12 960 5624345117	SRDCCA200723592 Daycare
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BN361 NW 2-4 mi 16714 Higher	Hospital type: Num of times COO: Owner date: City: Has plan of corr: Compliance status: SSA county code: Cross ref number: FMS survey date: Current survey date: Medicare/Medicaid: Facility name: Intermediary/Carrier: Medicaid number: Participation date: Prior COO date:	01 00 Not Reported LONG BEACH 1 A 200 Not Reported Not Reported 20030127 1 RONALD J PHILIPP DO 02050 Not Reported 19920901 Not Reported	SRHO20070131793 AHA Hospitals
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## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Prior carrier: Not Reported  
 Provider ID: 05D0555048  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Not Reported  
 state abbrev: CA  
 ssa state: 05  
 state region cd: M1  
 street address: 2255 NORTH LAKEWOOD BOULEVARD  
 Phone num: 5624988000  
 Termination reason: 00  
 Term Date: 20080113  
 Purpose of action: 2  
 Provider control: 10  
 Zip: 90815  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070131793

BN362  
 NW  
 2-4 mi  
 16714  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: RONALD J PHILIPP DO  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19921224  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0555045  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Not Reported  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 2255 LAKEWOOD BLVD  
 Phone num: 3104988000  
 Termination reason: 14

SRHO20070131679  
 AHA Hospitals

# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Term Date: 19950317  
 Purpose of action: Not Reported  
 Provider control: 10  
 Zip: 90815  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070131679

BK363  
 NE  
 2-4 mi  
 16785  
 Higher

EDR ID: SRDCCA200749900  
 Facility number: 304270564  
 Facility name: LOS ALAMITOS LITTLE LAMB CHRISTIAN CHILD CARE CTR.  
 Facility eval. code: 1207  
 Facility office number: 06  
 Facility county number: 30  
 Facility type code: 850  
 Facility status code: 03  
 Address: 4000 GREEN AVENUE  
 City: LOS ALAMITOS  
 State: CA  
 Zip: 90720  
 Alt. address: 4000 GREEN AVENUE  
 City: LOS ALAMITOS  
 State: CA  
 Zip: 90720  
 Facility investor: "FIRST BAPTIST CHURCH, LOS ALAMITOS"  
 Licensee type: C  
 License effective date: 990903  
 License expiration date: Not Reported  
 License issue date: 990903  
 Program type: "AMBULATORY CHILDREN. AGES 24 MONTHS THROUGH 6 YEARS OLD.  
 HOURS: 6:30 A.M. TO 6:30 P.M. MON-FRI. ROOMS 1,2,3,4,5,6."  
 " "  
 Original app. received date: 990601  
 Facility closed date: Not Reported  
 Mailing address: 4000 GREEN AVENUE  
 Mailing city: LOS ALAMITOS  
 Mailing state: CA  
 Mailing zip: 90720  
 Contact person: "HAWBAKER, CHRISTINA"  
 Facility capacity: 62  
 Type of clients served: 950  
 Facility phone: 5624934841

SRDCCA200749900  
 Daycare

## MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site	EDR ID Database
BJ364 NE 2-4 mi 16800 Higher	Hospital type: 01 Num of times COO: 00 Owner date: Not Reported City: LOS ALAMITOS Has plan of corr: 1 Compliance status: A SSA county code: 400 Cross ref number: Not Reported FMS survey date: Not Reported Current survey date: 19960521 Medicare/Medicaid: 1 Facility name: R A KAPLAN MD & J J WIDELITZ MD Intermediary/Carrier: 02050 Medicaid number: Not Reported Participation date: 19920901 Prior COO date: Not Reported Prior carrier: Not Reported Provider ID: 05D0694255 Record Status: A Region code: 09 Is Partial Record: Not Reported state abbrev: CA ssa state: 05 state region cd: M1 street address: 10861 CHERRY ST #305 Phone num: 3109241995 Termination reason: 00 Term Date: 20070521 Purpose of action: 2 Provider control: 02 Zip: 90720 Fips state: 06 Fips cnty: 059 SSA MSA: 033 SSA MSA size code: B Date accredited: Not Reported Accred expire date: Not Reported Accred Org: Not Reported Num beds: 0000 Num cert beds: 0000 Source: US_HOSPITAL_POSCLIA Edr id: SRHO20070137648	SRHO20070137648 AHA Hospitals
BJ365 NE 2-4 mi 16800 Higher	Hospital type: 01 Num of times COO: 00 Owner date: Not Reported City: LOS ALAMITOS Has plan of corr: Not Reported Compliance status: Not Reported SSA county code: 400 Cross ref number: Not Reported FMS survey date: Not Reported Current survey date: Not Reported	SRHO20070130965 AHA Hospitals

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Medicare/Medicaid: Not Reported  
 Facility name: MEMORIAL MEDICAL GROUP  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19950613  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0554474  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 10861 CHERRY AVENUE, SUITE 200  
 Phone num: 3104261771  
 Termination reason: 00  
 Term Date: 20080831  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90720  
 Fips state: 06  
 Fips cnty: 059  
 SSA MSA: 033  
 SSA MSA size code: B  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070130965

BJ366  
 NE  
 2-4 mi  
 16800  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LOS ALAMITOS  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 400  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: SHACKEROFF/HETZLER & ASSOC  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19950620  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0695776  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y

SRHO20070138718  
 AHA Hospitals

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 10861 CHERRY ST SUITE #300  
 Phone num: 3105948320  
 Termination reason: 00  
 Term Date: 20080831  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90720  
 Fips state: 06  
 Fips cnty: 059  
 SSA MSA: 033  
 SSA MSA size code: B  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070138718

BJ367  
 NE  
 2-4 mi  
 16800  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LOS ALAMITOS  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 400  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: MEMORIAL SPORTS AND INTERNAL MEDICINE  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 20040220  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D1022582  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: M1  
 street address: 10861 CHERRY STREET,SUITE 200  
 Phone num: 5627956406  
 Termination reason: 00  
 Term Date: 20080219  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90720  
 Fips state: 06

SRHO20070159172  
 AHA Hospitals

# MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Fips cnty: 059  
 SSA MSA: 033  
 SSA MSA size code: B  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070159172

BJ368  
 NE  
 2-4 mi  
 16800  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LOS ALAMITOS  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 400  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: GASTROENTEROLOGY CONSULTANTS A MED GRP  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 20000224  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0970772  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 10861 CHERRY ST STE 302  
 Phone num: 5624931011  
 Termination reason: 00  
 Term Date: 20080223  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90720  
 Fips state: 06  
 Fips cnty: 059  
 SSA MSA: 033  
 SSA MSA size code: B  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070157634

SRHO20070157634  
 AHA Hospitals

## MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site	EDR ID Database
BJ369 NE 2-4 mi 16800 Higher	Hospital type: 01 Num of times COO: 00 Owner date: Not Reported City: LOS ALAMITOS Has plan of corr: Not Reported Compliance status: Not Reported SSA county code: 400 Cross ref number: Not Reported FMS survey date: Not Reported Current survey date: Not Reported Medicare/Medicaid: Not Reported Facility name: CERRITOS WEIGHT CONTROL MED Intermediary/Carrier: Not Reported Medicaid number: Not Reported Participation date: 19921229 Prior COO date: Not Reported Prior carrier: Not Reported Provider ID: 05D0553355 Record Status: A Region code: 09 Is Partial Record: Y state abbrev: CA ssa state: 05 state region cd: LAB street address: 10861 CHERRY STREET, SUITE 300 Phone num: 3104932266 Termination reason: 00 Term Date: 20071222 Purpose of action: Not Reported Provider control: 04 Zip: 90720 Fips state: 06 Fips cnty: 059 SSA MSA: 033 SSA MSA size code: B Date accredited: Not Reported Accred expire date: Not Reported Accred Org: Not Reported Num beds: 0000 Num cert beds: 0000 Source: US_HOSPITAL_POSCLIA Edr id: SRHO20070130558	SRHO20070130558 AHA Hospitals
BJ370 NE 2-4 mi 16800 Higher	Hospital type: 01 Num of times COO: 00 Owner date: Not Reported City: LOS ALAMITOS Has plan of corr: Not Reported Compliance status: Not Reported SSA county code: 400 Cross ref number: Not Reported FMS survey date: Not Reported Current survey date: Not Reported	SRHO20070148905 AHA Hospitals

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Medicare/Medicaid: Not Reported  
 Facility name: WOMEN'S HEALTH & REPRODUCTIVE CENTER  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19961217  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0923194  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: M1  
 street address: 10861 CHERRY STREET, SUITE 109  
 Phone num: 5624313606  
 Termination reason: 00  
 Term Date: 20081216  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90720  
 Fips state: 06  
 Fips cnty: 059  
 SSA MSA: 033  
 SSA MSA size code: B  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070148905

BJ371  
 NE  
 2-4 mi  
 16800  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LOS ALAMITOS  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 400  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: ARMSHAW CLINICAL LABORATORIES  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19921216  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0553290  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Not Reported

SRHO20070131224  
 AHA Hospitals

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

state abbrev: CA  
ssa state: 05  
state region cd: LAB  
street address: 10861 CHERRY ST  
Phone num: 3104303538  
Termination reason: 12  
Term Date: 19940513  
Purpose of action: Not Reported  
Provider control: 04  
Zip: 90720  
Fips state: 06  
Fips cnty: 059  
SSA MSA: 033  
SSA MSA size code: B  
Date accredited: Not Reported  
Accred expire date: Not Reported  
Accred Org: Not Reported  
Num beds: 0000  
Num cert beds: 0000  
Source: US\_HOSPITAL\_POSCLIA  
Edr id: SRHO20070131224

BJ372  
NE  
2-4 mi  
16800  
Higher

Hospital type: 01  
Num of times COO: 00  
Owner date: Not Reported  
City: LOS ALAMITOS  
Has plan of corr: Not Reported  
Compliance status: Not Reported  
SSA county code: 400  
Cross ref number: Not Reported  
FMS survey date: Not Reported  
Current survey date: Not Reported  
Medicare/Medicaid: Not Reported  
Facility name: LIZA HERTZ MD  
Intermediary/Carrier: Not Reported  
Medicaid number: Not Reported  
Participation date: 19930121  
Prior COO date: Not Reported  
Prior carrier: Not Reported  
Provider ID: 05D0859896  
Record Status: A  
Region code: 09  
Is Partial Record: Y  
state abbrev: CA  
ssa state: 05  
state region cd: LAB  
street address: 10861 CHERRY STREET SUITE 302  
Phone num: 3104360084  
Termination reason: 17  
Term Date: 20000328  
Purpose of action: Not Reported  
Provider control: 04  
Zip: 90720  
Fips state: 06

SRHO20070142293  
AHA Hospitals

## MAP FINDINGS

Map ID	Direction	Distance	Distance (ft.)	Elevation	Site	EDR ID Database
					Fips cnty: 059 SSA MSA: 033 SSA MSA size code: B Date accredited: Not Reported Accred expire date: Not Reported Accred Org: Not Reported Num beds: 0000 Num cert beds: 0000 Source: US_HOSPITAL_POSCLIA Edr id: SRHO20070142293	
BJ373	NE	2-4 mi	16800	Higher	Hospital type: 01 Num of times COO: 00 Owner date: Not Reported City: LOS ALAMITOS Has plan of corr: Not Reported Compliance status: Not Reported SSA county code: 400 Cross ref number: Not Reported FMS survey date: Not Reported Current survey date: Not Reported Medicare/Medicaid: Not Reported Facility name: CONSTANCE S SHIH MD INC Intermediary/Carrier: Not Reported Medicaid number: Not Reported Participation date: 20041203 Prior COO date: Not Reported Prior carrier: Not Reported Provider ID: 05D1034473 Record Status: A Region code: 09 Is Partial Record: Y state abbrev: CA ssa state: 05 state region cd: M1 street address: 10861 CHERRY ST STE 105 Phone num: 5624932255 Termination reason: 00 Term Date: 20081202 Purpose of action: Not Reported Provider control: 04 Zip: 90720 Fips state: 06 Fips cnty: 059 SSA MSA: 033 SSA MSA size code: B Date accredited: Not Reported Accred expire date: Not Reported Accred Org: Not Reported Num beds: 0000 Num cert beds: 0000 Source: US_HOSPITAL_POSCLIA Edr id: SRHO20070157715	SRHO20070157715 AHA Hospitals

## MAP FINDINGS

Map ID	Direction	Distance	Distance (ft.)	Elevation	Site	EDR ID Database
BJ374	NE	2-4 mi	16800	Higher	Hospital type: 01 Num of times COO: 00 Owner date: Not Reported City: LOS ALAMITOS Has plan of corr: Not Reported Compliance status: Not Reported SSA county code: 400 Cross ref number: Not Reported FMS survey date: Not Reported Current survey date: Not Reported Medicare/Medicaid: Not Reported Facility name: COAST INTERNAL MEDICAL ASSOCIATES Intermediary/Carrier: Not Reported Medicaid number: Not Reported Participation date: 20010510 Prior COO date: Not Reported Prior carrier: Not Reported Provider ID: 05D0986241 Record Status: A Region code: 09 Is Partial Record: Y state abbrev: CA ssa state: 05 state region cd: LAB street address: 10861 CHERRY ST STE 302 Phone num: 5624313535 Termination reason: 00 Term Date: 20070509 Purpose of action: Not Reported Provider control: 04 Zip: 90720 Fips state: 06 Fips cnty: 059 SSA MSA: 033 SSA MSA size code: B Date accredited: Not Reported Accred expire date: Not Reported Accred Org: Not Reported Num beds: 0000 Num cert beds: 0000 Source: US_HOSPITAL_POSCLIA Edr id: SRHO20070153797	SRHO20070153797 AHA Hospitals
BJ375	NE	2-4 mi	16800	Higher	Hospital type: 01 Num of times COO: 00 Owner date: Not Reported City: LOS ALAMITOS Has plan of corr: Not Reported Compliance status: Not Reported SSA county code: 400 Cross ref number: Not Reported FMS survey date: Not Reported Current survey date: Not Reported	SRHO20070155416 AHA Hospitals

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Medicare/Medicaid: Not Reported  
 Facility name: DR TAMARA MAHER  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 20020625  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D1000901  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 10861 CHERRY ST #106  
 Phone num: 5624319200  
 Termination reason: 00  
 Term Date: 20080624  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90720  
 Fips state: 06  
 Fips cnty: 059  
 SSA MSA: 033  
 SSA MSA size code: B  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070155416

BJ376  
 NE  
 2-4 mi  
 16800  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LOS ALAMITOS  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 400  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: NANCY D KIMBER MD  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 20041103  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D1033066  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y

SRHO20070158239  
 AHA Hospitals

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

state abbrev: CA  
 ssa state: 05  
 state region cd: M1  
 street address: 10861 CHERRY ST SUITE 206  
 Phone num: 5624300805  
 Termination reason: 00  
 Term Date: 20081102  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90720  
 Fips state: 06  
 Fips cnty: 059  
 SSA MSA: 033  
 SSA MSA size code: B  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070158239

377  
 NE  
 2-4 mi  
 16877  
 Higher

EDR ID: SRDCCA200754805  
 Facility number: 304370304  
 Facility name: ROSSMOOR PLAYSCHOOL  
 Facility eval. code: 1207  
 Facility office number: 06  
 Facility county number: 30  
 Facility type code: 850  
 Facility status code: 03  
 Address: 10771 REAGAN STREET  
 City: LOS ALAMITOS  
 State: CA  
 Zip: 90720  
 Alt. address: 10771 REAGAN STREET  
 City: LOS ALAMITOS  
 State: CA  
 Zip: 90720  
 Facility investor: "ROSSMOOR PLAYSCHOOL LADYBIRD, INC. "  
 Licensee type: B  
 License effective date: 70211  
 License expiration date: Not Reported  
 License issue date: 070211  
 Program type: MONDAY THRU FRIDAY. HOURS: 8:00AM - 4:30PM.  
 CHILDREN AGES 2-5 YEARS OLD.  
 Original app. received date: 060810  
 Facility closed date: Not Reported  
 Mailing address: 10771 REAGAN STREET  
 Mailing city: LOS ALAMITOS  
 Mailing state: CA  
 Mailing zip: 90720  
 Contact person: "KIM-OH, S. DUONG, V. "  
 Facility capacity: 36  
 Type of clients served: 950

SRDCCA200754805  
 Daycare

# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Facility phone: 5625943842

BN378			SRDCCA200738819
NW	EDR ID:	SRDCCA200738819	Daycare
2-4 mi	Facility number:	198012958	
16883	Facility name:	QUINTANA FAMILY CHILD CARE	
Higher	Facility eval. code:	8160	
	Facility office number:	33	
	Facility county number:	19	
	Facility type code:	810	
	Facility status code:	03	
	Address:	2286 XIMENO AVE.	
	City:	LONG BEACH	
	State:	CA	
	Zip:	90815	
	Alt. address:	2286 XIMENO AVE.	
	City:	LONG BEACH	
	State:	CA	
	Zip:	90815	
	Facility investor:	ELVIRA QUINTANA	
	Licensee type:	A	
	License effective date:	61030	
	License expiration date:	Not Reported	
	License issue date:	061030	
	Program type:	"MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY. CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6. "	
	Original app. received date:	060925	
	Facility closed date:	Not Reported	
	Mailing address:	2286 XIMENO AVE.	
	Mailing city:	LONG BEACH	
	Mailing state:	CA	
	Mailing zip:	90815	
	Contact person:	"QUINTANA, ELVIRA "	
	Facility capacity:	8	
	Type of clients served:	960	
	Facility phone:	5629613992	

BL379			SRDCCA200739908
North	EDR ID:	SRDCCA200739908	Daycare
2-4 mi	Facility number:	198013244	
16903	Facility name:	ELEOPOULOS FAMILY CHILD CARE	
Higher	Facility eval. code:	6150	
	Facility office number:	33	
	Facility county number:	19	
	Facility type code:	810	
	Facility status code:	03	
	Address:	3068 CARFAX AVENUE	
	City:	LONG BEACH	
	State:	CA	
	Zip:	90808	
	Alt. address:	3068 CARFAX AVENUE	
	City:	LONG BEACH	
	State:	CA	

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Zip: 90808  
 Facility investor: MARY ELEOPOULOS  
 Licensee type: A  
 License effective date: 70521  
 License expiration date: Not Reported  
 License issue date: 070521  
 Program type: "MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY.  
 CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY  
 SCHOOL AND 1 CHILD AT LEAST AGE 6. "  
 Original app. received date: 070202  
 Facility closed date: Not Reported  
 Mailing address: 3068 CARFAX AVENUE  
 Mailing city: LONG BEACH  
 Mailing state: CA  
 Mailing zip: 90808  
 Contact person: "ELEOPOULOS, MARY "  
 Facility capacity: 8  
 Type of clients served: 960  
 Facility phone: 5624201409

BJ380  
 NE  
 2-4 mi  
 16910  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LOS ALAMITOS  
 Has plan of corr: 1  
 Compliance status: A  
 SSA county code: 400  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: 19910524  
 Medicare/Medicaid: 1  
 Facility name: JOHN DOUGLAS FRENCH CENTER/ALZHEIMER  
 Intermediary/Carrier: 51050  
 Medicaid number: Not Reported  
 Participation date: 19890327  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 555346  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Not Reported  
 state abbrev: CA  
 ssa state: 05  
 state region cd: SA  
 street address: 3951 KATELLA AVE  
 Phone num: 2134931555  
 Termination reason: 01  
 Term Date: 19910901  
 Purpose of action: 2  
 Provider control: 03  
 Zip: 90720  
 Fips state: 06  
 Fips cnty: 059  
 SSA MSA: 033

SRHO20070109322  
 AHA Hospitals

# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

SSA MSA size code: B  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0148  
 Num cert beds: 0148  
 Source: US\_HOSPITAL\_POSOTHER  
 Edr id: SRHO20070109322

BL381  
 NNW EDR ID: SRDCCA200702715  
 2-4 mi Facility number: 191602196  
 16938 Facility name: GEISEL FAMILY DAY CARE  
 Higher Facility eval. code: 7110  
 Facility office number: 33  
 Facility county number: 19  
 Facility type code: 810  
 Facility status code: 03  
 Address: 6139 ROSEBAY ST.  
 City: LONG BEACH  
 State: CA  
 Zip: 90808  
 Alt. address: 6139 ROSEBAY ST.  
 City: LONG BEACH  
 State: CA  
 Zip: 90808  
 Facility investor: "GEISEL, NANCY"  
 Licensee type: A  
 License effective date: 940113  
 License expiration date: Not Reported  
 License issue date: 880113  
 Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4  
 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE  
 WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED  
 "

Original app. received date: 871204  
 Facility closed date: Not Reported  
 Mailing address: 6139 ROSEBAY ST.  
 Mailing city: LONG BEACH  
 Mailing state: CA  
 Mailing zip: 90808  
 Contact person: "GEISEL, NANCY"  
 Facility capacity: 8  
 Type of clients served: 960  
 Facility phone: 5624218461

BM382  
 WNW EDR ID: SRDCCA200732778  
 2-4 mi Facility number: 198012386  
 16942 Facility name: BLATHERS FAMILY CHILD CARE  
 Higher Facility eval. code: 8160  
 Facility office number: 33  
 Facility county number: 19  
 Facility type code: 810

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Facility status code: 03  
 Address: 900 OBISPO #B  
 City: LONG BEACH  
 State: CA  
 Zip: 90804  
 Alt. address: 900 OBISPO #B  
 City: LONG BEACH  
 State: CA  
 Zip: 90804  
 Facility investor: "BLATHERS, LONNIA M. "  
 Licensee type: A  
 License effective date: 60227  
 License expiration date: Not Reported  
 License issue date: 060227  
 Program type: "MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY.  
 CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY  
 SCHOOL AND 1 CHILD AT LEAST AGE 6. "  
 Original app. received date: 060127  
 Facility closed date: Not Reported  
 Mailing address: 900 OBISPO #B  
 Mailing city: LONG BEACH  
 Mailing state: CA  
 Mailing zip: 90804  
 Contact person: "BLATHERS, LONNIA M. "  
 Facility capacity: 8  
 Type of clients served: 960  
 Facility phone: 5624338448

BN383  
 NW  
 2-4 mi  
 17032  
 Higher

EDR ID: SRDCCA200752346  
 Facility number: 198002033  
 Facility name: MARINA MONTESSORI SCHOOL  
 Facility eval. code: 6170  
 Facility office number: 33  
 Facility county number: 19  
 Facility type code: 850  
 Facility status code: 03  
 Address: 2301 XIMENO AVE  
 City: LONG BEACH  
 State: CA  
 Zip: 90815  
 Alt. address: 2301 XIMENO AVE  
 City: LONG BEACH  
 State: CA  
 Zip: 90815  
 Facility investor: "BOWMAN, ROBERT; BOWMAN, GLADYS; BRIZZOLARA, CANDYCE "  
 Licensee type: B  
 License effective date: 970327  
 License expiration date: Not Reported  
 License issue date: 970327  
 Program type: AMBULATORY ONLY. PRESCHOOL CHILDREN AGES 2-5 YEARS OLD.  
 Original app. received date: 960325  
 Facility closed date: Not Reported  
 Mailing address: 2301 XIMENO AVE  
 Mailing city: LONG BEACH

SRDCCA200752346  
 Daycare

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Mailing state: CA  
 Mailing zip: 90815  
 Contact person: CANDYCE BRIZZOLARA  
 Facility capacity: 45  
 Type of clients served: 950  
 Facility phone: 5624944641

BN384  
 NW  
 2-4 mi  
 17032  
 Higher

Pss school id: A9302413  
 Pss inst: MARINA MONTESSORI  
 Lograde: PK  
 Higrade: 4  
 Pss address: 2301 XIMENO  
 Pss city: LONG BEACH  
 Pss county no: 037  
 Pss county fips: 06037  
 Pss stabb: CA  
 Pss fips: 06  
 Pss zip5: 90815  
 Pss phone: 5624944641  
 Pss sch days: 180  
 Pss stu day hrs: 7  
 Pss library: Yes  
 Pss enroll ug: Not Reported  
 Pss enroll pk: 24  
 Pss enroll k: 5  
 Pss enroll 1: 3  
 Pss enroll 2: 1  
 Pss enroll 3: 2  
 Pss enroll 4: 1  
 Pss enroll 5: Not Reported  
 Pss enroll 6: Not Reported  
 Pss enroll 7: Not Reported  
 Pss enroll 8: Not Reported  
 Pss enroll 9: Not Reported  
 Pss enroll 10: Not Reported  
 Pss enroll 11: Not Reported  
 Pss enroll 12: Not Reported  
 Pss enroll t: 36  
 Pss enroll tk12: 12  
 Pss race ai: 0  
 Pss race as: 3  
 Pss race h: 1  
 Pss race b: 7  
 Pss race w: 1  
 Pss fte teach: 1.9  
 Pss locale: 1  
 Pss coed: 1  
 Pss type: 2  
 Pss level: 1  
 Pss relig: 3  
 Pss comm type: 1  
 Pss indian pct: 0  
 Pss asian pct: 25  
 Pss hisp pct: 8.33

SRPR20051022865  
 Private Schools

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Pss black pct: 58.33  
 Pss white pct: 8.33  
 Pss stdtch rt: 6.32  
 Pss orient: 29  
 Pss county name: LOS ANGELES  
 Pss assoc 1: No Membership Association  
 Pss assoc 2: Not Reported  
 Pss assoc 3: Not Reported  
 Pss assoc 4: Not Reported  
 Pss assoc 5: Not Reported  
 Pss assoc 6: Not Reported  
 Pss assoc 7: Not Reported  
 Source: NCESDATA\_E72D09B4  
 Edr id: SRPR20051022865

BO385			SRDCCA200747640
West	EDR ID:	SRDCCA200747640	Daycare
2-4 mi	Facility number:	191602651	
17055	Facility name:	GREAT BEGINNINGS INC.	
Higher	Facility eval. code:	8160	
	Facility office number:	33	
	Facility county number:	19	
	Facility type code:	850	
	Facility status code:	03	
	Address:	3027 E. 4TH ST.	
	City:	LONG BEACH	
	State:	CA	
	Zip:	90814	
	Alt. address:	3027 E. 4TH STREET	
	City:	LONG BEACH	
	State:	CA	
	Zip:	90814	
	Facility investor:	"STOCKING, MARIAN	"
	Licensee type:	A	
	License effective date:	940712	
	License expiration date:	Not Reported	
	License issue date:	Not Reported	
	Program type:	AMBULATORY-LICENSEE PREFERS TO SERVE AGES 2 YEARS 6 MONTHS THRU 5 YEARS	
	Original app. received date:	770826	
	Facility closed date:	Not Reported	
	Mailing address:	3027 E. 4TH ST.	
	Mailing city:	LONG BEACH	
	Mailing state:	CA	
	Mailing zip:	90814	
	Contact person:	"STOCKING, MARIAN	"
	Facility capacity:	39	
	Type of clients served:	950	
	Facility phone:	5624342545	

BK386			SRDCCA200705846
NE	EDR ID:	SRDCCA200705846	Daycare
2-4 mi	Facility number:	304201060	
17081	Facility name:	"MALLIK, BHARATI	"
Higher			

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Facility eval. code: 3404  
 Facility office number: 06  
 Facility county number: 30  
 Facility type code: 810  
 Facility status code: 03  
 Address: 4081 GREEN AVENUE #19  
 City: LOS ALAMITOS  
 State: CA  
 Zip: 90720  
 Alt. address: 4081 GREEN AVENUE #19  
 City: LOS ALAMITOS  
 State: CA  
 Zip: 90720  
 Facility investor: "MALLIK, BHARATI"  
 Licensee type: A  
 License effective date: 951115  
 License expiration date: Not Reported  
 License issue date: 951115  
 Program type: "MAXIMUM CAPACITY: 6 CHILDREN, INCLUDING LICENSEE'S CHILDREN UNDER 10 YEARS OF AGE WHO RESIDE IN THE HOME, WITH NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY (INFANT MEANS A CHILD UNDER 2 YEARS OLD)."  
 Original app. received date: 950601  
 Facility closed date: Not Reported  
 Mailing address: 4081 GREEN AVENUE #19  
 Mailing city: LOS ALAMITOS  
 Mailing state: CA  
 Mailing zip: 90720  
 Contact person: "MALLIK, BHARATI"  
 Facility capacity: 6  
 Type of clients served: 960  
 Facility phone: 5624312122

BP387 NW 2-4 mi 17093 Higher	EDR ID: Facility number: Facility name: Facility eval. code: Facility office number: Facility county number: Facility type code: Facility status code: Address: City: State: Zip: Alt. address: City: State: Zip: Facility investor: Licensee type: License effective date: License expiration date: License issue date: Program type:	SRDCCA200705851 198001409 "FUNK, DARLENE & LEONARD FAMILY DAY CARE" 8160 33 19 810 03 5210 E. 28TH ST. LONG BEACH CA 90815 5210 E. 28TH ST. LONG BEACH CA 90815 "FUNK, DARLENE & LEONARD" A 950919 Not Reported 950919 "MAXIMUM CAPACITY: 6 CHILDREN, INCLUDING LICENSEE'S CHILDREN UNDER 10 YEARS OF AGE WHO RESIDE IN THE HOME, WITH NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY (INFANT MEANS A CHILD UNDER 2 YEARS OLD)." "	SRDCCA200705851 Daycare
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# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Original app. received date: 950721  
 Facility closed date: Not Reported  
 Mailing address: 5210 E. 28TH ST.  
 Mailing city: LONG BEACH  
 Mailing state: CA  
 Mailing zip: 90815  
 Contact person: "FUNK, DARLENE & LEONARD "  
 Facility capacity: 6  
 Type of clients served: 960  
 Facility phone: 5624258747

BQ388 West EDR ID: SRDCCA200714493 Daycare  
 2-4 mi Facility number: 192007034  
 17157 Facility name: TURNER FAMILY CHILD CARE  
 Higher Facility eval. code: 8140

Facility office number: 33  
 Facility county number: 19  
 Facility type code: 810  
 Facility status code: 03  
 Address: 768 FREEMAN AVENUE #3  
 City: LONG BEACH  
 State: CA  
 Zip: 90804  
 Alt. address: 768 FREEMAN AVENUE #3  
 City: LONG BEACH  
 State: CA  
 Zip: 90804  
 Facility investor: "TURNER, ALISA M. "  
 Licensee type: A  
 License effective date: 10630  
 License expiration date: Not Reported  
 License issue date: 010630  
 Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED"

Original app. received date: 010321  
 Facility closed date: Not Reported  
 Mailing address: 768 FREEMAN AVENUE #3  
 Mailing city: LONG BEACH  
 Mailing state: CA  
 Mailing zip: 90804  
 Contact person: "TURNER, ALISA "  
 Facility capacity: 8  
 Type of clients served: 960  
 Facility phone: 5624348374

BR389 WNW EDR ID: SRDCCA200734880 Daycare  
 2-4 mi Facility number: 198012492  
 17173 Facility name: BELL FAMILY CHILD CARE  
 Higher Facility eval. code: 8160  
 Facility office number: 33

# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Facility county number: 19  
 Facility type code: 810  
 Facility status code: 03  
 Address: 3440 E. RANSOM STREET #302  
 City: LONG BEACH  
 State: CA  
 Zip: 90804  
 Alt. address: 3440 E. RANSOM STREET #302  
 City: LONG BEACH  
 State: CA  
 Zip: 90804  
 Facility investor: "BELL, TAMEKA"  
 Licensee type: A  
 License effective date: 60524  
 License expiration date: Not Reported  
 License issue date: 060524  
 Program type: "MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY.  
 CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY  
 SCHOOL AND 1 CHILD AT LEAST AGE 6."  
 Original app. received date: 060403  
 Facility closed date: Not Reported  
 Mailing address: 3440 E. RANSOM STREET #302  
 Mailing city: LONG BEACH  
 Mailing state: CA  
 Mailing zip: 90804  
 Contact person: "BELL, TAMEKA"  
 Facility capacity: 8  
 Type of clients served: 960  
 Facility phone: 5624944043

BS390  
 NW  
 2-4 mi  
 17203  
 Higher

EDR ID: SRDCCA200742877  
 Facility number: 191607804  
 Facility name: YMCA GLB LOS ALTOS BRANCH BUFFUM SITE  
 Facility eval. code: 6170  
 Facility office number: 33  
 Facility county number: 19  
 Facility type code: 840  
 Facility status code: 03  
 Address: 2350 XIMENO AVENUE  
 City: LONG BEACH  
 State: CA  
 Zip: 90815  
 Alt. address: 1720 BELLFLOWER BLVD.  
 City: LONG BEACH  
 State: CA  
 Zip: 90815  
 Facility investor: YMCA GREATER LONG BEACH  
 Licensee type: C  
 License effective date: 950521  
 License expiration date: Not Reported  
 License issue date: 920521  
 Program type: "SCHOOL AGE PROGRAM, AGES 7 TO 11 YEARS OLD."  
 Original app. received date: 920316

SRDCCA200742877  
 Daycare

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Facility closed date: Not Reported  
 Mailing address: 4949 ATLANTIC AVENUE  
 Mailing city: LONG BEACH  
 Mailing state: CA  
 Mailing zip: 90805  
 Contact person: SANDRA ANDERSON  
 Facility capacity: 60  
 Type of clients served: 950  
 Facility phone: 5624230491

BS391		SRPU20071014258
NW	Ncessch: 062250007747	Public Schools
2-4 mi	Schname05: BUFFUM ELEMENTARY	
17203	Mstreet05: 2350 XIMENO AVE.	
Higher	Mcity05: LONG BEACH	
	Mstate05: CA	
	Mzip05: 90815	
	Mzip405: 1838	
	Member05: 335	
	Phone05: (562) 498-2431	
	Locale05: 1	
	Type05: 1	
	Level05: 1	
	Gslo05: KG	
	Gshi05: 05	
	Edr id: SRPU20071014258	

BN392		SRDCCA200708260
NW	EDR ID: SRDCCA200708260	Daycare
2-4 mi	Facility number: 198002342	
17210	Facility name: GRIFFIN FAMILY CHILD CARE	
Higher	Facility eval. code: 8160	
	Facility office number: 33	
	Facility county number: 19	
	Facility type code: 810	
	Facility status code: 03	
	Address: 2299 PEPPERWOOD AVE	
	City: LONG BEACH	
	State: CA	
	Zip: 90815	
	Alt. address: 2299 PEPPERWOOD AVE	
	City: LONG BEACH	
	State: CA	
	Zip: 90815	
	Facility investor: "GRIFFIN,VERONICA"	
	Licensee type: A	
	License effective date: 970107	
	License expiration date: Not Reported	
	License issue date: 970107	
	Program type: "MAXIMUM CAPACITY: 12 CHILDREN, WITH NO MORE THAN 4 INFANTS, OR CAPACITY 14 CHILDREN WHEN 2 CHILDREN ARE AT LEAST 6 YEARS OF AGE WITH A MAXIMUM OF 3 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "IF MORE THAN 6 CHILDREN IN CARE.	
	Original app. received date: 960801	

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Facility closed date: Not Reported  
 Mailing address: 2299 PEPPERWOOD AVE.  
 Mailing city: LONG BEACH  
 Mailing state: CA  
 Mailing zip: 90815  
 Contact person: "GRIFFIN,VERONICA"  
 Facility capacity: 14  
 Type of clients served: 960  
 Facility phone: 5624944453

BJ393  
 NE  
 2-4 mi  
 17267  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LOS ALAMITOS  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 000  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: TENDERCARE HOSPICE & HOME HEALTH INC  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19960912  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0919621  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Not Reported  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 10882 KYLE ST  
 Phone num: 3105965033  
 Termination reason: 08  
 Term Date: 19980911  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90720  
 Fips state: 06  
 Fips cnty: 001  
 SSA MSA: 418  
 SSA MSA size code: B  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070146697

SRHO20070146697  
 AHA Hospitals

## MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site	EDR ID Database
BR394 WNW 2-4 mi 17283 Higher	EDR ID: SRDCCA200753969 Facility number: 192006385 Facility name: CORONADO HEAD START CHILD CARE CENTER Facility eval. code: 9070 Facility office number: 33 Facility county number: 19 Facility type code: 850 Facility status code: 03 Address: 1395 CORONADO STREET City: LONG BEACH State: CA Zip: 90804 Alt. address: 2898 ORANGE AVENUE City: SIGNAL HILL State: CA Zip: 90806 Facility investor: LONG BEACH UNIFIED SCHOOL DISTRICT Licensee type: F License effective date: 11017 License expiration date: Not Reported License issue date: 010817 Program type: MAXIMUM CAPACITY 90 CHILDREN AGES 2 YEARS OLD THROUGH ENTRY INTO KINDERGARTEN.FACILITY OPERATES TWO HALF DAY PROGRAMS. WAIVER ON FILE. Original app. received date: 010720 Facility closed date: Not Reported Mailing address: 2898 ORANGE AVENUE Mailing city: SIGNAL HILL Mailing state: CA Mailing zip: 90806 Contact person: "FOREMAN, WINIFRED" Facility capacity: 90 Type of clients served: 950 Facility phone: 5624270833	SRDCCA200753969 Daycare
395 North 2-4 mi 17288 Higher	Ncessch: 062250002709 Schname05: CUBBERLEY ELEMENTARY Mstreet05: 3200 MONOGRAM AVE. Mcity05: LONG BEACH Mstate05: CA Mzip05: 90808 Mzip405: 4189 Member05: 1050 Phone05: (562) 420-8810 Locale05: 1 Type05: 1 Level05: 1 Gslo05: KG Gshi05: 08 Edr id: SRPU20071014000	SRPU20071014000 Public Schools

## MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site	EDR ID Database
BS396 NW 2-4 mi 17348 Higher	EDR ID: SRDCCA200702708 Facility number: 191604942 Facility name: CHRISTENSEN FAMILY DAY CARE Facility eval. code: 8160 Facility office number: 33 Facility county number: 19 Facility type code: 810 Facility status code: 03 Address: 2528 QUINCY AVENUE City: LONG BEACH State: CA Zip: 90815 Alt. address: 2528 QUINCY AVENUE City: LONG BEACH State: CA Zip: 90815 Facility investor: "CHRISTENSEN, LINDA P. " Licensee type: A License effective date: 930815 License expiration date: Not Reported License issue date: 900815 Program type: "MAXIMUM CAPACITY: 6 CHILDREN, INCLUDING LICENSEE'S CHILDREN UNDER 10 YEARS OF AGE WHO RESIDE IN THE HOME, WITH NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY (INFANT MEANS A CHILD UNDER 2 YEARS OLD). " Original app. received date: 900319 Facility closed date: Not Reported Mailing address: 2528 QUINCY AVENUE Mailing city: LONG BEACH Mailing state: CA Mailing zip: 90815 Contact person: "CHRISTENSEN, LINDA P. " Facility capacity: 6 Type of clients served: 960 Facility phone: 5625975919	SRDCCA200702708 Daycare
397 NNW 2-4 mi 17374 Higher	EDR ID: SRDCCA200723698 Facility number: 198009552 Facility name: JANNATPOUR FAMILY CHILD CARE Facility eval. code: 7110 Facility office number: 33 Facility county number: 19 Facility type code: 810 Facility status code: 03 Address: 3102 OCANA AVENUE City: LONG BEACH State: CA Zip: 90808 Alt. address: 3102 OCANA AVENUE City: LONG BEACH State: CA Zip: 90808 Facility investor: SHIRIN JANNATPOUR Licensee type: A	SRDCCA200723698 Daycare

# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

License effective date: 31006  
 License expiration date: Not Reported  
 License issue date: 031006  
 Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED"  
 Original app. received date: 030818  
 Facility closed date: Not Reported  
 Mailing address: 3102 OCANA AVENUE  
 Mailing city: LONG BEACH  
 Mailing state: CA  
 Mailing zip: 90808  
 Contact person: "JANNATPOUR, SHIRIN"  
 Facility capacity: 8  
 Type of clients served: 960  
 Facility phone: 5624211948

BK398  
 NE  
 2-4 mi  
 17376  
 Higher

EDR ID: SRDCCA200753451  
 Facility number: 304270908  
 Facility name: ROSSMOOR CHILDREN'S CENTER  
 Facility eval. code: 1207  
 Facility office number: 06  
 Facility county number: 30  
 Facility type code: 850  
 Facility status code: 03  
 Address: 4161 GREEN AVENUE  
 City: LOS ALAMITOS  
 State: CA  
 Zip: 90720  
 Alt. address: 1 VIA LUNA  
 City: DANA POINT  
 State: CA  
 Zip: 92629  
 Facility investor: "ROSSMOOR CHILDREN'S CENTER, INC."  
 Licensee type: D  
 License effective date: 20903  
 License expiration date: Not Reported  
 License issue date: 020903  
 Program type: "127 AMB CHILDREN. AGES 24 MONTHS THROUGH 6 YEARS OLD. 06:30 AM TO 6:00 PM, M-F. RMS #1,2,3,4,5,6,7.DURING SUMMER, CAPACITY FOR P/S TO BE 104 IN RMS 1,2,3,4,5,6. RM 7 WILL BE USED FOR SUMMER DAY CAMP ONLY WITH APPROVAL FROM ENVIRONMENTAL HEALTH DEPT."  
 Original app. received date: 020521  
 Facility closed date: Not Reported  
 Mailing address: 1 VIA LUNA  
 Mailing city: DANA POINT  
 Mailing state: CA  
 Mailing zip: 92629  
 Contact person: "RODRIGUEZ, KATHY"  
 Facility capacity: 127  
 Type of clients served: 950  
 Facility phone: 5624316553

SRDCCA200753451  
 Daycare

## MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site	EDR ID Database
BT399 NE 2-4 mi 17390 Higher	Hospital type: 01 Num of times COO: 00 Owner date: Not Reported City: LOS ALAMITOS Has plan of corr: Not Reported Compliance status: Not Reported SSA county code: 400 Cross ref number: Not Reported FMS survey date: Not Reported Current survey date: Not Reported Medicare/Medicaid: Not Reported Facility name: JACK RUBIN MD Intermediary/Carrier: Not Reported Medicaid number: Not Reported Participation date: 19930520 Prior COO date: Not Reported Prior carrier: Not Reported Provider ID: 05D0869530 Record Status: A Region code: 09 Is Partial Record: Y state abbrev: CA ssa state: 05 state region cd: M1 street address: 10941 BLOOMFIELD STREET #A Phone num: 3105961667 Termination reason: 00 Term Date: 20080615 Purpose of action: Not Reported Provider control: 04 Zip: 90720 Fips state: 06 Fips cnty: 059 SSA MSA: 033 SSA MSA size code: B Date accredited: Not Reported Accred expire date: Not Reported Accred Org: Not Reported Num beds: 0000 Num cert beds: 0000 Source: US_HOSPITAL_POSCLIA Edr id: SRHO20070147479	SRHO20070147479 AHA Hospitals
BM400 WNW 2-4 mi 17439 Higher	EDR ID: SRDCCA200752336 Facility number: 198002668 Facility name: WILLARD PRE-SCHOOL Facility eval. code: 8150 Facility office number: 33 Facility county number: 19 Facility type code: 850 Facility status code: 03 Address: 1055 FREEMEN AVENUE City: LONG BEACH	SRDCCA200752336 Daycare

# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

State: CA  
 Zip: 90804  
 Alt. address: 2209 SEABRIGHT AVE  
 City: LONG BEACH  
 State: CA  
 Zip: 90810  
 Facility investor: LONG BEACH UNIFIED SCHOOL DIST/WILLARD ELEMENTARY  
 Licensee type: C  
 License effective date: 970113  
 License expiration date: Not Reported  
 License issue date: 970113  
 Program type: PRE-K PROGRAM AGES 4-5 YRS OLD. FACILITY OPERATES ON YEAR ROUND SCHEDULE. FACILITY WILL ROTATE CLASS ROOMS MONTHLY.  
 Original app. received date: 961112  
 Facility closed date: Not Reported  
 Mailing address: 2209 SEABRIGHT AVE  
 Mailing city: LONG BEACH  
 Mailing state: CA  
 Mailing zip: 90810  
 Contact person: "WILLIAMS,ROBERT"  
 Facility capacity: 23  
 Type of clients served: 950  
 Facility phone: 3104389934

BM401 WNW 2-4 mi 17439 Higher	Ncessch: Schname05: Mstreet05: Mcity05: Mstate05: Mzip05: Mzip405: Member05: Phone05: Locale05: Type05: Level05: Gslo05: Gshi05: Edr id:	062250002768 WILLARD ELEMENTARY 1055 FREEMAN AVE. LONG BEACH CA 90804 3804 1022 (562) 438-9934 1 1 1 KG 05 SRPU20071014057	SRPU20071014057 Public Schools
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BQ402 West 2-4 mi 17454 Higher	EDR ID: Facility number: Facility name: Facility eval. code: Facility office number: Facility county number: Facility type code: Facility status code: Address: City: State: Zip:	SRDCCA200712122 198005095 RICHARDSON FAMILY CHILD CARE 9130 33 19 810 03 740 ORIZABA AVENUE LONG BEACH CA 90805	SRDCCA200712122 Daycare
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## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Alt. address: 740 ORIZABA AVENUE  
 City: LONG BEACH  
 State: CA  
 Zip: 90805  
 Facility investor: "RICHARDSON, PETRONILLA"  
 Licensee type: A  
 License effective date: 990519  
 License expiration date: Not Reported  
 License issue date: 990519  
 Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4  
 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE  
 WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED"  
 Original app. received date: 990406  
 Facility closed date: Not Reported  
 Mailing address: 740 ORIZABA AVENUE  
 Mailing city: LONG BEACH  
 Mailing state: CA  
 Mailing zip: 90805  
 Contact person: "RICHARDSON, PETRONILLA"  
 Facility capacity: 8  
 Type of clients served: 960  
 Facility phone: 5624333243

BT403  
 NE  
 2-4 mi  
 17524  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LOS ALAMITOS  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 400  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: LISA HERTZ, MD  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 20000127  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0969835  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 4132 KATELLA AVE #200  
 Phone num: 5625965552  
 Termination reason: 00  
 Term Date: 20080126  
 Purpose of action: Not Reported  
 Provider control: 04

SRHO20070153388  
 AHA Hospitals

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Zip: 90720  
 Fips state: 06  
 Fips cnty: 059  
 SSA MSA: 033  
 SSA MSA size code: B  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070153388

BT404  
 NE  
 2-4 mi  
 17530  
 Higher

EDR ID: SRDCCA200748644  
 Facility number: 300600639  
 Facility name: MAYFLOWER PRE SCHOOL  
 Facility eval. code: 1207  
 Facility office number: 06  
 Facility county number: 30  
 Facility type code: 850  
 Facility status code: 03  
 Address: 4111 KATELLA  
 City: LOS ALAMITOS  
 State: CA  
 Zip: 90720  
 Alt. address: 4111 KATELLA  
 City: LOS ALAMITOS  
 State: CA  
 Zip: 90720  
 Facility investor: "COMMUNITY CONGREGATIONAL CHURCH OF LOS ALAMITOS, I"  
 Licensee type: C  
 License effective date: 930810  
 License expiration date: Not Reported  
 License issue date: Not Reported  
 Program type: "AMBULATORY CHILDREN. AGES 24 MONTHS THROUGH 6 YEARS OLD.  
 MONDAY-FRIDAY, 06:00 AM TO 6:00 PM. ROOMS 1,2,3,4,5 AND  
 FELLOWSHIP HALL."  
 Original app. received date: Not Reported  
 Facility closed date: Not Reported  
 Mailing address: 4111 KATELLA  
 Mailing city: LOS ALAMITOS  
 Mailing state: CA  
 Mailing zip: 90720  
 Contact person: LEE ANN BIVENS  
 Facility capacity: 80  
 Type of clients served: 950  
 Facility phone: 7148266230

SRDCCA200748644  
 Daycare

BR405  
 WNW  
 2-4 mi  
 17535  
 Higher

EDR ID: SRDCCA200747439  
 Facility number: 191601050  
 Facility name: OAK TREE CHILDREN'S CENTER

SRDCCA200747439  
 Daycare

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Facility eval. code: 8160  
 Facility office number: 33  
 Facility county number: 19  
 Facility type code: 850  
 Facility status code: 03  
 Address: 1710 REDONDO AVENUE  
 City: LONG BEACH  
 State: CA  
 Zip: 90804  
 Alt. address: 8740 RAMONA ST.  
 City: BELLFLOWER  
 State: CA  
 Zip: 90706  
 Facility investor: "CENTRA 2000,INC. "  
 Licensee type: A  
 License effective date: 951217  
 License expiration date: Not Reported  
 License issue date: Not Reported  
 Program type: "LICENSEE PREFERS AMBULATORY ONLY, AGES 2 THRU 6 YEARS"  
 Original app. received date: 861117  
 Facility closed date: Not Reported  
 Mailing address: 8740 RAMONA ST.  
 Mailing city: BELLFLOWER  
 Mailing state: CA  
 Mailing zip: 90706  
 Contact person: "TENOLD, CATHLEEN "  
 Facility capacity: 49  
 Type of clients served: 950  
 Facility phone: 5625978611

BR406  
 WNW  
 2-4 mi  
 17535  
 Higher

Pss school id: A9302752  
 Pss inst: OAKTREE PRESCHOOL  
 Lograde: PK  
 Higrade: K  
 Pss address: 1710 REDONDO AVE  
 Pss city: LONG BEACH  
 Pss county no: 037  
 Pss county fips: 06037  
 Pss stabb: CA  
 Pss fips: 06  
 Pss zip5: 90804  
 Pss phone: 5626345924  
 Pss sch days: 203  
 Pss stu day hrs: 2.75  
 Pss library: Yes  
 Pss enroll ug: Not Reported  
 Pss enroll pk: 46  
 Pss enroll k: 10  
 Pss enroll 1: Not Reported  
 Pss enroll 2: Not Reported  
 Pss enroll 3: Not Reported  
 Pss enroll 4: Not Reported  
 Pss enroll 5: Not Reported

SRPR20051022888  
 Private Schools

# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Pss enroll 6: Not Reported  
 Pss enroll 7: Not Reported  
 Pss enroll 8: Not Reported  
 Pss enroll 9: Not Reported  
 Pss enroll 10: Not Reported  
 Pss enroll 11: Not Reported  
 Pss enroll 12: Not Reported  
 Pss enroll t: 56  
 Pss enroll tk12: 10  
 Pss race ai: Not Reported  
 Pss race as: 1  
 Pss race h: 3  
 Pss race b: 4  
 Pss race w: 1  
 Pss fte teach: 1.9  
 Pss locale: 1  
 Pss coed: 1  
 Pss type: 7  
 Pss level: 1  
 Pss relig: 3  
 Pss comm type: 1  
 Pss indian pct: Not Reported  
 Pss asian pct: 10  
 Pss hisp pct: 30  
 Pss black pct: 40  
 Pss white pct: 10  
 Pss stdtch rt: 5.26  
 Pss orient: 29  
 Pss county name: LOS ANGELES  
 Pss assoc 1: Other school association(s)  
 Pss assoc 2: Not Reported  
 Pss assoc 3: Not Reported  
 Pss assoc 4: Not Reported  
 Pss assoc 5: Not Reported  
 Pss assoc 6: Not Reported  
 Pss assoc 7: Not Reported  
 Source: NCESDATA\_E72D09B4  
 Edr id: SRPR20051022888

BR407  
 WNW  
 2-4 mi  
 17614  
 Higher

EDR ID: SRDCCA200744520  
 Facility number: 198011411  
 Facility name: SIMPLY KARE CHILD DEVELOPMENT CENTER  
 Facility eval. code: 8140  
 Facility office number: 33  
 Facility county number: 19  
 Facility type code: 830  
 Facility status code: 03  
 Address: 1406 OBISPO AVENUE  
 City: LONG BEACH  
 State: CA  
 Zip: 90804  
 Alt. address: 1406 OBISPO AVENUE  
 City: LONG BEACH  
 State: CA

SRDCCA200744520  
 Daycare

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Zip: 90804  
 Facility investor: TOMIKA THOMPSON  
 Licensee type: A  
 License effective date: 50922  
 License expiration date: Not Reported  
 License issue date: 050922  
 Program type: LICENSEE PREFER TO SERVER INFANTS WITH AN OPTION TO CARE FOR 27 TODDLERS: 18 - 30 MONTHS.  
 Original app. received date: 050328  
 Facility closed date: Not Reported  
 Mailing address: "1330 TERMINO AVENUE, #A "  
 Mailing city: LONG BEACH  
 Mailing state: CA  
 Mailing zip: 90804  
 Contact person: TOMIKA THOMPSON  
 Facility capacity: 32  
 Type of clients served: 955  
 Facility phone: 5629619626

BR408  
 WNW  
 2-4 mi  
 17614  
 Higher

EDR ID: SRDCCA200756231  
 Facility number: 198011410  
 Facility name: SIMPLY KARE CHILD DEVELOPMENT CENTER  
 Facility eval. code: 8150  
 Facility office number: 33  
 Facility county number: 19  
 Facility type code: 850  
 Facility status code: 03  
 Address: 1406 OBISPO AVENUE  
 City: LONG BEACH  
 State: CA  
 Zip: 90804  
 Alt. address: 1406 OBISPO AVENUE  
 City: LONG BEACH  
 State: CA  
 Zip: 90804  
 Facility investor: TOMIKA THOMPSON  
 Licensee type: A  
 License effective date: 50922  
 License expiration date: Not Reported  
 License issue date: 050922  
 Program type: LICENSEE PREFERS TO SERVER 2 YEARS OLD UNTIL ENTRY INTO FIRST GRADE.  
 Original app. received date: 050328  
 Facility closed date: Not Reported  
 Mailing address: "1330 TERMINO AVENUE, #A "  
 Mailing city: LONG BEACH  
 Mailing state: CA  
 Mailing zip: 90804  
 Contact person: TOMIKA THOMPSON  
 Facility capacity: 36  
 Type of clients served: 950  
 Facility phone: 5629619626

SRDCCA200756231  
 Daycare

## MAP FINDINGS

Map ID			EDR ID
Direction			Database
Distance			
Distance (ft.)	Site		
Elevation			
BT409			SRPU20071014280
NE	Ncessch:	062259007303	Public Schools
2-4 mi	Schname05:	LOS ALAMITOS ELEMENTARY	
17708	Mstreet05:	10862 BLOOMFIELD ST.	
Higher	Mcity05:	LOS ALAMITOS	
	Mstate05:	CA	
	Mzip05:	90720	
	Mzip405:	2598	
	Member05:	641	
	Phone05:	(714) 816-3300	
	Locale05:	3	
	Type05:	1	
	Level05:	1	
	Gslo05:	KG	
	Gshi05:	05	
	Edr id:	SRPU20071014280	
<hr/>			
410			SRHO20070151014
SSE	Hospital type:	01	AHA Hospitals
2-4 mi	Num of times COO:	00	
17715	Owner date:	Not Reported	
Higher	City:	HUNTINGTON BEACH	
	Has plan of corr:	Not Reported	
	Compliance status:	A	
	SSA county code:	400	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	19990706	
	Medicare/Medicaid:	1	
	Facility name:	HUNG VAN ONG MD	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Participation date:	19990413	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0959466	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Not Reported	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	M1	
	street address:	3441 SAGAMORE DRIVE	
	Phone num:	9495815900	
	Termination reason:	12	
	Term Date:	20001023	
	Purpose of action:	1	
	Provider control:	04	
	Zip:	92649	
	Fips state:	06	
	Fips cnty:	059	
	SSA MSA:	033	
	SSA MSA size code:	B	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070151014

BQ411 West 2-4 mi 17755 Higher	EDR ID: SRDCCA200709101 Facility number: 198004636 Facility name: OFISA FAMILY CHILD CARE Facility eval. code: 8160 Facility office number: 33 Facility county number: 19 Facility type code: 810 Facility status code: 03 Address: 720 GLADYS AVENUE City: LONG BEACH State: CA Zip: 90804 Alt. address: 720 GLADYS AVENUE City: LONG BEACH State: CA Zip: 90804 Facility investor: "OFISA, MEALLOFA" " Licensee type: A License effective date: 981120 License expiration date: Not Reported License issue date: 981120 Program type: "MAXIMUM CAPACITY: 12 CHILDREN, WITH NO MORE THAN 4 INFANTS, OR CAPACITY 14 CHILDREN WHEN 2 CHILDREN ARE AT LEAST 6 YEARS OF AGE WITH A MAXIMUM OF 3 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED " Original app. received date: 981007 Facility closed date: Not Reported Mailing address: 720 GLADYS AVENUE Mailing city: LONG BEACH Mailing state: CA Mailing zip: 90804 Contact person: "OFISA, MEALLOFA" " Facility capacity: 14 Type of clients served: 960 Facility phone: 5624345931	SRDCCA200709101 Daycare
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BR412 WNW 2-4 mi 17761 Higher	EDR ID: SRDCCA200722118 Facility number: 198008833 Facility name: TORRES FAMILY CHILD CARE Facility eval. code: 8160 Facility office number: 33 Facility county number: 19 Facility type code: 810 Facility status code: 03 Address: 1455 OBISPO AVENUE City: LONG BEACH State: CA	SRDCCA200722118 Daycare
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## MAP FINDINGS

Map ID  
Direction  
Distance  
Distance (ft.)  
Elevation

Site

EDR ID  
Database

Zip: 90804  
 Alt. address: 1455 OBISPO AVENUE  
 City: LONG BEACH  
 State: CA  
 Zip: 90804  
 Facility investor: "TORRES, MARTHA"  
 Licensee type: A  
 License effective date: 30407  
 License expiration date: Not Reported  
 License issue date: 030407  
 Program type: "MAXIMUM CAPACITY: 12 CHILDREN, WITH NO MORE THAN 4 INFANTS, OR CAPACITY 14 CHILDREN WHEN 2 CHILDREN ARE AT LEAST 6 YEARS OF AGE WITH A MAXIMUM OF 3 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED"  
 Original app. received date: 030207  
 Facility closed date: Not Reported  
 Mailing address: 1455 OBISPO AVENUE  
 Mailing city: LONG BEACH  
 Mailing state: CA  
 Mailing zip: 90804  
 Contact person: "TORRES, MARTHA"  
 Facility capacity: 14  
 Type of clients served: 960  
 Facility phone: 5625970940

BO413  
West  
2-4 mi  
17830  
Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: BIENVENIDO C REYES MD  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19921216  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0716925  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Not Reported  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 2820 E 4TH STREET  
 Phone num: 3104342422  
 Termination reason: 04  
 Term Date: 19930203  
 Purpose of action: Not Reported  
 Provider control: 04

SRHO20070141074  
AHA Hospitals

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Zip: 90814  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070141074

BU414 East EDR ID: SRDCCA200703321 SRDCCA200703321  
 2-4 mi Facility number: 300609950 Daycare  
 17868 Facility name: "TINER, JEANNIE "  
 Higher Facility eval. code: 3404

Facility office number: 06  
 Facility county number: 30  
 Facility type code: 810  
 Facility status code: 03  
 Address: 12811 BARTLETT STREET  
 City: GARDEN GROVE  
 State: CA  
 Zip: 92845  
 Alt. address: 12811 BARTLETT STREET  
 City: GARDEN GROVE  
 State: CA  
 Zip: 92845  
 Facility investor: "TINER, JEANNIE L. "  
 Licensee type: A  
 License effective date: 931202  
 License expiration date: Not Reported  
 License issue date: 890701  
 Program type: "LICENSE INACTIVE AS OF MARCH 22, 2007."  
 Original app. received date: 890630  
 Facility closed date: Not Reported  
 Mailing address: 12811 BARTLETT STREET  
 Mailing city: GARDEN GROVE  
 Mailing state: CA  
 Mailing zip: 92845  
 Contact person: "TINER, JEANNIE "  
 Facility capacity: 6  
 Type of clients served: 960  
 Facility phone: 7148911494

415 East EDR ID: SRDCCA200719393 SRDCCA200719393  
 2-4 mi Facility number: 304300043 Daycare  
 17876 Facility name: "MADI,IMAN "  
 Higher Facility eval. code: 3406  
 Facility office number: 06

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Facility county number: 30  
 Facility type code: 810  
 Facility status code: 03  
 Address: 5052 DARTMOUTH AVENUE  
 City: WESTMINSTER  
 State: CA  
 Zip: 92683  
 Alt. address: 5052 DARTMOUTH AVENUE  
 City: WESTMINSTER  
 State: CA  
 Zip: 92683  
 Facility investor: "MADI,IMAN"  
 Licensee type: A  
 License effective date: 30408  
 License expiration date: Not Reported  
 License issue date: 030408  
 Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4  
 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE  
 WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED  
 "  
 Original app. received date: 030115  
 Facility closed date: Not Reported  
 Mailing address: 5052 DARTMOUTH AVENUE  
 Mailing city: WESTMINSTER  
 Mailing state: CA  
 Mailing zip: 92683  
 Contact person: "MADI,IMAN"  
 Facility capacity: 8  
 Type of clients served: 960  
 Facility phone: 7147991944

BR416 WNW 2-4 mi 17882 Higher	EDR ID: Facility number: Facility name: Facility eval. code: Facility office number: Facility county number: Facility type code: Facility status code: Address: City: State: Zip: Alt. address: City: State: Zip: Facility investor: Licensee type: License effective date: License expiration date: License issue date: Program type:	SRDCCA200722119 198008834 GONZALEZ FAMILY CHILD CARE 8140 33 19 810 03 1540 OBISPO AVENUE LONG BEACH CA 90804 1540 OBISPO AVENUE LONG BEACH CA 90804 "GONZALEZ, MARIA" A 30407 Not Reported 030407 "MAXIMUM CAPACITY: 12 CHILDREN WITH NO MORE THAN 4 INFANTS, OR CAPACITY14 CHILDREN WHEN 2 CHILDREN ARE AT LEAST 6 YEARS OF AGE WITH A MAXIMUMOF 3 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED. "	SRDCCA200722119 Daycare
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## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Original app. received date: 030221  
 Facility closed date: Not Reported  
 Mailing address: 1540 OBISPO AVENUE  
 Mailing city: LONG BEACH  
 Mailing state: CA  
 Mailing zip: 90804  
 Contact person: "GONZALEZ, MARIA"  
 Facility capacity: 14  
 Type of clients served: 960  
 Facility phone: 5624949083

BV417  
 WNW  
 2-4 mi  
 17954  
 Higher

Pss school id: A0307124  
 Pss inst: CREATIVE MINDS CHRISTIAN ACADE  
 Lograde: PK  
 Higrade: K  
 Pss address: 2934 E. 11TH STREET #201  
 Pss city: LONG BEACH  
 Pss county no: 037  
 Pss county fips: 06037  
 Pss stabb: CA  
 Pss fips: 06  
 Pss zip5: 90804  
 Pss phone: 5624231810  
 Pss sch days: 165  
 Pss stu day hrs: Not Reported  
 Pss library: No  
 Pss enroll ug: Not Reported  
 Pss enroll pk: 24  
 Pss enroll k: 20  
 Pss enroll 1: Not Reported  
 Pss enroll 2: Not Reported  
 Pss enroll 3: Not Reported  
 Pss enroll 4: Not Reported  
 Pss enroll 5: Not Reported  
 Pss enroll 6: Not Reported  
 Pss enroll 7: Not Reported  
 Pss enroll 8: Not Reported  
 Pss enroll 9: Not Reported  
 Pss enroll 10: Not Reported  
 Pss enroll 11: Not Reported  
 Pss enroll 12: Not Reported  
 Pss enroll t: 44  
 Pss enroll tk12: 20  
 Pss race ai: 0  
 Pss race as: 2  
 Pss race h: 5  
 Pss race b: 10  
 Pss race w: 3  
 Pss fte teach: 3  
 Pss locale: 1  
 Pss coed: 1  
 Pss type: 7  
 Pss level: 1  
 Pss relig: 2

SRPR20051023657  
 Private Schools

# MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Pss comm type: 1  
 Pss indian pct: 0  
 Pss asian pct: 10  
 Pss hisp pct: 25  
 Pss black pct: 50  
 Pss white pct: 15  
 Pss stdtch rt: 6.67  
 Pss orient: 8  
 Pss county name: LOS ANGELES  
 Pss assoc 1: No Membership Association  
 Pss assoc 2: Not Reported  
 Pss assoc 3: Not Reported  
 Pss assoc 4: Not Reported  
 Pss assoc 5: Not Reported  
 Pss assoc 6: Not Reported  
 Pss assoc 7: Not Reported  
 Source: NCESDATA\_E72D09B4  
 Edr id: SRPR20051023657

BW418  
 NW  
 2-4 mi  
 17964  
 Higher

EDR ID: SRDCCA200736235  
 Facility number: 198012796  
 Facility name: JAHN FAMILY CHILD CARE  
 Facility eval. code: 9130  
 Facility office number: 33  
 Facility county number: 19  
 Facility type code: 810  
 Facility status code: 03  
 Address: 2242 GRAND AVENUE  
 City: LONG BEACH  
 State: CA  
 Zip: 90815  
 Alt. address: 2242 GRAND AVENUE  
 City: LONG BEACH  
 State: CA  
 Zip: 90815  
 Facility investor: AMY LEE JAHN  
 Licensee type: A  
 License effective date: 60922  
 License expiration date: Not Reported  
 License issue date: 060922  
 Program type: LICENSEE HAS REQUESTED INACTIVE STATUS EFFECTIVE 1/17/07-1/17/08.  
 Original app. received date: 060728  
 Facility closed date: Not Reported  
 Mailing address: 2242 GRAND AVENUE  
 Mailing city: LONG BEACH  
 Mailing state: CA  
 Mailing zip: 90815  
 Contact person: "JAHN, AMY LEE"  
 Facility capacity: 8  
 Type of clients served: 960  
 Facility phone: 5626888608

SRDCCA200736235  
 Daycare

## MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site	EDR ID Database
BX419 NNW 2-4 mi 17986 Higher	EDR ID: SRDCCA200707490 Facility number: 198003270 Facility name: TURLEY FAMILY CHILD CARE Facility eval. code: 8150 Facility office number: 33 Facility county number: 19 Facility type code: 810 Facility status code: 03 Address: 3052 MONTAIR AVE. City: LONG BEACH State: CA Zip: 90808 Alt. address: 3052 MONTAIR AVE. City: LONG BEACH State: CA Zip: 90808 Facility investor: "TURLEY, JULIE MARGARET" Licensee type: A License effective date: 970915 License expiration date: Not Reported License issue date: 970915 Program type: INACTIVE NOTICE GIVEN. LICENSEE HAS REQUESTED TO GO ON INACTIVE STATUS FROM 9/21/06 TO 9/21/07. Original app. received date: 970708 Facility closed date: Not Reported Mailing address: 3052 MONTAIR AVE. Mailing city: LONG BEACH Mailing state: CA Mailing zip: 90808 Contact person: "TURLEY, JULIE MARGARET" Facility capacity: 8 Type of clients served: 960 Facility phone: 5624210322	SRDCCA200707490 Daycare
BR420 WNW 2-4 mi 17994 Higher	EDR ID: SRDCCA200732138 Facility number: 198011955 Facility name: RODRIGUEZ-MACIAS FAMILY CHILD CARE Facility eval. code: 8160 Facility office number: 33 Facility county number: 19 Facility type code: 810 Facility status code: 03 Address: 3110 SPAULDING STREET City: LONG BEACH State: CA Zip: 90804 Alt. address: 3110 SPAULDING STREET City: LONG BEACH State: CA Zip: 90804 Facility investor: "RODRIGUEZ-MACIAS, JUANA" Licensee type: A License effective date: 50815	SRDCCA200732138 Daycare

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

License expiration date: Not Reported  
 License issue date: 050815  
 Program type: "MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY.  
 CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY  
 SCHOOL AND 1 CHILD AT LEAST AGE 6."  
 Original app. received date: 050801  
 Facility closed date: Not Reported  
 Mailing address: 3110 SPAULDING STREET  
 Mailing city: LONG BEACH  
 Mailing state: CA  
 Mailing zip: 90804  
 Contact person: RODRIGUEZ-MACIAS  
 Facility capacity: 8  
 Type of clients served: 960  
 Facility phone: 5625975601

BT421  
 NE  
 2-4 mi  
 17995  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LOS ALAMITOS  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 400  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: FHP HEALTH IN MOTION MOBILE VAN  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19941128  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0894954  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 10821 BLOOMFIELD STREET SUITE A  
 Phone num: 3107956900  
 Termination reason: 17  
 Term Date: 19961127  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90720  
 Fips state: 06  
 Fips cnty: 059  
 SSA MSA: 033  
 SSA MSA size code: B  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported

SRHO20070144375  
 AHA Hospitals

# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070144375

422		SRPU20071014281
NNE	Ncessch: 062259007304	Public Schools
2-4 mi	Schname05: LOS ALAMITOS HIGH	
17997	Mstreet05: 3591 CERRITOS AVE.	
Higher	Mcity05: LOS ALAMITOS	
	Mstate05: CA	
	Mzip05: 90720	
	Mzip405: 2414	
	Member05: 2999	
	Phone05: (562) 799-4780	
	Locale05: 3	
	Type05: 1	
	Level05: 3	
	Gslo05: 09	
	Gshi05: 12	
	Edr id: SRPU20071014281	

BW423		SRDCCA200713974
NW	EDR ID: SRDCCA200713974	Daycare
2-4 mi	Facility number: 198006707	
18000	Facility name: PEREZ FAMILY DAY CARE	
Higher	Facility eval. code: 8160	
	Facility office number: 33	
	Facility county number: 19	
	Facility type code: 810	
	Facility status code: 03	
	Address: 3730 E. STEARNS	
	City: LONG BEACH	
	State: CA	
	Zip: 90815	
	Alt. address: 3730 E. STEARNS	
	City: LONG BEACH	
	State: CA	
	Zip: 90815	
	Facility investor: JENNIFER LYNN PEREZ	
	Licensee type: A	
	License effective date: 10712	
	License expiration date: Not Reported	
	License issue date: 010712	
	Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "	
	Original app. received date: 010417	
	Facility closed date: Not Reported	
	Mailing address: 3730 E. STEARNS	
	Mailing city: LONG BEACH	
	Mailing state: CA	
	Mailing zip: 90815	

## MAP FINDINGS

Map ID  
Direction  
Distance  
Distance (ft.)  
Elevation

Site

EDR ID  
Database

Contact person: "PEREZ,JENNIFER "  
Facility capacity: 8  
Type of clients served: 960  
Facility phone: 5624984560

BR424  
WNW  
2-4 mi  
18031  
Higher

EDR ID: SRDCCA200737003  
Facility number: 198012710  
Facility name: BUSSEY FAMILY CHILD CARE  
Facility eval. code: 8150  
Facility office number: 33  
Facility county number: 19  
Facility type code: 810  
Facility status code: 03  
Address: 1615 OBISPO AVE # 3  
City: LONG BEACH  
State: CA  
Zip: 90804  
Alt. address: 1615 OBISPO AVE # 3  
City: LONG BEACH  
State: CA  
Zip: 90804  
Facility investor: OMEA TRANA BUSSEY  
Licensee type: A  
License effective date: 60921  
License expiration date: Not Reported  
License issue date: 060921  
Program type: "MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY.  
CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY  
SCHOOL AND 1 CHILD AT LEAST AGE 6.PRIOR FCCH LICENSE #304310301. "

SRDCCA200737003  
Daycare

Original app. received date: 060621  
Facility closed date: Not Reported  
Mailing address: 1615 OBISPO AVE # 3  
Mailing city: LONG BEACH  
Mailing state: CA  
Mailing zip: 90804  
Contact person: "BUSSEY, OMEA TRANA "  
Facility capacity: 8  
Type of clients served: 960  
Facility phone: 5625971960

BT425  
NE  
2-4 mi  
18093  
Higher

Hospital type: 01  
Num of times COO: 00  
Owner date: Not Reported  
City: LOS ALAMITOS  
Has plan of corr: 1  
Compliance status: A  
SSA county code: 400  
Cross ref number: Not Reported  
FMS survey date: Not Reported  
Current survey date: 20010806  
Medicare/Medicaid: 1  
Facility name: PHYSIOTHERAPY ASSOCIATES

SRHO20070010611  
AHA Hospitals

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Intermediary/Carrier: 00040  
 Medicaid number: Not Reported  
 Participation date: 19970422  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 056816  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Not Reported  
 state abbrev: CA  
 ssa state: 05  
 state region cd: ORG  
 street address: 10801 BLOOMFIELD STREET  
 Phone num: 5624319511  
 Termination reason: 00  
 Term Date: Not Reported  
 Purpose of action: 2  
 Provider control: 06  
 Zip: 90720  
 Fips state: 06  
 Fips cnty: 059  
 SSA MSA: 033  
 SSA MSA size code: B  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSOTHER  
 Edr id: SRHO20070010611

BX426  
 NNW  
 2-4 mi  
 18139  
 Higher

Ncessch: 062250002706  
 Schname05: CARVER ELEMENTARY  
 Mstreet05: 5335 EAST PAVO ST.  
 Mcity05: LONG BEACH  
 Mstate05: CA  
 Mzip05: 90808  
 Mzip405: 3599  
 Member05: 464  
 Phone05: (562) 420-2697  
 Locale05: 1  
 Type05: 1  
 Level05: 1  
 Gslo05: KG  
 Gshi05: 05  
 Edr id: SRPU20071013802

SRPU20071013802  
 Public Schools

BP427  
 NNW  
 2-4 mi  
 18147  
 Higher

EDR ID: SRDCCA200708390  
 Facility number: 198002167  
 Facility name: "ANSARI, YASMEEN FAMILY DAY CARE"  
 Facility eval. code: 8160  
 Facility office number: 33

SRDCCA200708390  
 Daycare

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Facility county number: 19  
 Facility type code: 810  
 Facility status code: 03  
 Address: 5171 E. CANTON ST.  
 City: LONG BEACH  
 State: CA  
 Zip: 90815  
 Alt. address: 5171 E. CANTON ST.  
 City: LONG BEACH  
 State: CA  
 Zip: 90815  
 Facility investor: "ANSARI, YASMEEN"  
 Licensee type: A  
 License effective date: 960717  
 License expiration date: Not Reported  
 License issue date: 960717  
 Program type: "MAXIMUM CAPACITY: 12 CHILDREN, WITH NO MORE THAN 4 INFANTS, OR CAPACITY 14 CHILDREN WHEN 2 CHILDREN ARE AT LEAST 6 YEARS OF AGE WITH A MAXIMUM OF 3 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED"  
 Original app. received date: 960524  
 Facility closed date: Not Reported  
 Mailing address: 5171 E. CANTON ST.  
 Mailing city: LONG BEACH  
 Mailing state: CA  
 Mailing zip: 90815  
 Contact person: "ANSARI, YASMEEN"  
 Facility capacity: 14  
 Type of clients served: 960  
 Facility phone: 5624294486

BW428  
 NW  
 2-4 mi  
 18151  
 Higher

EDR ID: SRDCCA200711787  
 Facility number: 198005346  
 Facility name: PEREZ FAMILY CHILD CARE  
 Facility eval. code: 6150  
 Facility office number: 33  
 Facility county number: 19  
 Facility type code: 810  
 Facility status code: 03  
 Address: 2232 EUCLID AVENUE  
 City: LONG BEACH  
 State: CA  
 Zip: 90815  
 Alt. address: 2232 EUCLID AVENUE  
 City: LONG BEACH  
 State: CA  
 Zip: 90815  
 Facility investor: "PEREZ, JUANA"  
 Licensee type: A  
 License effective date: 990723  
 License expiration date: Not Reported  
 License issue date: 990723  
 Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED"

SRDCCA200711787  
 Daycare

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Original app. received date: 990621  
 Facility closed date: Not Reported  
 Mailing address: 2232 EUCLID AVENUE  
 Mailing city: LONG BEACH  
 Mailing state: CA  
 Mailing zip: 90815  
 Contact person: "PEREZ, JUANA       "  
 Facility capacity: 8  
 Type of clients served: 960  
 Facility phone: 5624988816

BY429  
 North  
 2-4 mi  
 18153  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: OLIVER LEE MASON MD  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19960624  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0916483  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 3325 PALO VERDE AVE, #207  
 Phone num: 3109820010  
 Termination reason: 00  
 Term Date: 20080623  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90808  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070147234

SRHO20070147234  
 AHA Hospitals

## MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site	EDR ID Database
BY430 North 2-4 mi 18153 Higher	Hospital type: 01 Num of times COO: 00 Owner date: Not Reported City: LONG BEACH Has plan of corr: Not Reported Compliance status: A SSA county code: 200 Cross ref number: Not Reported FMS survey date: Not Reported Current survey date: 20050711 Medicare/Medicaid: 1 Facility name: ROBERT M MILLER MD INC Intermediary/Carrier: Not Reported Medicaid number: Not Reported Participation date: 20001001 Prior COO date: Not Reported Prior carrier: Not Reported Provider ID: 05D0983608 Record Status: A Region code: 09 Is Partial Record: Not Reported state abbrev: CA ssa state: 05 state region cd: M1 street address: 3325 PALO VERDE AVENUE, SUITE 107 Phone num: 5624208533 Termination reason: 00 Term Date: 20070723 Purpose of action: 2 Provider control: 04 Zip: 90808 Fips state: 06 Fips cnty: 037 SSA MSA: 328 SSA MSA size code: A Date accredited: Not Reported Accred expire date: Not Reported Accred Org: Not Reported Num beds: 0000 Num cert beds: 0000 Source: US_HOSPITAL_POSCLIA Edr id: SRHO20070154729	SRHO20070154729 AHA Hospitals
BY431 North 2-4 mi 18153 Higher	Hospital type: 01 Num of times COO: 00 Owner date: Not Reported City: LONG BEACH Has plan of corr: Not Reported Compliance status: Not Reported SSA county code: 200 Cross ref number: Not Reported FMS survey date: Not Reported Current survey date: Not Reported	SRHO20070146778 AHA Hospitals

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Medicare/Medicaid: Not Reported  
 Facility name: PETER C TRAFAS MD  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19930510  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0868494  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Not Reported  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 3325 PALO VERDE AVE 101  
 Phone num: 3104296883  
 Termination reason: 15  
 Term Date: 19940831  
 Purpose of action: Not Reported  
 Provider control: 10  
 Zip: 90808  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070146778

BY432  
 North  
 2-4 mi  
 18153  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: NASIR TEJANI MD INC  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19930512  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0685840  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y

SRHO20070139052  
 AHA Hospitals

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

state abbrev: CA  
 ssa state: 05  
 state region cd: M1  
 street address: 3325 PALO VERDE AVE #204  
 Phone num: 5624218283  
 Termination reason: 00  
 Term Date: 20080831  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90808  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070139052

BY433  
 North  
 2-4 mi  
 18153  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: ANTON DAHLMAN MD  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19930323  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0554728  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 3325 PALO VERDE AVE SUITE 101  
 Phone num: 3104292441  
 Termination reason: 08  
 Term Date: 19960831  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90808  
 Fips state: 06

SRHO20070131110  
 AHA Hospitals

# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070131110

434  
 North  
 2-4 mi  
 18176  
 Higher

EDR ID: SRDCCA200721949  
 Facility number: 198009066  
 Facility name: TOOMBS FAMILY CHILD CARE  
 Facility eval. code: 7110  
 Facility office number: 33  
 Facility county number: 19  
 Facility type code: 810  
 Facility status code: 03  
 Address: 3361 STUDEBAKER ROAD  
 City: LONG BEACH  
 State: CA  
 Zip: 90808  
 Alt. address: 3361 STUDEBAKER ROAD  
 City: LONG BEACH  
 State: CA  
 Zip: 90808  
 Facility investor: MARIE ELENA TOOMBS  
 Licensee type: A  
 License effective date: 30626  
 License expiration date: Not Reported  
 License issue date: 030626  
 Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4  
 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE  
 WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED  
 "  
 Original app. received date: 030414  
 Facility closed date: Not Reported  
 Mailing address: 3361 STUDEBAKER ROAD  
 Mailing city: LONG BEACH  
 Mailing state: CA  
 Mailing zip: 90808  
 Contact person: "TOOMBS, MARIE"  
 Facility capacity: 8  
 Type of clients served: 960  
 Facility phone: 5624259604

SRDCCA200721949  
 Daycare

BV435  
 WNW  
 2-4 mi  
 18191  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: Not Reported

SRHO20070131401  
 AHA Hospitals

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Compliance status: Not Reported  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: BAO QUOC LE MD INC  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19930202  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0554868  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 2944 E ANAHEIM ST  
 Phone num: 3105995777  
 Termination reason: 00  
 Term Date: 20080831  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90804  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070131401

BZ436  
 NE  
 2-4 mi  
 18208  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LOS ALAMITOS  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 400  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: PHARMACOLOGY RESEARCH INSTITUTE  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 20050105  
 Prior COO date: Not Reported

SRHO20070158516  
 AHA Hospitals

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Prior carrier: Not Reported  
 Provider ID: 05D1035562  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: M1  
 street address: 4281 KATELLA AVENUE SUITE #115  
 Phone num: 7148273667  
 Termination reason: 00  
 Term Date: 20090104  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90720  
 Fips state: 06  
 Fips cnty: 059  
 SSA MSA: 033  
 SSA MSA size code: B  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070158516

BZ437  
 NE  
 2-4 mi  
 18208  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LOS ALAMITOS  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 400  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: HARRIMAN JONES MEDICAL GROUP  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 20020219  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0996488  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 4281 KATELLA AVE STE 220  
 Phone num: 5629887189  
 Termination reason: 00

SRHO20070155496  
 AHA Hospitals

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Term Date: 20080218  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90720  
 Fips state: 06  
 Fips cnty: 059  
 SSA MSA: 033  
 SSA MSA size code: B  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070155496

BZ438  
 NE  
 2-4 mi  
 18208  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LOS ALAMITOS  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 400  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: FRIENDLY HILLS MED CENTER-LOS ALAMITOS  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19940401  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0884483  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 4281 KATELLA AVENUE SUITE 221  
 Phone num: 7148284478  
 Termination reason: 12  
 Term Date: 19991231  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90720  
 Fips state: 06  
 Fips cnty: 059  
 SSA MSA: 033  
 SSA MSA size code: B  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported

SRHO20070143200  
 AHA Hospitals

# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070143200

CA439  
 NW  
 2-4 mi  
 18282  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: Not Reported  
 Compliance status: A  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: 19970714  
 Medicare/Medicaid: 1  
 Facility name: MULLIKIN MEDICAL CENTER LONG BEACH  
 Intermediary/Carrier: 02050  
 Medicaid number: Not Reported  
 Participation date: 19950227  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0898269  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: M1  
 street address: 5000 AIRPORT PLAZA DRIVE  
 Phone num: 3104974705  
 Termination reason: 08  
 Term Date: 20011004  
 Purpose of action: 2  
 Provider control: 04  
 Zip: 90815  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070145075

SRHO20070145075  
 AHA Hospitals

CB440  
 West  
 2-4 mi  
 18287  
 Higher

Hospital type: 03  
 Num of times COO: 05  
 Owner date: Not Reported  
 City: LONG BEACH

SRHO20070009842  
 AHA Hospitals

# MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Has plan of corr: 1  
 Compliance status: A  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: 20060413  
 Medicare/Medicaid: 1  
 Facility name: BROADWAY BY THE SEA  
 Intermediary/Carrier: 52280  
 Medicaid number: 940000005  
 Participation date: 19680213  
 Prior COO date: 19980601  
 Prior carrier: 00040  
 Provider ID: 055894  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Not Reported  
 state abbrev: CA  
 ssa state: 05  
 state region cd: L4  
 street address: 2725 E. BROADWAY  
 Phone num: 5624344494  
 Termination reason: 00  
 Term Date: Not Reported  
 Purpose of action: 2  
 Provider control: 03  
 Zip: 90803  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0098  
 Num cert beds: 0098  
 Source: US\_HOSPITAL\_POSOTHER  
 Edr id: SRHO20070009842

CB441  
 West  
 2-4 mi  
 18287  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: HACIENDA CONVALESCENT HOSPITAL  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19930210

SRHO20070138104  
 AHA Hospitals

# MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0674894  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 2725 E BROADWAY  
 Phone num: 3103871285  
 Termination reason: 00  
 Term Date: 20080831  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90803  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070138104

CB442  
 West  
 2-4 mi  
 18287  
 Higher

Provnum: 055894  
 Nursinghomename: BROADWAY BY THE SEA  
 Street: 2725 E. BROADWAY  
 City: LONG BEACH  
 State: CA  
 Zipcode: 90803  
 Phonenum: 5624344494  
 Dateoflastinspection: 20060331  
 Certifiednumberofbeds: 98  
 Totalnumberofresidents: 77  
 Percofoccupiedbeds: 79  
 Categorydescription: Participating in Medicare and Medicaid  
 Typeofownership: For profit - Corporation  
 Locatedwithinahospital: NO  
 Multinursinghomeownership: NO  
 Residentandfamilycouncils: RESIDENT  
 Edr id: SRNH20060900829

SRNH20060900829  
 Nursing Homes

CC443  
 West  
 2-4 mi  
 18385  
 Higher

EDR ID: SRDCCA200750791  
 Facility number: 198003485  
 Facility name: OHIO HEAD START  
 Facility eval. code: 9070  
 Facility office number: 33  
 Facility county number: 19

SRDCCA200750791  
 Daycare

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Facility type code: 850  
 Facility status code: 03  
 Address: 2700 E. 7TH STREET  
 City: LONG BEACH  
 State: CA  
 Zip: 90814  
 Alt. address: 2898 ORANGE AVE.  
 City: SIGNAL HILL  
 State: CA  
 Zip: 90806  
 Facility investor: LONG BEACH UNIFIED SCHOOL DISTRICT OHIO HEAD START  
 Licensee type: F  
 License effective date: 971021  
 License expiration date: Not Reported  
 License issue date: 971021  
 Program type: LICENSEE PREFERS TO SERVE CHILDREN AGE 2 YEARS OLD UNTIL ENTRY INTO KINDERGARTEN.  
 Original app. received date: 970909  
 Facility closed date: Not Reported  
 Mailing address: 2898 ORANGE AVE.  
 Mailing city: SIGNAL HILL  
 Mailing state: CA  
 Mailing zip: 90806  
 Contact person: "SPENCER, SHIRLEY"  
 Facility capacity: 45  
 Type of clients served: 950  
 Facility phone: 5624385544

CD444  
 West  
 2-4 mi  
 18395  
 Higher

Hospital type: 03  
 Num of times COO: 01  
 Owner date: 20050502  
 City: LONG BEACH  
 Has plan of corr: 1  
 Compliance status: A  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: 20060630  
 Medicare/Medicaid: 1  
 Facility name: EDGEWATER CONV HOSPITAL  
 Intermediary/Carrier: 52280  
 Medicaid number: ZZT053871  
 Participation date: 19731201  
 Prior COO date: Not Reported  
 Prior carrier: 00040  
 Provider ID: 055387  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Not Reported  
 state abbrev: CA  
 ssa state: 05  
 state region cd: L4  
 street address: 2625 EAST FOURTH STREET  
 Phone num: 5624340974

SRHO20070009054  
 AHA Hospitals

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Termination reason: 00  
 Term Date: Not Reported  
 Purpose of action: 2  
 Provider control: 03  
 Zip: 90814  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0081  
 Num cert beds: 0081  
 Source: US\_HOSPITAL\_POSOTHER  
 Edr id: SRHO20070009054

CD445  
 West  
 2-4 mi  
 18395  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: EDGEWATER CONVALESCENT HOSPITAL  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19930113  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0708734  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 2625 E 4TH STREET  
 Phone num: 3104340974  
 Termination reason: 00  
 Term Date: 20080831  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90814  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported

SRHO20070140408  
 AHA Hospitals

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070140408

CD446 West 18395 Higher SRNH20060900783 Nursing Homes

Provnum: 055387  
 Nursinghome name: EDGEWATER CONV HOSPITAL  
 Street: 2625 EAST FOURTH STREET  
 City: LONG BEACH  
 State: CA  
 Zipcode: 90814  
 Phonenumber: 5624340974  
 Dateoflastinspection: 20050727  
 Certifiednumberofbeds: 81  
 Totalnumberofresidents: 65  
 Percofoccupiedbeds: 80  
 Categorydescription: Participating in Medicare and Medicaid  
 Typeofownership: For profit - Corporation  
 Locatedwithinahospital: NO  
 Multinursinghomeownership: NO  
 Residentandfamilycouncils: RESIDENT  
 Edr id: SRNH20060900783

BY447 North 18434 Higher SRHO20070009992 AHA Hospitals

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: 1  
 Compliance status: A  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: 19831220  
 Medicare/Medicaid: 1  
 Facility name: LOS ALTOS HOSP  
 Intermediary/Carrier: 51051  
 Medicaid number: Not Reported  
 Participation date: 19690519  
 Prior COO date: Not Reported  
 Prior carrier: 51050  
 Provider ID: 050156  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Not Reported  
 state abbrev: CA  
 ssa state: 05  
 state region cd: L4  
 street address: 3340 LOS COYOTES DIAGONAL  
 Phone num: 2134219311  
 Termination reason: 01  
 Term Date: 19860831

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Purpose of action: 2  
 Provider control: 04  
 Zip: 90808  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: 0  
 Num beds: 0097  
 Num cert beds: 0097  
 Source: US\_HOSPITAL\_POSOTHER  
 Edr id: SRHO20070009992

BV448  
 WNW  
 2-4 mi  
 18440  
 Higher

EDR ID: SRDCCA200717396  
 Facility number: 198007726  
 Facility name: SNOW FAMILY CHILD CARE  
 Facility eval. code: 8160  
 Facility office number: 33  
 Facility county number: 19  
 Facility type code: 810  
 Facility status code: 03  
 Address: 1081 TEMPLE AVENUE  
 City: LONG BEACH  
 State: CA  
 Zip: 90804  
 Alt. address: 1081 TEMPLE AVENUE  
 City: LONG BEACH  
 State: CA  
 Zip: 90804  
 Facility investor: "SNOW, FLORENCE"  
 Licensee type: A  
 License effective date: 20916  
 License expiration date: Not Reported  
 License issue date: 020916  
 Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4  
 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE  
 WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED  
 "  
 Original app. received date: 020607  
 Facility closed date: Not Reported  
 Mailing address: 1081 TEMPLE AVENUE  
 Mailing city: LONG BEACH  
 Mailing state: CA  
 Mailing zip: 90804  
 Contact person: "SNOW, FLORENCE"  
 Facility capacity: 8  
 Type of clients served: 960  
 Facility phone: 5624388204

SRDCCA200717396  
 Daycare

## MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site	EDR ID Database
BV449 WNW 2-4 mi 18488 Higher	Hospital type: 01 Num of times COO: 00 Owner date: Not Reported City: LONG BEACH Has plan of corr: Not Reported Compliance status: Not Reported SSA county code: 200 Cross ref number: Not Reported FMS survey date: Not Reported Current survey date: Not Reported Medicare/Medicaid: Not Reported Facility name: Z MEDICAL CLINIC Intermediary/Carrier: Not Reported Medicaid number: Not Reported Participation date: 20000508 Prior COO date: Not Reported Prior carrier: Not Reported Provider ID: 05D0973512 Record Status: A Region code: 09 Is Partial Record: Y state abbrev: CA ssa state: 05 state region cd: LAB street address: 2744 E 10TH ST Phone num: 5624388933 Termination reason: 08 Term Date: 20020507 Purpose of action: Not Reported Provider control: 04 Zip: 90804 Fips state: 06 Fips cnty: 037 SSA MSA: 328 SSA MSA size code: A Date accredited: Not Reported Accred expire date: Not Reported Accred Org: Not Reported Num beds: 0000 Num cert beds: 0000 Source: US_HOSPITAL_POSCLIA Edr id: SRHO20070156565	SRHO20070156565 AHA Hospitals
CE450 WNW 2-4 mi 18560 Higher	EDR ID: SRDCCA200746308 Facility number: 198010872 Facility name: HUNTINGTON ACADEMY Facility eval. code: 7030 Facility office number: 33 Facility county number: 19 Facility type code: 840 Facility status code: 03 Address: 2935 SPAULDING STREET City: LONG BEACH	SRDCCA200746308 Daycare

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

State: CA  
 Zip: 90804  
 Alt. address: 2935 SPAULDING STREET  
 City: LONG BEACH  
 State: CA  
 Zip: 90804  
 Facility investor: CREATIVE ARTS PLUS PROGRAMS FOR CHILDREN  
 Licensee type: A  
 License effective date: 50818  
 License expiration date: Not Reported  
 License issue date: 050818  
 Program type: SCHOOL AGE CHILDREN FIRST GRADE AND ABOVE  
 BEFORE AND AFTER SCHOOL 6:00 A.M. - 6:00 P.M.  
 Original app. received date: 040806  
 Facility closed date: Not Reported  
 Mailing address: 1423 WALNUT AVENUE  
 Mailing city: LONG BEACH  
 Mailing state: CA  
 Mailing zip: 90804  
 Contact person: "BRYANT, CARRIE"  
 Facility capacity: 68  
 Type of clients served: 950  
 Facility phone: 5625916961

CE451  
 WNW  
 2-4 mi  
 18560  
 Higher

Pss school id: A9100926  
 Pss inst: HUNTINGTON ACADEMY  
 Lograde: K  
 Higrade: 6  
 Pss address: 2935 E SPAULDING ST  
 Pss city: LONG BEACH  
 Pss county no: 037  
 Pss county fips: 06037  
 Pss stabb: CA  
 Pss fips: 06  
 Pss zip5: 90804  
 Pss phone: 5624945301  
 Pss sch days: Not Reported  
 Pss stu day hrs: 6  
 Pss library: Yes  
 Pss enroll ug: Not Reported  
 Pss enroll pk: Not Reported  
 Pss enroll k: 4  
 Pss enroll 1: 13  
 Pss enroll 2: 5  
 Pss enroll 3: 5  
 Pss enroll 4: 1  
 Pss enroll 5: 1  
 Pss enroll 6: 1  
 Pss enroll 7: Not Reported  
 Pss enroll 8: Not Reported  
 Pss enroll 9: Not Reported  
 Pss enroll 10: Not Reported  
 Pss enroll 11: Not Reported  
 Pss enroll 12: Not Reported

SRPR20051024311  
 Private Schools

# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Pss enroll t: 30  
 Pss enroll tk12: 30  
 Pss race ai: 0  
 Pss race as: 3  
 Pss race h: 4  
 Pss race b: 20  
 Pss race w: 3  
 Pss fte teach: 2  
 Pss locale: 1  
 Pss coed: 1  
 Pss type: 1  
 Pss level: 1  
 Pss relig: 2  
 Pss comm type: 1  
 Pss indian pct: 0  
 Pss asian pct: 10  
 Pss hisp pct: 13.33  
 Pss black pct: 66.67  
 Pss white pct: 10  
 Pss stdtch rt: 15  
 Pss orient: 8  
 Pss county name: LOS ANGELES  
 Pss assoc 1: Not Reported  
 Pss assoc 2: Not Reported  
 Pss assoc 3: Not Reported  
 Pss assoc 4: Not Reported  
 Pss assoc 5: Not Reported  
 Pss assoc 6: Not Reported  
 Pss assoc 7: Not Reported  
 Source: NCESDATA\_E72D09B4  
 Edr id: SRPR20051024311

CE452  
 WNW  
 2-4 mi  
 18604  
 Higher

EDR ID: SRDCCA200713121  
 Facility number: 198005892  
 Facility name: "THOMAS, ANNIE AND LAVONA"  
 Facility eval. code: 8160  
 Facility office number: 33  
 Facility county number: 19  
 Facility type code: 810  
 Facility status code: 03  
 Address: 1622 ORIZABA AVE  
 City: LONG BEACH  
 State: CA  
 Zip: 90804  
 Alt. address: 1622 ORIZABA AVE  
 City: LONG BEACH  
 State: CA  
 Zip: 90804  
 Facility investor: "THOMAS, ANNIE AND LAVONA"  
 Licensee type: A  
 License effective date: 413  
 License expiration date: Not Reported  
 License issue date: 000413  
 Program type:

SRDCCA200713121  
 Daycare

"MAXIMUM CAPACITY: 12 CHILDREN, WITH NO MORE THAN 4 INFANTS, OR  
 CAPACITY 14 CHILDREN WHEN 2 CHILDREN ARE AT LEAST 6 YEARS OF AGE WITH A  
 MAXIMUM OF 3 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED  
 "REQUIRED IF MORE THAN 6 CHILDREN IN CARE.

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Original app. received date: 000316  
 Facility closed date: Not Reported  
 Mailing address: 1622 ORIZABA AVE  
 Mailing city: LONG BEACH  
 Mailing state: CA  
 Mailing zip: 90804  
 Contact person: "THOMAS, ANNIE AND LAVONA "  
 Facility capacity: 14  
 Type of clients served: 960  
 Facility phone: 5624987272

BU453

SRDCCA200722098  
 Daycare

East EDR ID: SRDCCA200722098  
 2-4 mi Facility number: 304300201  
 18634 Facility name: "YBARRA, ANGELA "  
 Higher Facility eval. code: 3404  
 Facility office number: 06  
 Facility county number: 30  
 Facility type code: 810  
 Facility status code: 03  
 Address: 5352 CHRISTAL  
 City: GARDEN GROVE  
 State: CA  
 Zip: 92845  
 Alt. address: 5352 CHRISTAL  
 City: GARDEN GROVE  
 State: CA  
 Zip: 92845  
 Facility investor: "YBARRA, ANGELA "  
 Licensee type: A  
 License effective date: 30505  
 License expiration date: Not Reported  
 License issue date: 030505  
 Program type: "MAXIMUM CAPACITY: 12 CHILDREN, WITH NO MORE THAN 4 INFANTS, OR  
 CAPACITY 14 CHILDREN WHEN 2 CHILDREN ARE AT LEAST 6 YEARS OF AGE WITH A  
 MAXIMUM OF 3 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "

Original app. received date: 030418  
 Facility closed date: Not Reported  
 Mailing address: 5352 CHRISTAL  
 Mailing city: GARDEN GROVE  
 Mailing state: CA  
 Mailing zip: 92845  
 Contact person: "YBARRA, ANGELA "  
 Facility capacity: 14  
 Type of clients served: 960  
 Facility phone: 7148923909

BY454

SRHO20070153739  
 AHA Hospitals

North Hospital type: 01  
 2-4 mi Num of times COO: 00  
 18670 Owner date: Not Reported  
 Higher City: LONG BEACH  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: RALPHS PHARMACY #58  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 20010604  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0987386  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: M1  
 street address: 3380 LOS COYOTES DIAGONAL  
 Phone num: 5624259673  
 Termination reason: 00  
 Term Date: 20070603  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90808  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070153739

CF455  
 East  
 2-4 mi  
 18701  
 Higher

EDR ID: SRDCCA200725146  
 Facility number: 304300578  
 Facility name: "DENOS, JENNIFER"  
 Facility eval. code: 3406  
 Facility office number: 06  
 Facility county number: 30  
 Facility type code: 810  
 Facility status code: 03  
 Address: 5181 ROTHERHAM CIRCLE  
 City: WESTMINSTER  
 State: CA  
 Zip: 92683  
 Alt. address: 5181 ROTHERHAM CIRCLE  
 City: WESTMINSTER  
 State: CA  
 Zip: 92683  
 Facility investor: "DENOS, JENNIFER"

SRDCCA200725146  
 Daycare

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Licensee type: A  
 License effective date: 40524  
 License expiration date: Not Reported  
 License issue date: 040524  
 Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED"

Original app. received date: 040112  
 Facility closed date: Not Reported  
 Mailing address: 5181 ROTHERHAM CIRCLE  
 Mailing city: WESTMINSTER  
 Mailing state: CA  
 Mailing zip: 92683  
 Contact person: "DENOS, JENNIFER"  
 Facility capacity: 8  
 Type of clients served: 960  
 Facility phone: 7149017811

CF456	EDR ID: SRDCCA200705575	SRDCCA200705575
East	Facility number: 304201090	Daycare
2-4 mi	Facility name: "HARRELSON, SHERI"	
18707	Facility eval. code: 3406	
Higher	Facility office number: 06	
	Facility county number: 30	
	Facility type code: 810	
	Facility status code: 03	
	Address: 5182 ROTHERHAM CIRCLE	
	City: WESTMINSTER	
	State: CA	
	Zip: 92683	
	Alt. address: 5182 ROTHERHAM CIRCLE	
	City: WESTMINSTER	
	State: CA	
	Zip: 92683	
	Facility investor: "HARRELSON, SHERI"	
	Licensee type: A	
	License effective date: 950628	
	License expiration date: Not Reported	
	License issue date: 950628	
	Program type: "MAXIMUM CAPACITY: 6 CHILDREN, INCLUDING LICENSEE'S CHILDREN UNDER 10 YEARS OF AGE WHO RESIDE IN THE HOME, WITH NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY (INFANT MEANS A CHILD UNDER 2 YEARS OLD)."	
	Original app. received date: 950609	
	Facility closed date: Not Reported	
	Mailing address: 5182 ROTHERHAM CIRCLE	
	Mailing city: WESTMINSTER	
	Mailing state: CA	
	Mailing zip: 92683	
	Contact person: "HARRELSON, SHERI"	
	Facility capacity: 6	
	Type of clients served: 960	
	Facility phone: 7148976863	

## MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site	EDR ID Database
457 ESE 2-4 mi 18772 Higher	EDR ID: SRDCCA200709787 Facility number: 304204379 Facility name: "WAY, GAIL & LEE" Facility eval. code: 3406 Facility office number: 06 Facility county number: 30 Facility type code: 810 Facility status code: 03 Address: 14451 BIRMINGHAM DRIVE City: WESTMINSTER State: CA Zip: 92683 Alt. address: 14451 BIRMINGHAM DRIVE City: WESTMINSTER State: CA Zip: 92683 Facility investor: "WAY, GAIL & LEE" Licensee type: A License effective date: 980112 License expiration date: Not Reported License issue date: 980112 Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED" Original app. received date: 971204 Facility closed date: Not Reported Mailing address: 14451 BIRMINGHAM DRIVE Mailing city: WESTMINSTER Mailing state: CA Mailing zip: 92683 Contact person: "WAY, GAIL & LEE" Facility capacity: 8 Type of clients served: 960 Facility phone: 7148925827	SRDCCA200709787 Daycare
BY458 North 2-4 mi 18878 Higher	EDR ID: SRDCCA200729257 Facility number: 198011727 Facility name: LE CAM FAMILY CHILD CARE Facility eval. code: 7110 Facility office number: 33 Facility county number: 19 Facility type code: 810 Facility status code: 06 Address: 6150 E. WARDLOW City: LONG BEACH State: CA Zip: 90808 Alt. address: 6150 E. WARDLOW City: LONG BEACH State: CA Zip: 90808 Facility investor: TRACY DARLENE LE CAM	SRDCCA200729257 Daycare

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Licensee type: A  
 License effective date: 50526  
 License expiration date: Not Reported  
 License issue date: 050526  
 Program type: MAX. CAP(WHEN THERE IS AN ASSISTANT PRESENT): 12 - NO MORE THAN 4  
 INFANTS. CAP 14 - NO MORE THAN 3 INFANTS. 1 CHILD IN  
 KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6.  
 Original app. received date: 050524  
 Facility closed date: Not Reported  
 Mailing address: 6150 E. WARDLOW  
 Mailing city: LONG BEACH  
 Mailing state: CA  
 Mailing zip: 90808  
 Contact person: "LE CAM, TRACY"  
 Facility capacity: 8  
 Type of clients served: 960  
 Facility phone: 7146549296

CA459  
 NW  
 2-4 mi  
 18883  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: OLSTEN HEALTH SERVICES  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19940411  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0711340  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 5000 E SPRING ST SUITE 550  
 Phone num: 3104206260  
 Termination reason: 01  
 Term Date: 19971231  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90815  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported

SRHO20070141329  
 AHA Hospitals

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070141329

CA460  
 NW  
 2-4 mi  
 18883  
 Higher

Hospital type: 01  
 Num of times COO: 01  
 Owner date: 19960101  
 City: LONG BEACH  
 Has plan of corr: 1  
 Compliance status: A  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: 19960220  
 Medicare/Medicaid: 1  
 Facility name: OLSTEN HEALTH SERVICES  
 Intermediary/Carrier: 00380  
 Medicaid number: Not Reported  
 Participation date: 19721220  
 Prior COO date: Not Reported  
 Prior carrier: 00140  
 Provider ID: 057153  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Not Reported  
 state abbrev: CA  
 ssa state: 05  
 state region cd: L4  
 street address: 5000 E SPRING ST, SUITE 550  
 Phone num: 3104206260  
 Termination reason: 01  
 Term Date: 19971231  
 Purpose of action: 2  
 Provider control: 04  
 Zip: 90815  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: 0  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSOTHER  
 Edr id: SRHO20070010363

SRHO20070010363  
 AHA Hospitals

CG461  
 North  
 2-4 mi  
 18976  
 Higher

EDR ID: SRDCCA200703495  
 Facility number: 191609804

SRDCCA200703495  
 Daycare

# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Facility name: CARROLL FAMILY CHILD CARE  
 Facility eval. code: 7110  
 Facility office number: 33  
 Facility county number: 19  
 Facility type code: 810  
 Facility status code: 03  
 Address: 3446 KNOXVILLE AVENUE  
 City: LONG BEACH  
 State: CA  
 Zip: 90808  
 Alt. address: 3446 KNOXVILLE AVENUE  
 City: LONG BEACH  
 State: CA  
 Zip: 90808  
 Facility investor: CYNTHIA CARROLL  
 Licensee type: A  
 License effective date: 931102  
 License expiration date: Not Reported  
 License issue date: Not Reported  
 Program type: "MAXIMUM CAPACITY: 6 CHILDREN, INCLUDING LICENSEE'S CHILDREN UNDER 10 YEARS OF AGE WHO RESIDE IN THE HOME, WITH NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY (INFANT MEANS A CHILD UNDER 2 YEARS OLD). "

Original app. received date: 811217  
 Facility closed date: Not Reported  
 Mailing address: 3446 KNOXVILLE AVENUE  
 Mailing city: LONG BEACH  
 Mailing state: CA  
 Mailing zip: 90808  
 Contact person: "CARROLL, CYNTHIA "

Facility capacity: 6  
 Type of clients served: 960  
 Facility phone: 5624251121

CH462  
 NNE  
 2-4 mi  
 18987  
 Higher

EDR ID: SRDCCA200742865  
 Facility number: 191607618  
 Facility name: YMCA GLB LOS ALTOS - NEWCOMB SCHOOL  
 Facility eval. code: 6150  
 Facility office number: 33  
 Facility county number: 19  
 Facility type code: 840  
 Facility status code: 03  
 Address: 3351 VALVERDE AVENUE  
 City: LONG BEACH  
 State: CA  
 Zip: 90808  
 Alt. address: 1720 BELLFLOWER BLVD.  
 City: LONG BEACH  
 State: CA  
 Zip: 90815  
 Facility investor: YMCA OF GREATER LONG BEACH  
 Licensee type: C  
 License effective date: 930316  
 License expiration date: Not Reported  
 License issue date: 930316

SRDCCA200742865  
 Daycare

# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Program type: "SCHOOL AGE PROGRAM, AGES 5 THRU 13 YEARS OLD, OPEN MONDAY - FRIDAY;  
 12:30 - 6:30 PM - CAFETERIA AND STAGE.  
 "

Original app. received date: 920127  
 Facility closed date: Not Reported  
 Mailing address: 4949 ATLANTIC AVENUE  
 Mailing city: LONG BEACH  
 Mailing state: CA  
 Mailing zip: 90805  
 Contact person: MELISSA GOMEZ  
 Facility capacity: 86  
 Type of clients served: 950  
 Facility phone: 5625940802

CH463		SRPU20071014040
NNE	Ncessch: 062250002749	Public Schools
2-4 mi	Schname05: NEWCOMB ELEMENTARY	
18987	Mstreet05: 3351 VAL VERDE AVE.	
Higher	Mcity05: LONG BEACH	
	Mstate05: CA	
	Mzip05: 90808	
	Mzip405: 4456	
	Member05: 988	
	Phone05: (562) 493-3596	
	Locale05: 1	
	Type05: 1	
	Level05: 1	
	Gslo05: KG	
	Gshi05: 08	
	Edr id: SRPU20071014040	

CG464		SRDCCA200706421
North	EDR ID: SRDCCA200706421	Daycare
2-4 mi	Facility number: 198000074	
19012	Facility name: "HALBEISEN, CINDY FAMILY DAY CARE	"
Higher	Facility eval. code: 7110	
	Facility office number: 33	
	Facility county number: 19	
	Facility type code: 810	
	Facility status code: 03	
	Address: 3452 KNOXVILLE	
	City: LONG BEACH	
	State: CA	
	Zip: 90808	
	Alt. address: 3452 KNOXVILLE	
	City: LONG BEACH	
	State: CA	
	Zip: 90808	
	Facility investor: "HALBEISEN, CINDY CAROLE	"
	Licensee type: A	
	License effective date: 940520	
	License expiration date: Not Reported	
	License issue date: 940520	
	Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "	

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Original app. received date: 940216  
 Facility closed date: Not Reported  
 Mailing address: 3452 KNOXVILLE  
 Mailing city: LONG BEACH  
 Mailing state: CA  
 Mailing zip: 90808  
 Contact person: "HALBEISEN, CINDY CAROLE "  
 Facility capacity: 8  
 Type of clients served: 960  
 Facility phone: 5624297181

CE465  
 WNW  
 2-4 mi  
 19065  
 Higher

EDR ID: SRDCCA200719953  
 Facility number: 198008186  
 Facility name: WILLIS FAMILY CHILD CARE  
 Facility eval. code: 8160  
 Facility office number: 33  
 Facility county number: 19  
 Facility type code: 810  
 Facility status code: 03  
 Address: 1720 GLADYS AVENUE  
 City: LONG BEACH  
 State: CA  
 Zip: 90804  
 Alt. address: 1720 GLADYS AVENUE  
 City: LONG BEACH  
 State: CA  
 Zip: 90804  
 Facility investor: "WILLIS, LOLITA "  
 Licensee type: A  
 License effective date: 21010  
 License expiration date: Not Reported  
 License issue date: 021010  
 Program type: "MAXIMUM CAPACITY: 12 CHILDREN, WITH NO MORE THAN 4 INFANTS, OR  
 CAPACITY 14 CHILDREN WHEN 2 CHILDREN ARE AT LEAST 6 YEARS OF AGE WITH A  
 MAXIMUM OF 3 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "

SRDCCA200719953  
 Daycare

CC466  
 West  
 2-4 mi  
 19133  
 Higher

EDR ID: SRDCCA200734325  
 Facility number: 198012581  
 Facility name: HANNA FAMILY CHILD CARE  
 Facility eval. code: 9130  
 Facility office number: 33  
 Facility county number: 19

SRDCCA200734325  
 Daycare

# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Facility type code: 810  
 Facility status code: 03  
 Address: 775 S. STANLEY AVENUE  
 City: LONG BEACH  
 State: CA  
 Zip: 90804  
 Alt. address: 775 S. STANLEY AVENUE  
 City: LONG BEACH  
 State: CA  
 Zip: 90804  
 Facility investor: "HANNA, KELLY"  
 Licensee type: A  
 License effective date: 60713  
 License expiration date: Not Reported  
 License issue date: 060713  
 Program type: "MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY.  
 CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY  
 SCHOOL AND 1 CHILD AT LEAST AGE 6."  
 Original app. received date: 060426  
 Facility closed date: Not Reported  
 Mailing address: 775 S. STANLEY AVENUE  
 Mailing city: LONG BEACH  
 Mailing state: CA  
 Mailing zip: 90804  
 Contact person: "HANNA, KELLY"  
 Facility capacity: 8  
 Type of clients served: 960  
 Facility phone: 5629871144

CE467 SRPU20071014025  
 WNW Ncessch: 062250002734 Public Schools  
 2-4 mi Schname05: LEE ELEMENTARY  
 19217 Mstreet05: 1620 TEMPLE AVE.  
 Higher Mcity05: LONG BEACH  
 Mstate05: CA  
 Mzip05: 90804  
 Mzip405: 1638  
 Member05: 977  
 Phone05: (562) 494-5101  
 Locale05: 1  
 Type05: 1  
 Level05: 1  
 Gslo05: KG  
 Gshi05: 05  
 Edr id: SRPU20071014025

CI468 SRDCCA200728991  
 East EDR ID: SRDCCA200728991 Daycare  
 2-4 mi Facility number: 304300901  
 19224 Facility name: "TRAN-BELLEBILLE, PATRICIA"  
 Higher Facility eval. code: 3404  
 Facility office number: 06  
 Facility county number: 30  
 Facility type code: 810

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Facility status code: 03  
 Address: 5471 ACACIA  
 City: GARDEN GROVE  
 State: CA  
 Zip: 92845  
 Alt. address: 5471 ACACIA  
 City: GARDEN GROVE  
 State: CA  
 Zip: 92845  
 Facility investor: "TRAN-BELLEVILLE, PATRICIA" "  
 Licensee type: A  
 License effective date: 41021  
 License expiration date: Not Reported  
 License issue date: 041021  
 Program type: "MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY.  
 CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY  
 SCHOOL AND 1 CHILD AT LEAST AGE 6. "  
 Original app. received date: 040909  
 Facility closed date: Not Reported  
 Mailing address: 5471 ACACIA  
 Mailing city: GARDEN GROVE  
 Mailing state: CA  
 Mailing zip: 92845  
 Contact person: "TRAN-BELLEVILLE, PATRICIA "  
 Facility capacity: 8  
 Type of clients served: 960  
 Facility phone: 7148916918

CJ469		SRDCCA200710467
WNW	EDR ID: SRDCCA200710467	Daycare
2-4 mi	Facility number: 198003615	
19226	Facility name: CHAVEZ FAMILY CHILD CARE	
Higher	Facility eval. code: 8160	
	Facility office number: 33	
	Facility county number: 19	
	Facility type code: 810	
	Facility status code: 03	
	Address: 920 STANLEY AVE.	
	City: LONG BEACH	
	State: CA	
	Zip: 90804	
	Alt. address: 920 STANLEY AVE.	
	City: LONG BEACH	
	State: CA	
	Zip: 90804	
	Facility investor: "CHAVEZ, MARIA" "	
	Licensee type: A	
	License effective date: 980127	
	License expiration date: Not Reported	
	License issue date: 980127	
	Program type: "MAXIMUM CAPACITY: 12 CHILDREN, WITH NO MORE THAN 4 INFANTS, OR CAPACITY 14 CHILDREN WHEN 2 CHILDREN ARE AT LEAST 6 YEARS OF AGE WITH A MAXIMUM OF 3 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "	
	Original app. received date: 971028	
	Facility closed date: Not Reported	

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Mailing address: 920 STANLEY AVE.  
 Mailing city: LONG BEACH  
 Mailing state: CA  
 Mailing zip: 90804  
 Contact person: "CHAVEZ, MARIA"  
 Facility capacity: 14  
 Type of clients served: 960  
 Facility phone: 5626210730

CK470  
 NW  
 2-4 mi  
 19227  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: CITY OF LONG BEACH DEPT OF HLTH AND  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 20030326  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D1010915  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 2525 GRAND AVENUE ROOM 106  
 Phone num: 5625704340  
 Termination reason: 00  
 Term Date: 20070325  
 Purpose of action: Not Reported  
 Provider control: 05  
 Zip: 90815  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070159923

SRHO20070159923  
 AHA Hospitals

## MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site	EDR ID Database
CK471 NW 2-4 mi 19227 Higher	Hospital type: 01 Num of times COO: 00 Owner date: Not Reported City: LONG BEACH Has plan of corr: 1 Compliance status: A SSA county code: 200 Cross ref number: Not Reported FMS survey date: Not Reported Current survey date: 20060112 Medicare/Medicaid: 1 Facility name: LONG BEACH DEPARTMENT OF HEALTH Intermediary/Carrier: 02050 Medicaid number: Not Reported Participation date: 19920901 Prior COO date: Not Reported Prior carrier: Not Reported Provider ID: 05D0688088 Record Status: A Region code: 09 Is Partial Record: Not Reported state abbrev: CA ssa state: 05 state region cd: M1 street address: 2525 GRAND AVENUE Phone num: 5625704075 Termination reason: 00 Term Date: 20080212 Purpose of action: 2 Provider control: 05 Zip: 90815 Fips state: 06 Fips cnty: 037 SSA MSA: 328 SSA MSA size code: A Date accredited: Not Reported Accred expire date: Not Reported Accred Org: Not Reported Num beds: 0000 Num cert beds: 0000 Source: US_HOSPITAL_POSCLIA Edr id: SRHO20070137609	SRHO20070137609 AHA Hospitals
CK472 NW 2-4 mi 19227 Higher	Hospital type: 01 Num of times COO: 00 Owner date: Not Reported City: LONG BEACH Has plan of corr: Not Reported Compliance status: Not Reported SSA county code: 200 Cross ref number: Not Reported FMS survey date: Not Reported Current survey date: Not Reported	SRHO20070155432 AHA Hospitals

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Medicare/Medicaid: Not Reported  
 Facility name: PUBLIC HEALTH CLINIC LABORATORY  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 20000719  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0975844  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 2525 GRAND AVE  
 Phone num: 5625704013  
 Termination reason: 00  
 Term Date: 20080718  
 Purpose of action: Not Reported  
 Provider control: 05  
 Zip: 90815  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070155432

CJ473  
 WNW  
 2-4 mi  
 19258  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: KHMERO MEDICAL CLINIC  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19960802  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0918203  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Not Reported

SRHO20070146660  
 AHA Hospitals

## MAP FINDINGS

Map ID	Direction	Distance	Distance (ft.)	Elevation	Site	EDR ID Database
					state abbrev: CA ssa state: 05 state region cd: LAB street address: 2505 E 10TH STREET Phone num: 3104338630 Termination reason: 08 Term Date: 19980801 Purpose of action: Not Reported Provider control: 04 Zip: 90804 Fips state: 06 Fips cnty: 037 SSA MSA: 328 SSA MSA size code: A Date accredited: Not Reported Accred expire date: Not Reported Accred Org: Not Reported Num beds: 0000 Num cert beds: 0000 Source: US_HOSPITAL_POSCLIA Edr id: SRHO20070146660	
CL474	NNW	2-4 mi	19286	Higher	Ncessch: 062250002743 Schname05: MARSHALL MIDDLE Mstreet05: 5870 EAST WARDLOW RD. Mcity05: LONG BEACH Mstate05: CA Mzip05: 90808 Mzip405: 3853 Member05: 1294 Phone05: (562) 429-7013 Locale05: 1 Type05: 1 Level05: 2 Gslo05: 06 Gshi05: 08 Edr id: SRPU20071014034	SRPU20071014034 Public Schools
CM475	WNW	2-4 mi	19333	Higher	Hospital type: 03 Num of times COO: 04 Owner date: Not Reported City: LONG BEACH Has plan of corr: Not Reported Compliance status: B SSA county code: 200 Cross ref number: Not Reported FMS survey date: Not Reported Current survey date: 19931104 Medicare/Medicaid: 1 Facility name: SIGNAL HILL CARE CENTER Intermediary/Carrier: 52280 Medicaid number: Not Reported	SRHO20070108305 AHA Hospitals

# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Participation date: 19820323  
 Prior COO date: 19900124  
 Prior carrier: 00040  
 Provider ID: 555145  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Not Reported  
 state abbrev: CA  
 ssa state: 05  
 state region cd: L4  
 street address: 2901 E PACIFIC COAST HIGHWAY  
 Phone num: 3104987790  
 Termination reason: 01  
 Term Date: 19940127  
 Purpose of action: 2  
 Provider control: 05  
 Zip: 90804  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0192  
 Num cert beds: 0192  
 Source: US\_HOSPITAL\_POSOTHER  
 Edr id: SRHO20070108305

CF476  
 East  
 2-4 mi  
 19374  
 Higher

EDR ID: SRDCCA200717320  
 Facility number: 304206167  
 Facility name: "ANDREWS, EMILIE"  
 Facility eval. code: 3406  
 Facility office number: 06  
 Facility county number: 30  
 Facility type code: 810  
 Facility status code: 03  
 Address: 5321 YALE AVENUE  
 City: WESTMINSTER  
 State: CA  
 Zip: 92683  
 Alt. address: 5321 YALE AVENUE  
 City: WESTMINSTER  
 State: CA  
 Zip: 92683  
 Facility investor: "ANDREWS, EMILIE"  
 Licensee type: A  
 License effective date: 10928  
 License expiration date: Not Reported  
 License issue date: 010928  
 Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4  
 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE  
 WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED  
 "

SRDCCA200717320  
 Daycare

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Original app. received date: 010712  
 Facility closed date: Not Reported  
 Mailing address: 5321 YALE AVENUE  
 Mailing city: WESTMINSTER  
 Mailing state: CA  
 Mailing zip: 92683  
 Contact person: "ANDREWS, EMILIE"  
 Facility capacity: 8  
 Type of clients served: 960  
 Facility phone: 7148979246

CL477  
 NNW  
 2-4 mi  
 19380  
 Higher

EDR ID: SRDCCA200740753  
 Facility number: 198013091  
 Facility name: ALLEN FAMILY CHILD CARE  
 Facility eval. code: 8160  
 Facility office number: 33  
 Facility county number: 19  
 Facility type code: 810  
 Facility status code: 03  
 Address: 5833 E. WARDLOW ROAD  
 City: LONG BEACH  
 State: CA  
 Zip: 90808  
 Alt. address: 5833 E. WARDLOW ROAD  
 City: LONG BEACH  
 State: CA  
 Zip: 90808  
 Facility investor: KIM ALLEN  
 Licensee type: A  
 License effective date: 70314  
 License expiration date: Not Reported  
 License issue date: 070314  
 Program type: "MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY.  
 CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY  
 SCHOOL AND 1 CHILD AT LEAST AGE 6."

SRDCCA200740753  
 Daycare

CN478  
 NE  
 2-4 mi  
 19388  
 Higher

Ncessch: 062259007306  
 Schname05: SHARON CHRISTA MCAULIFFE MIDDLE  
 Mstreet05: 4112 CERRITOS AVE.  
 Mcity05: LOS ALAMITOS  
 Mstate05: CA  
 Mzip05: 90720

SRPU20071014282  
 Public Schools

# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Mzip05: 2521  
 Member05: 1177  
 Phone05: (714) 816-3320  
 Locale05: 3  
 Type05: 1  
 Level05: 2  
 Gslo05: 06  
 Gshi05: 08  
 Edr id: SRPU20071014282

CG479			SRDCCA200732199
North	EDR ID:	SRDCCA200732199	Daycare
2-4 mi	Facility number:	198011928	
19403	Facility name:	QUIGLEY FAMILY CHILD CARE	
Higher	Facility eval. code:	7110	
	Facility office number:	33	
	Facility county number:	19	
	Facility type code:	810	
	Facility status code:	03	
	Address:	3520 KNOXVILLE AVE.	
	City:	LONG BEACH	
	State:	CA	
	Zip:	90808	
	Alt. address:	3520 KNOXVILLE AVE.	
	City:	LONG BEACH	
	State:	CA	
	Zip:	90808	
	Facility investor:	"QUIGLEY, JODI"	
	Licensee type:	A	
	License effective date:	50901	
	License expiration date:	Not Reported	
	License issue date:	050901	
	Program type:	"MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY. CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6."	
	Original app. received date:	050726	
	Facility closed date:	Not Reported	
	Mailing address:	3520 KNOXVILLE AVE.	
	Mailing city:	LONG BEACH	
	Mailing state:	CA	
	Mailing zip:	90808	
	Contact person:	"QUIGLEY, JODI"	
	Facility capacity:	8	
	Type of clients served:	960	
	Facility phone:	5624971156	

CM480			SRDCCA200712080
WNW	EDR ID:	SRDCCA200712080	Daycare
2-4 mi	Facility number:	198004876	
19466	Facility name:	WALKER FAMILY CHILD CARE	
Higher	Facility eval. code:	8160	
	Facility office number:	33	
	Facility county number:	19	
	Facility type code:	810	

# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Facility status code: 03  
 Address: 2939 E. 19TH STREET  
 City: SIGNAL HILL  
 State: CA  
 Zip: 90755  
 Alt. address: 2939 E. 19TH STREET  
 City: SIGNAL HILL  
 State: CA  
 Zip: 90755  
 Facility investor: "WALKER, MARGARETTE" "  
 Licensee type: A  
 License effective date: 990302  
 License expiration date: Not Reported  
 License issue date: 990302  
 Program type: "MAXIMUM CAPACITY: 12 CHILDREN, WITH NO MORE THAN 4 INFANTS, OR  
 CAPACITY 14 CHILDREN WHEN 2 CHILDREN ARE AT LEAST 6 YEARS OF AGE WITH A  
 MAXIMUM OF 3 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED" "  
 Original app. received date: 990113  
 Facility closed date: Not Reported  
 Mailing address: 2939 E. 19TH STREET  
 Mailing city: SIGNAL HILL  
 Mailing state: CA  
 Mailing zip: 90755  
 Contact person: "WALKER, MARGARETTE" "  
 Facility capacity: 14  
 Type of clients served: 960  
 Facility phone: 5629869935

CO481 East 2-4 mi 19509 Higher	Ncessch: Scname05: Mstreet05: Mcity05: Mstate05: Mzip05: Mzip405: Member05: Phone05: Locale05: Type05: Level05: Gsl05: Gshi05: Edr id:	064215006905 EASTWOOD ELEMENTARY 13552 UNIVERSITY WESTMINSTER CA 92683 2770 555 (714) 894-7227 3 1 1 KG 06 SRPU20071010648	SRPU20071010648 Public Schools
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CD482 West 2-4 mi 19512 Higher	EDR ID: Facility number: Facility name: Facility eval. code: Facility office number: Facility county number: Facility type code: Facility status code:	SRDCCA200746875 191670550 BURBANK CHILD DEVELOPMENT CENTER 9130 33 19 850 03	SRDCCA200746875 Daycare
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## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Address: 535 JUNIPERO AVE  
 City: LONG BEACH  
 State: CA  
 Zip: 90814  
 Alt. address: 2209 SEABRIGHT AVE.  
 City: LONG BEACH  
 State: CA  
 Zip: 90810  
 Facility investor: LONG BEACH UNIFIED SCHOOL DISTRICT  
 Licensee type: F  
 License effective date: 941019  
 License expiration date: Not Reported  
 License issue date: Not Reported  
 Program type: AGES 2 UNTIL ENTRY INTO KINDERGARTEN.  
 Original app. received date: 830829  
 Facility closed date: Not Reported  
 Mailing address: 2209 SEABRIGHT  
 Mailing city: LONG BEACH  
 Mailing state: CA  
 Mailing zip: 90810  
 Contact person: "FERNS-HOLTON, CHERYL"  
 Facility capacity: 74  
 Type of clients served: 950  
 Facility phone: 2134384108

CD483 West 2-4 mi 19532 Higher	Ncessch: Schname05: Mstreet05: Mcity05: Mstate05: Mzip05: Mzip405: Member05: Phone05: Locale05: Type05: Level05: Gslo05: Gshi05: Edr id:	062250002702 BURBANK ELEMENTARY 501 JUNIPERO AVE. LONG BEACH CA 90814 1031 996 (562) 439-0997 1 1 1 KG 05 SRPU20071013798	SRPU20071013798 Public Schools
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CO484 East 2-4 mi 19547 Higher	EDR ID: Facility number: Facility name: Facility eval. code: Facility office number: Facility county number: Facility type code: Facility status code: Address: City: State:	SRDCCA200748421 300603246 WESTMINSTER NURSERY SCHOOL 1207 06 30 850 03 13660 UNIVERSITY WESTMINSTER CA	SRDCCA200748421 Daycare
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# MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Zip: 92683  
 Alt. address: PO BOX 458  
 City: WESTMINSTER  
 State: CA  
 Zip: 92683  
 Facility investor: WESTMINSTER NURSERY SCHOOL PARENT CO-OP  
 Licensee type: C  
 License effective date: 950305  
 License expiration date: Not Reported  
 License issue date: Not Reported  
 Program type: 24 AMBULATORY CHIKDREN 24 MONTHS THROUGH 5 YEARS OLD.  
 MON-FRI. 08:15 AM TO 12:15 PM.  
 Original app. received date: 800915  
 Facility closed date: Not Reported  
 Mailing address: P. O. BOX 458  
 Mailing city: WESTMINSTER  
 Mailing state: CA  
 Mailing zip: 92683  
 Contact person: SJANIE HOLM  
 Facility capacity: 24  
 Type of clients served: 950  
 Facility phone: 7148937979

485  
 North  
 2-4 mi  
 19596  
 Higher

EDR ID: SRDCCA200703635  
 Facility number: 191613936  
 Facility name: NEWBY FAMILY DAY CARE  
 Facility eval. code: 7110  
 Facility office number: 33  
 Facility county number: 19  
 Facility type code: 810  
 Facility status code: 03  
 Address: 6831 HUNTDAL STREET  
 City: LONG BEACH  
 State: CA  
 Zip: 90808  
 Alt. address: 6831 HUNTDAL STREET  
 City: LONG BEACH  
 State: CA  
 Zip: 90808  
 Facility investor: "NEWBY, JACKIE"  
 Licensee type: A  
 License effective date: 941110  
 License expiration date: Not Reported  
 License issue date: Not Reported  
 Program type: "MAXIMUM CAPACITY: 12 CHILDREN, WITH NO MORE THAN 4 INFANTS, OR  
 CAPACITY 14 CHILDREN WHEN 2 CHILDREN ARE AT LEAST 6 YEARS OF AGE WITH A  
 MAXIMUM OF 3 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED"  
 Original app. received date: 850523  
 Facility closed date: Not Reported  
 Mailing address: 6831 HUNTDAL STREET  
 Mailing city: LONG BEACH  
 Mailing state: CA  
 Mailing zip: 90808  
 Contact person: "NEWBY, JACKIE"

SRDCCA200703635  
 Daycare

## MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site	EDR ID Database
	Facility capacity: 14 Type of clients served: 960 Facility phone: 5624296198	
CP486 West 2-4 mi 19609 Higher	EDR ID: SRDCCA200742231 Facility number: 191603764 Facility name: OUR SAVIORS LUTHERAN INFANT CENTER Facility eval. code: 8160 Facility office number: 33 Facility county number: 19 Facility type code: 830 Facility status code: 03 Address: 370 JUNIPERO AVE City: LONG BEACH State: CA Zip: 90814 Alt. address: 370 JUNIPERO AVE City: LONG BEACH State: CA Zip: 90814 Facility investor: OUR SAVIORS LUTHERAN CHURCH Licensee type: C License effective date: 930829 License expiration date: Not Reported License issue date: 890627 Program type: COMBINATION CENTER: INFANTS 16 AGES 0 TO 2 YEARS; PRESCHOOL (68) (X1916022147) AGES 2 TO 6 YEARS. Original app. received date: 890411 Facility closed date: Not Reported Mailing address: 370 JUNIPERO AVE Mailing city: LONG BEACH Mailing state: CA Mailing zip: 90814 Contact person: JOYCE MURPHY Facility capacity: 16 Type of clients served: 955 Facility phone: 5624399679	SRDCCA200742231 Daycare
CP487 West 2-4 mi 19609 Higher	EDR ID: SRDCCA200747578 Facility number: 191602147 Facility name: OUR SAVIOUR'S LUTHERAN PRESCHOOL Facility eval. code: 8160 Facility office number: 33 Facility county number: 19 Facility type code: 850 Facility status code: 03 Address: 370 JUNIPERO AVE City: LONG BEACH State: CA Zip: 90814 Alt. address: 370 JUNIPERO AVE City: LONG BEACH	SRDCCA200747578 Daycare

# MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

State: CA  
 Zip: 90814  
 Facility investor: OUR SAVIOUR'S LUTHERAN CHURCH  
 Licensee type: C  
 License effective date: 930829  
 License expiration date: Not Reported  
 License issue date: Not Reported  
 Program type: COMBINATION CENTER: PRESCHOOL (68) AGES 2 TO 6 YEARS;  
 INFANTS (16) (X191603764) AGES 0 TO 2 YEARS  
 Original app. received date: 770822  
 Facility closed date: Not Reported  
 Mailing address: 370 JUNIPERO AVE  
 Mailing city: LONG BEACH  
 Mailing state: CA  
 Mailing zip: 90814  
 Contact person: "ANDERSON,TRACI" "  
 Facility capacity: 68  
 Type of clients served: 950  
 Facility phone: 5624399679

CJ488  
 WNW  
 2-4 mi  
 19613  
 Higher

Pss school id: K9300233  
 Pss inst: FIRST FOURSQUARE CHURCH PRESCH  
 Lograde: PK  
 Higrade: K  
 Pss address: 2416 E 11TH ST  
 Pss city: LONG BEACH  
 Pss county no: 037  
 Pss county fips: 06037  
 Pss stabb: CA  
 Pss fips: 06  
 Pss zip5: 90804  
 Pss phone: 5624355204  
 Pss sch days: 180  
 Pss stu day hrs: 3.5  
 Pss library: Yes  
 Pss enroll ug: Not Reported  
 Pss enroll pk: 24  
 Pss enroll k: 14  
 Pss enroll 1: Not Reported  
 Pss enroll 2: Not Reported  
 Pss enroll 3: Not Reported  
 Pss enroll 4: Not Reported  
 Pss enroll 5: Not Reported  
 Pss enroll 6: Not Reported  
 Pss enroll 7: Not Reported  
 Pss enroll 8: Not Reported  
 Pss enroll 9: Not Reported  
 Pss enroll 10: Not Reported  
 Pss enroll 11: Not Reported  
 Pss enroll 12: Not Reported  
 Pss enroll t: 38  
 Pss enroll tk12: 14  
 Pss race ai: 0  
 Pss race as: 1

SRPR20051024678  
 Private Schools

# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Pss race h: 8  
 Pss race b: 4  
 Pss race w: 1  
 Pss fte teach: 1  
 Pss locale: 1  
 Pss coed: 1  
 Pss type: 7  
 Pss level: 1  
 Pss relig: 2  
 Pss comm type: 1  
 Pss indian pct: 0  
 Pss asian pct: 7.14  
 Pss hisp pct: 57.14  
 Pss black pct: 28.57  
 Pss white pct: 7.14  
 Pss stdtch rt: 14  
 Pss orient: 25  
 Pss county name: LOS ANGELES  
 Pss assoc 1: No Membership Association  
 Pss assoc 2: Not Reported  
 Pss assoc 3: Not Reported  
 Pss assoc 4: Not Reported  
 Pss assoc 5: Not Reported  
 Pss assoc 6: Not Reported  
 Pss assoc 7: Not Reported  
 Source: NCESDATA\_E72D09B4  
 Edr id: SRPR20051024678

CK489  
 NW  
 2-4 mi  
 19647  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: INTERCOMMUNITY CARE CENTER  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19930511  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0555083  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 2626 GRAND AVE  
 Phone num: 3104278915

SRHO20070130967  
 AHA Hospitals

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Termination reason: 00  
 Term Date: 20080831  
 Purpose of action: Not Reported  
 Provider control: 02  
 Zip: 90815  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070130967

CK490  
 NW  
 2-4 mi  
 19647  
 Higher

Hospital type: 03  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: 1  
 Compliance status: A  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: 19890628  
 Medicare/Medicaid: 1  
 Facility name: INTERCOMMUNITY SANITARIUM  
 Intermediary/Carrier: 00040  
 Medicaid number: Not Reported  
 Participation date: 19890630  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 555393  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Not Reported  
 state abbrev: CA  
 ssa state: 05  
 state region cd: L4  
 street address: 2626 GRAND AVE  
 Phone num: 2134278915  
 Termination reason: 01  
 Term Date: 19900531  
 Purpose of action: 1  
 Provider control: 06  
 Zip: 90815  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported

SRHO20070109324  
 AHA Hospitals

# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Accred Org: Not Reported  
 Num beds: 0147  
 Num cert beds: 0147  
 Source: US\_HOSPITAL\_POSOTHER  
 Edr id: SRHO20070109324

CK491 NW 2-4 mi 19647 Higher	Hospital type: 02 Num of times COO: 01 Owner date: 20040308 City: LONG BEACH Has plan of corr: 1 Compliance status: A SSA county code: 200 Cross ref number: 555823 FMS survey date: Not Reported Current survey date: 20050202 Medicare/Medicaid: 1 Facility name: INTERCOMMUNITY CARE CENTER Intermediary/Carrier: Not Reported Medicaid number: ZZT18608H Participation date: 19900329 Prior COO date: Not Reported Prior carrier: Not Reported Provider ID: 05A379 Record Status: A Region code: 09 Is Partial Record: Not Reported state abbrev: CA ssa state: 05 state region cd: L4 street address: 2626 GRAND AVENUE Phone num: 5624278915 Termination reason: 07 Term Date: 20050326 Purpose of action: 2 Provider control: 05 Zip: 90815 Fips state: 06 Fips cnty: 037 SSA MSA: 328 SSA MSA size code: A Date accredited: Not Reported Accred expire date: Not Reported Accred Org: Not Reported Num beds: 0147 Num cert beds: 0147 Source: US_HOSPITAL_POSOTHER Edr id: SRHO20070005271	SRHO20070005271 AHA Hospitals
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CK492 NW 2-4 mi 19647 Higher	Hospital type: 02 Num of times COO: 04 Owner date: Not Reported	SRHO20070004105 AHA Hospitals
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## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

City: LONG BEACH  
 Has plan of corr: 1  
 Compliance status: A  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: 19900314  
 Medicare/Medicaid: 1  
 Facility name: INTERCOMMUNITY CARE CENTER  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19740331  
 Prior COO date: 19850805  
 Prior carrier: Not Reported  
 Provider ID: 05A126  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Not Reported  
 state abbrev: CA  
 ssa state: 05  
 state region cd: L4  
 street address: 2626 GRAND AVENUE  
 Phone num: 2134278915  
 Termination reason: 04  
 Term Date: 19900601  
 Purpose of action: 2  
 Provider control: 06  
 Zip: 90815  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0147  
 Num cert beds: 0147  
 Source: US\_HOSPITAL\_POSOTHER  
 Edr id: SRHO20070004105

CK493  
 NW  
 2-4 mi  
 19647  
 Higher

Hospital type: 03  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: 1  
 Compliance status: A  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: 20060309  
 Medicare/Medicaid: 1  
 Facility name: INTERCOMMUNITY CARE CENTER  
 Intermediary/Carrier: 52280  
 Medicaid number: ZZT18608H

SRHO20070109158  
 AHA Hospitals

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Participation date: 20050327  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 555823  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Not Reported  
 state abbrev: CA  
 ssa state: 05  
 state region cd: L4  
 street address: 2626 GRAND AVENUE  
 Phone num: 5624278915  
 Termination reason: 00  
 Term Date: Not Reported  
 Purpose of action: 2  
 Provider control: 05  
 Zip: 90815  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0147  
 Num cert beds: 0147  
 Source: US\_HOSPITAL\_POSOTHER  
 Edr id: SRHO20070109158

CK494  
 NW  
 2-4 mi  
 19647  
 Higher

Provnum: 555823  
 Nursinghomename: INTERCOMMUNITY CARE CENTER  
 Street: 2626 GRAND AVENUE  
 City: LONG BEACH  
 State: CA  
 Zipcode: 90815  
 Phonenumber: 5624278915  
 Dateoflastinspection: 20060224  
 Certifiednumberofbeds: 147  
 Totalnumberofresidents: 138  
 Percofoccupiedbeds: 94  
 Categorydescription: Participating in Medicare and Medicaid  
 Typeofownership: Non profit - Corporation  
 Locatedwithinhospital: NO  
 Multinursinghomeownership: NO  
 Residentandfamilycouncils: RESIDENT  
 Edr id: SRNH20060915319

SRNH20060915319  
 Nursing Homes

CK495  
 NW  
 2-4 mi  
 19681  
 Higher

EDR ID: SRDCCA200744010  
 Facility number: 191600444  
 Facility name: LONG BEACH CENTER-ABILITY FIRST  
 Facility eval. code: 6170  
 Facility office number: 33

SRDCCA200744010  
 Daycare

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Facility county number: 19  
 Facility type code: 840  
 Facility status code: 03  
 Address: 3770 EAST WILLOW ST.  
 City: LONG BEACH  
 State: CA  
 Zip: 90815  
 Alt. address: 3770 EAST WILLOW ST.  
 City: LONG BEACH  
 State: CA  
 Zip: 90815  
 Facility investor: LONG BEACH CENTER-ABILITY FIRST  
 Licensee type: C  
 License effective date: 930102  
 License expiration date: Not Reported  
 License issue date: Not Reported  
 Program type: "LICENSEE SERVES 80 CHILDREN WITH SPECIAL NEEDS, AGES 3 UNTIL 18 YEARS OF AGE."  
 "

Original app. received date: 840109  
 Facility closed date: Not Reported  
 Mailing address: 1300 E. GREEN STREET  
 Mailing city: PASADENA  
 Mailing state: CA  
 Mailing zip: 91106  
 Contact person: "SCHLOSSER, BARBARA"  
 Facility capacity: 80  
 Type of clients served: 950  
 Facility phone: 5624266161

CK496  
 NW  
 2-4 mi  
 19696  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: WILLOW LAKE NURSING CARE CENTER  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19930624  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0721156  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB

SRHO20070140852  
 AHA Hospitals

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

street address: 2615 GRAND AVENUE  
 Phone num: 3104266141  
 Termination reason: 00  
 Term Date: 20080831  
 Purpose of action: Not Reported  
 Provider control: 02  
 Zip: 90815  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070140852

CK497  
 NW  
 2-4 mi  
 19696  
 Higher

Hospital type: 03  
 Num of times COO: 01  
 Owner date: 20031001  
 City: LONG BEACH  
 Has plan of corr: 1  
 Compliance status: A  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: 20051007  
 Medicare/Medicaid: 1  
 Facility name: LONG BEACH CARE CENTER, INC  
 Intermediary/Carrier: 52280  
 Medicaid number: ZZT06188G  
 Participation date: 19710401  
 Prior COO date: Not Reported  
 Prior carrier: 00040  
 Provider ID: 056188  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Not Reported  
 state abbrev: CA  
 ssa state: 05  
 state region cd: L4  
 street address: 2615 GRAND AVENUE  
 Phone num: 5624266141  
 Termination reason: 00  
 Term Date: Not Reported  
 Purpose of action: 2  
 Provider control: 03  
 Zip: 90815  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A

SRHO20070011968  
 AHA Hospitals

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0163  
 Num cert beds: 0163  
 Source: US\_HOSPITAL\_POSOTHER  
 Edr id: SRHO20070011968

CK498 NW 2-4 mi 19696 Higher	Provnum: 056188 Nursinghomename: LONG BEACH CARE CENTER, INC Street: 2615 GRAND AVENUE City: LONG BEACH State: CA Zipcode: 90815 Phonenumber: 5624266141 Dateoflastinspection: 20051007 Certifiednumberofbeds: 163 Totalnumberofresidents: 147 Percofoccupiedbeds: 90 Categorydescription: Participating in Medicare and Medicaid Typeofownership: For profit - Corporation Locatedwithinahospital: NO Multinursinghomeownership: NO Residentandfamilycouncils: BOTH Edr id: SRNH20060901186	SRNH20060901186 Nursing Homes
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CK499 NW 2-4 mi 19712 Higher	Hospital type: 02 Num of times COO: 08 Owner date: Not Reported City: LONG BEACH Has plan of corr: 1 Compliance status: A SSA county code: 200 Cross ref number: Not Reported FMS survey date: Not Reported Current survey date: 19961105 Medicare/Medicaid: 1 Facility name: GRAND VIEW CARE CENTER Intermediary/Carrier: Not Reported Medicaid number: Not Reported Participation date: 19800215 Prior COO date: 19950601 Prior carrier: Not Reported Provider ID: 05G040 Record Status: A Region code: 09 Is Partial Record: Not Reported state abbrev: CA ssa state: 05 state region cd: L4 street address: 2666 GRANDE AVENUE Phone num: 3104268187	SRHO20070006846 AHA Hospitals
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# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Termination reason: 01  
 Term Date: 19970131  
 Purpose of action: 2  
 Provider control: 02  
 Zip: 90815  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0059  
 Num cert beds: 0059  
 Source: US\_HOSPITAL\_POSOTHER  
 Edr id: SRHO20070006846

CQ500  
 NNW  
 2-4 mi  
 19724  
 Lower

Pss school id: 00068965  
 Pss inst: ST CORNELIUS ELEM SCHOOL  
 Lograde: K  
 Higrade: 8  
 Pss address: 3330 N BELLFLOWER BLVD  
 Pss city: LONG BEACH  
 Pss county no: 037  
 Pss county fips: 06037  
 Pss stabb: CA  
 Pss fips: 06  
 Pss zip5: 90808  
 Pss phone: 5624257813  
 Pss sch days: 180  
 Pss stu day hrs: 6.75  
 Pss library: Yes  
 Pss enroll ug: Not Reported  
 Pss enroll pk: Not Reported  
 Pss enroll k: 38  
 Pss enroll 1: 34  
 Pss enroll 2: 40  
 Pss enroll 3: 37  
 Pss enroll 4: 39  
 Pss enroll 5: 31  
 Pss enroll 6: 36  
 Pss enroll 7: 36  
 Pss enroll 8: 33  
 Pss enroll 9: Not Reported  
 Pss enroll 10: Not Reported  
 Pss enroll 11: Not Reported  
 Pss enroll 12: Not Reported  
 Pss enroll t: 324  
 Pss enroll tk12: 324  
 Pss race ai: 0  
 Pss race as: 21  
 Pss race h: 54  
 Pss race b: 3  
 Pss race w: 246

SRPR20051022837  
 Private Schools

# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Pss fte teach: 10.9  
 Pss locale: 1  
 Pss coed: 1  
 Pss type: 1  
 Pss level: 1  
 Pss relig: 1  
 Pss comm type: 1  
 Pss indian pct: 0  
 Pss asian pct: 6.48  
 Pss hisp pct: 16.67  
 Pss black pct: 0.93  
 Pss white pct: 75.93  
 Pss stdtch rt: 29.72  
 Pss orient: 1  
 Pss county name: LOS ANGELES  
 Pss assoc 1: National Catholic Educational Association (NCEA)  
 Pss assoc 2: Not Reported  
 Pss assoc 3: Not Reported  
 Pss assoc 4: Not Reported  
 Pss assoc 5: Not Reported  
 Pss assoc 6: Not Reported  
 Pss assoc 7: Not Reported  
 Source: NCESDATA\_E72D09B4  
 Edr id: SRPR20051022837

CJ501 West 2-4 mi 19753 Higher	EDR ID: SRDCCA200713908 Facility number: 192001710 Facility name: HARRIS FAMILY CHILD CARE Facility eval. code: 8160 Facility office number: 33 Facility county number: 19 Facility type code: 810 Facility status code: 03 Address: 754 RAYMOND City: LONG BEACH State: CA Zip: 90804 Alt. address: 754 RAYMOND City: LONG BEACH State: CA Zip: 90804 Facility investor: "HARRIS, SHENA" Licensee type: A License effective date: 629 License expiration date: Not Reported License issue date: 000629 Program type: "MAXIMUM CAPACITY: 12 CHILDREN, WITH NO MORE THAN 4 INFANTS, OR CAPACITY 14 CHILDREN WHEN 2 CHILDREN ARE AT LEAST 6 YEARS OF AGE WITH A MAXIMUM OF 3 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED" Original app. received date: 000310 Facility closed date: Not Reported Mailing address: 754 RAYMOND Mailing city: LONG BEACH Mailing state: CA	SRDCCA200713908 Daycare
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## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Mailing zip: 90804  
 Contact person: "HARRIS, SHENA"  
 Facility capacity: 14  
 Type of clients served: 960  
 Facility phone: 5626216354

CQ502 NNW 2-4 mi 19767 Higher SRDCCA200746909 Daycare

EDR ID: SRDCCA200746909  
 Facility number: 191671293  
 Facility name: ST. LUKE'S PRESCHOOL  
 Facility eval. code: 6150  
 Facility office number: 33  
 Facility county number: 19  
 Facility type code: 850  
 Facility status code: 03  
 Address: 5633 E. WARDLOW ROAD  
 City: LONG BEACH  
 State: CA  
 Zip: 90808  
 Alt. address: 5633 E. WARDLOW ROAD  
 City: LONG BEACH  
 State: CA  
 Zip: 90808  
 Facility investor: ST. LUKES EVANGELICAL LUTHERAN CHURCH  
 Licensee type: C  
 License effective date: 930824  
 License expiration date: Not Reported  
 License issue date: Not Reported  
 Program type: "AMBULATORY ONLY, AGES 2 THRU 6 YEARS."  
 Original app. received date: 840913  
 Facility closed date: Not Reported  
 Mailing address: 5633 E. WARDLOW ROAD  
 Mailing city: LONG BEACH  
 Mailing state: CA  
 Mailing zip: 90808  
 Contact person: SUSAN LANDE  
 Facility capacity: 61  
 Type of clients served: 950  
 Facility phone: 5624207308

CK503 NW 2-4 mi 19829 Higher SRDCCA200746720 Daycare

EDR ID: SRDCCA200746720  
 Facility number: 191600443  
 Facility name: BARBARA AND RAY ALPERT JEWISH COMMUNITY CENTER  
 Facility eval. code: 6170  
 Facility office number: 33  
 Facility county number: 19  
 Facility type code: 850  
 Facility status code: 03  
 Address: 3801 EAST WILLOW AVENUE  
 City: LONG BEACH  
 State: CA  
 Zip: 90815

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Alt. address: 3801 E. WILLOW AVE.  
 City: LONG BEACH  
 State: CA  
 Zip: 90815  
 Facility investor: JEWISH COMMUNITY CENTER OF LONG BEACH  
 Licensee type: C  
 License effective date: 930129  
 License expiration date: Not Reported  
 License issue date: Not Reported  
 Program type: CHILDREN AGE TWO UNTIL ENTRY INTO FIRST GRADE. ROOM 82 IS FOR KINDERGARTEN CHILDREN FROM 9:30 A.M. TO 2:30 P.M. MONDAY THRU FRIDAY.  
 Original app. received date: Not Reported  
 Facility closed date: Not Reported  
 Mailing address: 3801 E. WILLOW AVE  
 Mailing city: LONG BEACH  
 Mailing state: CA  
 Mailing zip: 90815  
 Contact person: "DAVIDSON, LORI"  
 Facility capacity: 210  
 Type of clients served: 950  
 Facility phone: 5624267601

CN504		SRPU20071014284
NE	Ncessch: 062259007748	Public Schools
2-4 mi	Schname05: LAUREL HIGH (CONTINUATION)	
19884	Mstreet05: 10291 BLOOMFIELD ST.	
Higher	Mcity05: LOS ALAMITOS	
	Mstate05: CA	
	Mzip05: 90720	
	Mzip405: 2264	
	Member05: 143	
	Phone05: (562) 799-4820	
	Locale05: 3	
	Type05: 4	
	Level05: 3	
	Gslo05: 10	
	Gshi05: 12	
	Edr id: SRPU20071014284	

CP505		SRDCCA200747450
West	EDR ID: SRDCCA200747450	Daycare
2-4 mi	Facility number: 191601582	
19888	Facility name: BETHANY PRESCHOOL	
Higher	Facility eval. code: 8140	
	Facility office number: 33	
	Facility county number: 19	
	Facility type code: 850	
	Facility status code: 03	
	Address: 2217 EAST 6TH ST.	
	City: LONG BEACH	
	State: CA	
	Zip: 90814	
	Alt. address: 2209 E. 6TH ST.	

# MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

City: LONG BEACH  
 State: CA  
 Zip: 90814  
 Facility investor: BETHANY MISSIONARY ASSN.  
 Licensee type: C  
 License effective date: 930917  
 License expiration date: Not Reported  
 License issue date: 870917  
 Program type: CHILDREN AGE TWO UNTIL ENTRY INTO FIRST GRADE.  
 Original app. received date: 870708  
 Facility closed date: Not Reported  
 Mailing address: 2209 E. 6TH ST.  
 Mailing city: LONG BEACH  
 Mailing state: CA  
 Mailing zip: 90814  
 Contact person: REGINA ARCE  
 Facility capacity: 52  
 Type of clients served: 950  
 Facility phone: 5624336202

CP506  
 West  
 2-4 mi  
 19888  
 Higher

EDR ID: SRDCCA200742267  
 Facility number: 191601924  
 Facility name: BETHANY PRESCHOOL INFANT CARE CENTER  
 Facility eval. code: 8140  
 Facility office number: 33  
 Facility county number: 19  
 Facility type code: 830  
 Facility status code: 03  
 Address: 2217 E. 6TH STREET  
 City: LONG BEACH  
 State: CA  
 Zip: 90814  
 Alt. address: 2209 E. 6TH STREET  
 City: LONG BEACH  
 State: CA  
 Zip: 90814  
 Facility investor: BETHANY MISSIONARY ASSN.  
 Licensee type: A  
 License effective date: 930917  
 License expiration date: Not Reported  
 License issue date: 880401  
 Program type: LICENSEE SERVES INFANTS 0-2 YEARS OLD.  
 Original app. received date: 870908  
 Facility closed date: Not Reported  
 Mailing address: 2209 E. 6TH STREET  
 Mailing city: LONG BEACH  
 Mailing state: CA  
 Mailing zip: 90814  
 Contact person: REGINA ARCE  
 Facility capacity: 20  
 Type of clients served: 955  
 Facility phone: 5624336202

SRDCCA200742267  
 Daycare

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

CP507 West 2-4 mi 19888 Higher	Pss school id: Pss inst: Lograde: Higrade: Pss address: Pss city: Pss county no: Pss county fips: Pss stabb: Pss fips: Pss zip5: Pss phone: Pss sch days: Pss stu day hrs: Pss library: Pss enroll ug: Pss enroll pk: Pss enroll k: Pss enroll 1: Pss enroll 2: Pss enroll 3: Pss enroll 4: Pss enroll 5: Pss enroll 6: Pss enroll 7: Pss enroll 8: Pss enroll 9: Pss enroll 10: Pss enroll 11: Pss enroll 12: Pss enroll t: Pss enroll tk12: Pss race ai: Pss race as: Pss race h: Pss race b: Pss race w: Pss fte teach: Pss locale: Pss coed: Pss type: Pss level: Pss relig: Pss comm type: Pss indian pct: Pss asian pct: Pss hisp pct: Pss black pct: Pss white pct: Pss stdtch rt: Pss orient: Pss county name: Pss assoc 1: Pss assoc 2: Pss assoc 3:	K9500815 CITY CHRISTIAN SCHOOL K 6 2217 E 6TH ST LONG BEACH 037 06037 CA 06 90814 5624335771 200 6.5 Yes Not Reported Not Reported 11 5 7 3 6 1 3 Not Reported Not Reported Not Reported Not Reported Not Reported Not Reported 36 36 0 4 8 12 12 4.5 1 1 1 1 2 1 0 11.11 22.22 33.33 33.33 8 8 LOS ANGELES No Membership Association Not Reported Not Reported	SRPR20051024771 Private Schools
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## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Pss assoc 4: Not Reported  
 Pss assoc 5: Not Reported  
 Pss assoc 6: Not Reported  
 Pss assoc 7: Not Reported  
 Source: NCESDATA\_E72D09B4  
 Edr id: SRPR20051024771

CQ508			SRDCCA200747711
NNW	EDR ID:	SRDCCA200747711	Daycare
2-4 mi	Facility number:	191604198	
19894	Facility name:	LONG BEACH CHRISTIAN DAY CARE CENTER	
Higher	Facility eval. code:	6150	
	Facility office number:	33	
	Facility county number:	19	
	Facility type code:	850	
	Facility status code:	03	
	Address:	5559 EAST WARDLOW	
	City:	LONG BEACH	
	State:	CA	
	Zip:	90808	
	Alt. address:	5559 EAST WARDLOW	
	City:	LONG BEACH	
	State:	CA	
	Zip:	90808	
	Facility investor:	LONG BEACH CHRISTIAN DAY CARE CENTER	
	Licensee type:	C	
	License effective date:	931031	
	License expiration date:	Not Reported	
	License issue date:	Not Reported	
	Program type:	"AMBULATORY ONLY, AGES 2 THRU 6 YRS. "	
	Original app. received date:	800725	
	Facility closed date:	Not Reported	
	Mailing address:	5559 EAST WARDLOW	
	Mailing city:	LONG BEACH	
	Mailing state:	CA	
	Mailing zip:	90808	
	Contact person:	"BOS, ELOISE"	
	Facility capacity:	60	
	Type of clients served:	950	
	Facility phone:	5624290551	

CR509			SRDCCA200708439
NE	EDR ID:	SRDCCA200708439	Daycare
2-4 mi	Facility number:	304201199	
19903	Facility name:	"CARLSON, JOAN"	
Higher	Facility eval. code:	3404	
	Facility office number:	06	
	Facility county number:	30	
	Facility type code:	810	
	Facility status code:	03	
	Address:	11132 RANGER DRIVE	
	City:	LOS ALAMITOS	
	State:	CA	

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Zip: 90720  
 Alt. address: 11132 RANGER DRIVE  
 City: LOS ALAMITOS  
 State: CA  
 Zip: 90720  
 Facility investor: "CARLSON, JOAN"  
 Licensee type: A  
 License effective date: 951120  
 License expiration date: Not Reported  
 License issue date: 951120  
 Program type: "MAXIMUM CAPACITY: 6 CHILDREN, INCLUDING LICENSEE'S CHILDREN UNDER 10 YEARS OF AGE WHO RESIDE IN THE HOME, WITH NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY (INFANT MEANS A CHILD UNDER 2 YEARS OLD)."  
 Original app. received date: 950809  
 Facility closed date: Not Reported  
 Mailing address: 11132 RANGER DRIVE  
 Mailing city: LOS ALAMITOS  
 Mailing state: CA  
 Mailing zip: 90720  
 Contact person: "CARLSON, JOAN"  
 Facility capacity: 6  
 Type of clients served: 960  
 Facility phone: 5625940468

510		SRDCID200700139
ENE	EDR ID: SRDCID200700139	Daycare
2-4 mi	Facility name: GRANNIES	
19941	Street address: 5472 LUDLOW	
Higher	City: GARDEN GROVE	
	ID number: CA92845	
	Facility type: Not Reported	
	Telephone: Not Reported	
	License effective date: Not Reported	
	License expiration date: Not Reported	

511		SRDCCA200724413
WNW	EDR ID: SRDCCA200724413	Daycare
2-4 mi	Facility number: 198010426	
19943	Facility name: CRAIN FAMILY CHILD CARE	
Higher	Facility eval. code: 8160	
	Facility office number: 33	
	Facility county number: 19	
	Facility type code: 810	
	Facility status code: 03	
	Address: 2200 JEANS CT.	
	City: SIGNAL HILL	
	State: CA	
	Zip: 90806	
	Alt. address: 2200 JEANS CT.	
	City: SIGNAL HILL	
	State: CA	
	Zip: 90806	
	Facility investor: TAMMIE RENE AND TIMOTHY JASON CRAIN	
	Licensee type: A	

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

License effective date: 40511  
 License expiration date: Not Reported  
 License issue date: 040511  
 Program type: "MAXIMUM CAPACITY: 12 CHILDREN, WITH NO MORE THAN 4 INFANTS, OR  
 CAPACITY 14 CHILDREN WHEN 2 CHILDREN ARE AT LEAST 6 YEARS OF AGE WITH A  
 MAXIMUM OF 3 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "  
 Original app. received date: 040414  
 Facility closed date: Not Reported  
 Mailing address: 2200 JEANS CT.  
 Mailing city: SIGNAL HILL  
 Mailing state: CA  
 Mailing zip: 90806  
 Contact person: "CRAIN, TAMMIE "  
 Facility capacity: 14  
 Type of clients served: 960  
 Facility phone: 5629888676

CS512  
 NW  
 2-4 mi  
 19972  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: WEST COAST DIALYSIS CENTER  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19940603  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0887091  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 3780 KILROY AIRPORT WY STE 110 TOWER B  
 Phone num: 5629893010  
 Termination reason: 00  
 Term Date: 20080602  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90806  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported

SRHO20070145178  
 AHA Hospitals

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070145178

CS513  
 NW  
 2-4 mi  
 19972  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: 1  
 Compliance status: A  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: 20000505  
 Medicare/Medicaid: 1  
 Facility name: WEST COAST DIALYSIS CENTER INC  
 Intermediary/Carrier: 00040  
 Medicaid number: Not Reported  
 Participation date: 19940510  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 052747  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Not Reported  
 state abbrev: CA  
 ssa state: 05  
 state region cd: L4  
 street address: 3780 KILROY AIRPORT WAY SUITE 110  
 Phone num: 5629893010  
 Termination reason: 00  
 Term Date: Not Reported  
 Purpose of action: 2  
 Provider control: 01  
 Zip: 90806  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSOTHER  
 Edr id: SRHO20070008757

SRHO20070008757  
 AHA Hospitals

CS514  
 NW  
 2-4 mi  
 19972  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported

SRHO20070131526  
 AHA Hospitals

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

City: LONG BEACH  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: COAST NEPHROLOGY MEDICAL GROUP, INC  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19930727  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0554309  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 3780 KILROY AIRPORT WAY #115  
 Phone num: 3105957426  
 Termination reason: 00  
 Term Date: 20080831  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90806  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070131526

CL515  
 NNW  
 2-4 mi  
 19975  
 Higher

Pss school id: A9500563  
 Pss inst: LAURELCREST SCHOOL FOR GIRLS  
 Lograde: K  
 Higrade: 8  
 Pss address: 3435 SAN ANSELIN AVE  
 Pss city: LONG BEACH  
 Pss county no: 037  
 Pss county fips: 06037  
 Pss stabb: CA  
 Pss fips: 06  
 Pss zip5: 90808  
 Pss phone: 5623776111  
 Pss sch days: 184  
 Pss stu day hrs: 6.75

SRPR20051024509  
 Private Schools

# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Pss library: Yes  
 Pss enroll ug: Not Reported  
 Pss enroll pk: Not Reported  
 Pss enroll k: 8  
 Pss enroll 1: 14  
 Pss enroll 2: 5  
 Pss enroll 3: 4  
 Pss enroll 4: 8  
 Pss enroll 5: 5  
 Pss enroll 6: 2  
 Pss enroll 7: 7  
 Pss enroll 8: 7  
 Pss enroll 9: Not Reported  
 Pss enroll 10: Not Reported  
 Pss enroll 11: Not Reported  
 Pss enroll 12: Not Reported  
 Pss enroll t: 60  
 Pss enroll tk12: 60  
 Pss race ai: 0  
 Pss race as: 4  
 Pss race h: 12  
 Pss race b: 9  
 Pss race w: 35  
 Pss fte teach: 6  
 Pss locale: 1  
 Pss coed: 2  
 Pss type: 1  
 Pss level: 1  
 Pss relig: 3  
 Pss comm type: 1  
 Pss indian pct: 0  
 Pss asian pct: 6.67  
 Pss hisp pct: 20  
 Pss black pct: 15  
 Pss white pct: 58.33  
 Pss stdtch rt: 10  
 Pss orient: 29  
 Pss county name: LOS ANGELES  
 Pss assoc 1: National Coalition of Girls' Schools (NCGS)  
 Pss assoc 2: Not Reported  
 Pss assoc 3: Not Reported  
 Pss assoc 4: Not Reported  
 Pss assoc 5: Not Reported  
 Pss assoc 6: Not Reported  
 Pss assoc 7: Not Reported  
 Source: NCESDATA\_E72D09B4  
 Edr id: SRPR20051024509

CK516  
 NW  
 2-4 mi  
 20019  
 Higher

Ncessch: 060010810921  
 Schname05: LONG BEACH UNIFIED SCHOOL DISTRICT ROP  
 Mstreet05: 3701B EAST WILLOW ST.  
 Mcity05: LONG BEACH  
 Mstate05: CA  
 Mzip05: 90815

SRPU20071005777  
 Public Schools

## MAP FINDINGS

Map ID	Direction	Distance	Distance (ft.)	Elevation	Site	EDR ID Database
					Mzip405: 1732 Member05: -1 Phone05: (562) 595-8893 Locale05: 1 Type05: 3 Level05: 3 Gslo05: 09 Gshi05: 12 Edr id: SRPU20071005777	
CK517	NW	2-4 mi	20019	Higher	Ncessch: 062250002753 Scname05: REID SENIOR HIGH Mstreet05: 3701 EAST WILLOW ST. Mcity05: LONG BEACH Mstate05: CA Mzip05: 90815 Mzip405: Not Reported Member05: 167 Phone05: (562) 595-8893 Locale05: 1 Type05: 4 Level05: 3 Gslo05: 09 Gshi05: 12 Edr id: SRPU20071014043	SRPU20071014043 Public Schools
CR518	NE	2-4 mi	20031	Higher	Hospital type: 01 Num of times COO: 00 Owner date: Not Reported City: LOS ALAMITOS Has plan of corr: Not Reported Compliance status: Not Reported SSA county code: 400 Cross ref number: Not Reported FMS survey date: Not Reported Current survey date: Not Reported Medicare/Medicaid: Not Reported Facility name: DAVID A MINNA MD Intermediary/Carrier: Not Reported Medicaid number: Not Reported Participation date: 19940614 Prior COO date: Not Reported Prior carrier: Not Reported Provider ID: 05D0553311 Record Status: A Region code: 09 Is Partial Record: Y state abbrev: CA ssa state: 05 state region cd: LAB street address: 4772 KATELLA AVENUE SUITE 200 Phone num: 5625963365	SRHO20070130545 AHA Hospitals

# MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Termination reason: 00  
 Term Date: 20071222  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90720  
 Fips state: 06  
 Fips cnty: 059  
 SSA MSA: 033  
 SSA MSA size code: B  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070130545

519  
 NNW  
 2-4 mi  
 20056  
 Higher

	EDR ID: SRDCCA200712313	SRDCCA200712313
	Facility number: 198006211	Daycare
	Facility name: GONZALEZ FAMILY CHILD CARE	
	Facility eval. code: 7110	
	Facility office number: 33	
	Facility county number: 19	
	Facility type code: 810	
	Facility status code: 03	
	Address: 3548 FAUST AVE	
	City: LONG BEACH	
	State: CA	
	Zip: 90808	
	Alt. address: 3548 FAUST AVE	
	City: LONG BEACH	
	State: CA	
	Zip: 90808	
	Facility investor: "GONZALEZ, ROSA AND RUBEN "	
	Licensee type: A	
	License effective date: 1220	
	License expiration date: Not Reported	
	License issue date: 001220	
	Program type: "MAXIMUM CAPACITY: 12 CHILDREN, WITH NO MORE THAN 4 INFANTS, OR CAPACITY 14 CHILDREN WHEN 2 CHILDREN ARE AT LEAST 6 YEARS OF AGE WITH A MAXIMUM OF 3 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "	
	Original app. received date: 000829	
	Facility closed date: Not Reported	
	Mailing address: 3548 FAUST AVE	
	Mailing city: LONG BEACH	
	Mailing state: CA	
	Mailing zip: 90808	
	Contact person: "GONZALEZ, ROSA & RUBEN "	
	Facility capacity: 14	
	Type of clients served: 960	
	Facility phone: 5624207930	

## MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site	EDR ID Database
CT520 North 2-4 mi 20074 Higher	EDR ID: SRDCCA200734573 Facility number: 198012493 Facility name: AREYAN FAMILY CHILD CARE Facility eval. code: 9130 Facility office number: 33 Facility county number: 19 Facility type code: 810 Facility status code: 03 Address: 6239 EAST MONLACO ROAD City: LONG BEACH State: CA Zip: 90808 Alt. address: 6239 EAST MONLACO ROAD City: LONG BEACH State: CA Zip: 90808 Facility investor: PEARL AREYAN Licensee type: A License effective date: 60720 License expiration date: Not Reported License issue date: 060720 Program type: MAX. CAP(WHEN THERE IS AN ASSISTANT PRESENT): 12 - NO MORE THAN 4 INFANTS. CAP 14 - NO MORE THAN 3 INFANTS. 1 CHILD IN KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6.  Original app. received date: 060505 Facility closed date: Not Reported Mailing address: 6239 EAST MONLACO ROAD Mailing city: LONG BEACH Mailing state: CA Mailing zip: 90808 Contact person: "AREYAN, PEARL" Facility capacity: 8 Type of clients served: 960 Facility phone: 5624209645	SRDCCA200734573 Daycare
CI521 East 2-4 mi 20093 Higher	Hospital type: 01 Num of times COO: 00 Owner date: Not Reported City: GARDEN GROVE Has plan of corr: Not Reported Compliance status: Not Reported SSA county code: 400 Cross ref number: Not Reported FMS survey date: Not Reported Current survey date: Not Reported Medicare/Medicaid: Not Reported Facility name: COLLABORATIVE NEUROSCIENCE NETWORK LLC Intermediary/Carrier: Not Reported Medicaid number: Not Reported Participation date: 20021007 Prior COO date: Not Reported Prior carrier: Not Reported Provider ID: 05D1004808	SRHO20070156206 AHA Hospitals

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 12772 VALLEYVIEW STREET #3  
 Phone num: 7147997799  
 Termination reason: 00  
 Term Date: 20081006  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 92845  
 Fips state: 06  
 Fips cnty: 059  
 SSA MSA: 033  
 SSA MSA size code: B  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070156206

CS522  
 NW  
 2-4 mi  
 20107  
 Higher

Hospital type: 01  
 Num of times COO: 02  
 Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: Not Reported  
 Compliance status: A  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: 20030905  
 Medicare/Medicaid: 1  
 Facility name: LONG BEACH PHYSICAL THERAPY/MA  
 Intermediary/Carrier: 00454  
 Medicaid number: Not Reported  
 Participation date: 19810511  
 Prior COO date: 19980511  
 Prior carrier: 00040  
 Provider ID: 056526  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Not Reported  
 state abbrev: CA  
 ssa state: 05  
 state region cd: L4  
 street address: 3760 KILROY AIRPORT WAY, STE 550  
 Phone num: 3105404601  
 Termination reason: 00  
 Term Date: Not Reported  
 Purpose of action: 2

SRHO20070011513  
 AHA Hospitals

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Provider control: 06  
 Zip: 90806  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSOTHER  
 Edr id: SRHO20070011513

CU523  
 East  
 2-4 mi  
 20130  
 Higher

Hospital type: 01  
 Num of times COO: 02  
 Owner date: 19961014  
 City: WESTMINSTER  
 Has plan of corr: 1  
 Compliance status: A  
 SSA county code: 400  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: 19950828  
 Medicare/Medicaid: 1  
 Facility name: TENET HOMECARE OF SOUTHERN CALIFORNIA  
 Intermediary/Carrier: 00040  
 Medicaid number: Not Reported  
 Participation date: 19840618  
 Prior COO date: 19960404  
 Prior carrier: Not Reported  
 Provider ID: 057650  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Not Reported  
 state abbrev: CA  
 ssa state: 05  
 state region cd: ORG  
 street address: 5505 GARDEN GROVE BLVD, SUITE 310  
 Phone num: 8003217753  
 Termination reason: 01  
 Term Date: 19980131  
 Purpose of action: 2  
 Provider control: 04  
 Zip: 92683  
 Fips state: 06  
 Fips cnty: 059  
 SSA MSA: 033  
 SSA MSA size code: B  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: 0  
 Num beds: 0000  
 Num cert beds: 0000

SRHO20070011880  
 AHA Hospitals

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Source: US\_HOSPITAL\_POSOTHER  
 Edr id: SRHO20070011880

CU524 East 2-4 mi 20130 Higher	Hospital type: 01 Num of times COO: 00 Owner date: Not Reported City: WESTMINSTER Has plan of corr: Not Reported Compliance status: Not Reported SSA county code: 400 Cross ref number: Not Reported FMS survey date: Not Reported Current survey date: Not Reported Medicare/Medicaid: Not Reported Facility name: TENET HOMECARE OF SOUTHERN CALIFORNIA Intermediary/Carrier: Not Reported Medicaid number: Not Reported Participation date: 19930212 Prior COO date: Not Reported Prior carrier: Not Reported Provider ID: 05D0693868 Record Status: A Region code: 09 Is Partial Record: Not Reported state abbrev: CA ssa state: 05 state region cd: LAB street address: 5505 GARDEN GROVE BLVD SUITE 310 Phone num: 8003217753 Termination reason: 01 Term Date: 19980131 Purpose of action: Not Reported Provider control: 04 Zip: 92683 Fips state: 06 Fips cnty: 059 SSA MSA: 033 SSA MSA size code: B Date accredited: Not Reported Accred expire date: Not Reported Accred Org: Not Reported Num beds: 0000 Num cert beds: 0000 Source: US_HOSPITAL_POSCLIA Edr id: SRHO20070139248	SRHO20070139248 AHA Hospitals
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CJ525 West 2-4 mi 20144 Higher	EDR ID: SRDCCA200731914 Facility number: 198011906 Facility name: GARNER FAMILY CHILD CARE Facility eval. code: 8160 Facility office number: 33 Facility county number: 19	SRDCCA200731914 Daycare
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# MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Facility type code: 810  
 Facility status code: 03  
 Address: 826 DAWSON AVENUE  
 City: LONG BEACH  
 State: CA  
 Zip: 90804  
 Alt. address: 826 DAWSON AVENUE  
 City: LONG BEACH  
 State: CA  
 Zip: 90804  
 Facility investor: "GARNER, TIFFANY"  
 Licensee type: A  
 License effective date: 50815  
 License expiration date: Not Reported  
 License issue date: 050815  
 Program type: "MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY.  
 CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY  
 SCHOOL AND 1 CHILD AT LEAST AGE 6."  
 Original app. received date: 050720  
 Facility closed date: Not Reported  
 Mailing address: 826 DAWSON AVENUE  
 Mailing city: LONG BEACH  
 Mailing state: CA  
 Mailing zip: 90804  
 Contact person: "GARNER, TIFFANY"  
 Facility capacity: 8  
 Type of clients served: 960  
 Facility phone: 5624383383

CV526  
 WNW  
 2-4 mi  
 20146  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: KHMER HEALTH GROUP  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19960523  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0915288  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 2315 EAST ANAHEIM STREET

SRHO20070146534  
 AHA Hospitals

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Phone num: 3104243358  
 Termination reason: 08  
 Term Date: 20020522  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90804  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070146534

CV527  
 WNW  
 2-4 mi  
 20146  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: NTM MEDICAL CLINIC  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19940614  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0887536  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 2315 EAST ANAHEIM STREET  
 Phone num: 5622183175  
 Termination reason: 00  
 Term Date: 20080613  
 Purpose of action: Not Reported  
 Provider control: 02  
 Zip: 90804  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported

SRHO20070144980  
 AHA Hospitals

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070144980

CN528		SRDCCA200749003
NE	EDR ID: SRDCCA200749003	Daycare
2-4 mi	Facility number: 300614168	
20148	Facility name: HOLY CROSS LUTHERAN ECEC	
Higher	Facility eval. code: 1205	
	Facility office number: 06	
	Facility county number: 30	
	Facility type code: 850	
	Facility status code: 03	
	Address: 4321 CERRITOS AVE.	
	City: CYPRESS	
	State: CA	
	Zip: 90630	
	Alt. address: 4321 CERRITOS AVE.	
	City: CYPRESS	
	State: CA	
	Zip: 90630	
	Facility investor: HOLY CROSS LUTHERAN CHURCH	
	Licensee type: C	
	License effective date: 931027	
	License expiration date: Not Reported	
	License issue date: 931027	
	Program type: 32 AMBULATORY CHILDREN. AGES 24 MONTHS THROUGH 6 YEARS OLD MONDAY THROUGH FRIDAY. 06:30 AM TO 6:00 PM.	
	Original app. received date: 931005	
	Facility closed date: Not Reported	
	Mailing address: 4321 CERRITOS AVE.	
	Mailing city: CYPRESS	
	Mailing state: CA	
	Mailing zip: 90630	
	Contact person: MELINDA WEISS	
	Facility capacity: 32	
	Type of clients served: 950	
	Facility phone: 7145277928	

CN529		SRPR20051024105
NE	Pss school id: AA000742	Private Schools
2-4 mi	Pss inst: HOLY CROSS LUTHERAN SCHOOL	
20148	Lograde: PK	
Higher	Higrade: 8	
	Pss address: 4321 CERRITOS AVE	
	Pss city: CYPRESS	
	Pss county no: 059	
	Pss county fips: 06059	
	Pss stabb: CA	
	Pss fips: 06	
	Pss zip5: 90630	

# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Pss phone: 7145277928  
 Pss sch days: 180  
 Pss stu day hrs: 7  
 Pss library: No  
 Pss enroll ug: Not Reported  
 Pss enroll pk: 23  
 Pss enroll k: 14  
 Pss enroll 1: 14  
 Pss enroll 2: 12  
 Pss enroll 3: 4  
 Pss enroll 4: 11  
 Pss enroll 5: 6  
 Pss enroll 6: 14  
 Pss enroll 7: 20  
 Pss enroll 8: 12  
 Pss enroll 9: Not Reported  
 Pss enroll 10: Not Reported  
 Pss enroll 11: Not Reported  
 Pss enroll 12: Not Reported  
 Pss enroll t: 130  
 Pss enroll tk12: 107  
 Pss race ai: Not Reported  
 Pss race as: 20  
 Pss race h: 18  
 Pss race b: 2  
 Pss race w: 67  
 Pss fte teach: 9.6  
 Pss locale: 3  
 Pss coed: 1  
 Pss type: 1  
 Pss level: 1  
 Pss relig: 2  
 Pss comm type: 2  
 Pss indian pct: Not Reported  
 Pss asian pct: 18.69  
 Pss hisp pct: 16.82  
 Pss black pct: 1.87  
 Pss white pct: 62.62  
 Pss stdtch rt: 11.15  
 Pss orient: 19  
 Pss county name: ORANGE  
 Pss assoc 1: Other religious school association(s)  
 Pss assoc 2: Not Reported  
 Pss assoc 3: Not Reported  
 Pss assoc 4: Not Reported  
 Pss assoc 5: Not Reported  
 Pss assoc 6: Not Reported  
 Pss assoc 7: Not Reported  
 Source: NCESDATA\_E72D09B4  
 Edr id: SRPR20051024105

CW530  
 NE  
 2-4 mi  
 20265  
 Higher

EDR ID: SRDCCA200746990  
 Facility number: 300606462  
 Facility name: MIRACLE LAND CHILD DEVELOPMENT CENTER

SRDCCA200746990  
 Daycare

# MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Facility eval. code: 1205  
 Facility office number: 06  
 Facility county number: 30  
 Facility type code: 850  
 Facility status code: 03  
 Address: 4371 CERRITOS AVE  
 City: CYPRESS  
 State: CA  
 Zip: 90630  
 Alt. address: 4371 CERRITOES AVE  
 City: CYPRESS  
 State: CA  
 Zip: 90630  
 Facility investor: MIRACLE LAND KOREAN BAPTIST CHURCH  
 Licensee type: C  
 License effective date: 931023  
 License expiration date: Not Reported  
 License issue date: 871025  
 Program type: "75 AMBULATORY CHILDREN AGES 2 THROUGH 6 YEARS OLD.  
 MONDAY THROUGH FRIDAY, 6:00 A.M. TO 6:00 P.M.  
 "

Original app. received date: 870807  
 Facility closed date: Not Reported  
 Mailing address: 4371 CERRITOS AVE  
 Mailing city: CYPRESS  
 Mailing state: CA  
 Mailing zip: 90630  
 Contact person: MRS. YOUNG-JOO CHOI  
 Facility capacity: 75  
 Type of clients served: 950  
 Facility phone: 7149521740

CW531  
 NE  
 2-4 mi  
 20265  
 Higher

EDR ID: SRDCCA200743309  
 Facility number: 304270227  
 Facility name: MIRACLE LAND CHILD DEVELOPMENT CENTER  
 Facility eval. code: 1205  
 Facility office number: 06  
 Facility county number: 30  
 Facility type code: 840  
 Facility status code: 03  
 Address: 4371 CERRITOS AVENUE  
 City: CYPRESS  
 State: CA  
 Zip: 90630  
 Alt. address: 4371 CERRITOS AVENUE  
 City: CYPRESS  
 State: CA  
 Zip: 90630  
 Facility investor: MIRACLE LAND KOREAN BAPTIST CHURCH  
 Licensee type: C  
 License effective date: 961023  
 License expiration date: Not Reported  
 License issue date: 960618  
 Program type: "50 AMBULATORY CHILDREN. AGES 6-12 YEARS OLD. MONDAY THROUGH FRIDAY.  
 OPEN FROM 11:00 A.M. TO 6:30 P.M. ROOMS 205, 206, AND 207.  
 "

SRDCCA200743309  
 Daycare

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Original app. received date: 960319  
 Facility closed date: Not Reported  
 Mailing address: 4371 CERRITOS AVENUE  
 Mailing city: CYPRESS  
 Mailing state: CA  
 Mailing zip: 90630  
 Contact person: MRS. YOUNG-JOO CHOI  
 Facility capacity: 50  
 Type of clients served: 950  
 Facility phone: 7149521740

CX532  
 West  
 2-4 mi  
 20291  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: CAROL PARK MEDICAL  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19930604  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0871815  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Not Reported  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 2126 E 7TH ST  
 Phone num: 3104347451  
 Termination reason: 15  
 Term Date: 19950603  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90804  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070147326

SRHO20070147326  
 AHA Hospitals

# MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site	EDR ID Database
CJ533 WNW 2-4 mi 20353 Higher	EDR ID: SRDCCA200719758 Facility number: 198008445 Facility name: GODOY FAMILY CHILD CARE Facility eval. code: 8160 Facility office number: 33 Facility county number: 19 Facility type code: 810 Facility status code: 03 Address: 1074 DAWSON AVENUE City: LONG BEACH State: CA Zip: 90804 Alt. address: 1074 DAWSON AVENUE City: LONG BEACH State: CA Zip: 90804 Facility investor: "GODOY, IRENE" Licensee type: A License effective date: 30124 License expiration date: Not Reported License issue date: 030124 Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED" Original app. received date: 021202 Facility closed date: Not Reported Mailing address: 1074 DAWSON AVENUE Mailing city: LONG BEACH Mailing state: CA Mailing zip: 90804 Contact person: "GODOY, IRENE" Facility capacity: 8 Type of clients served: 960 Facility phone: 5624345877	SRDCCA200719758 Daycare
CY534 East 2-4 mi 20392 Higher	EDR ID: SRDCCA200734708 Facility number: 304310509 Facility name: "TURNER, KARLA" Facility eval. code: 3406 Facility office number: 06 Facility county number: 30 Facility type code: 810 Facility status code: 03 Address: 13761 MILAN STREET City: WESTMINSTER State: CA Zip: 92683 Alt. address: 13761 MILAN STREET City: WESTMINSTER State: CA Zip: 92683 Facility investor: "TURNER, KARLA"	SRDCCA200734708 Daycare

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Licensee type: A  
 License effective date: 60605  
 License expiration date: Not Reported  
 License issue date: 060605  
 Program type: "MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY.  
 CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY  
 SCHOOL AND 1 CHILD AT LEAST AGE 6. "

Original app. received date: 060515  
 Facility closed date: Not Reported  
 Mailing address: 13761 MILAN STREET  
 Mailing city: WESTMINSTER  
 Mailing state: CA  
 Mailing zip: 92683  
 Contact person: "TURNER, KARLA "  
 Facility capacity: 8  
 Type of clients served: 960  
 Facility phone: 7149011379

CV535  
 WNW  
 2-4 mi  
 20404  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: ROSE FAMILY MEDICAL CTR  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19930310  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0554088  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 2220 E ANAHEIM ST  
 Phone num: 3104381185  
 Termination reason: 08  
 Term Date: 19960831  
 Purpose of action: Not Reported  
 Provider control: 02  
 Zip: 90804  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported

SRHO20070131237  
 AHA Hospitals

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070131237

CV536  
 WNW  
 2-4 mi  
 20404  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: REYNALDO B CASTILLO MD  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19970325  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0926505  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 2220 E ANAHEIM STREET  
 Phone num: 6529872691  
 Termination reason: 08  
 Term Date: 19970325  
 Purpose of action: Not Reported  
 Provider control: 02  
 Zip: 90804  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070147939

SRHO20070147939  
 AHA Hospitals

CY537  
 East  
 2-4 mi  
 20439  
 Higher

EDR ID: SRDCCA200703319  
 Facility number: 300608957

SRDCCA200703319  
 Daycare

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Facility name: "MC BEE, PATRICIA ANN "

Facility eval. code: 3406

Facility office number: 06

Facility county number: 30

Facility type code: 810

Facility status code: 03

Address: 13861 MILAN STREET

City: WESTMINSTER

State: CA

Zip: 92683

Alt. address: 13861 MILAN STREET

City: WESTMINSTER

State: CA

Zip: 92683

Facility investor: "MC BEE, PATRICIA ANN "

Licensee type: A

License effective date: 931106

License expiration date: Not Reported

License issue date: 890701

Program type: "MAXIMUM CAPACITY: 6 CHILDREN, INCLUDING LICENSEE'S CHILDREN UNDER 10 YEARS OF AGE WHO RESIDE IN THE HOME, WITH NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY (INFANT MEANS A CHILD UNDER 2 YEARS OLD). "

Original app. received date: 890630

Facility closed date: Not Reported

Mailing address: 13861 MILAN STREET

Mailing city: WESTMINSTER

Mailing state: CA

Mailing zip: 92683

Contact person: "MC BEE, PATRICIA ANN "

Facility capacity: 6

Type of clients served: 960

Facility phone: 7148569055

CZ538  
 WNW  
 2-4 mi  
 20443  
 Higher

EDR ID: SRDCCA200710474

Facility number: 198003324

Facility name: PERDOMO FAMILY CHILD CARE

Facility eval. code: 8160

Facility office number: 33

Facility county number: 19

Facility type code: 810

Facility status code: 03

Address: 1774 STANLEY AVENUE

City: LONG BEACH

State: CA

Zip: 90804

Alt. address: 1774 STANLEY AVENUE

City: LONG BEACH

State: CA

Zip: 90804

Facility investor: "PERDOMO, YOLANDA "

Licensee type: A

License effective date: 970820

License expiration date: Not Reported

License issue date: 970820

SRDCCA200710474  
 Daycare

# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Program type: "MAXIMUM CAPACITY: 12 CHILDREN, WITH NO MORE THAN 4 INFANTS, OR CAPACITY 14 CHILDREN WHEN 2 CHILDREN ARE AT LEAST 6 YEARS OF AGE WITH A MAXIMUM OF 3 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "

Original app. received date: 970804  
 Facility closed date: Not Reported  
 Mailing address: 1774 STANLEY AVENUE  
 Mailing city: LONG BEACH  
 Mailing state: CA  
 Mailing zip: 90804  
 Contact person: "PERDOMO, YOLANDA "  
 Facility capacity: 14  
 Type of clients served: 960  
 Facility phone: 5624982492

DA539		SRDCCA200714998
North	EDR ID: SRDCCA200714998	Daycare
2-4 mi	Facility number: 198006522	
20489	Facility name: QUIRKE FAMILY CHILD CARE	
Higher	Facility eval. code: 7110	
	Facility office number: 33	
	Facility county number: 19	
	Facility type code: 810	
	Facility status code: 03	
	Address: 3634 STEVELY AVENUE	
	City: LONG BEACH	
	State: CA	
	Zip: 90808	
	Alt. address: 3634 STEVELY AVENUE	
	City: LONG BEACH	
	State: CA	
	Zip: 90808	
	Facility investor: "QUIRKE, VANESSA "	
	Licensee type: A	
	License effective date: 10410	
	License expiration date: Not Reported	
	License issue date: 010410	
	Program type: "MAXIMUM CAPACITY: 12 CHILDREN, WITH NO MORE THAN 4 INFANTS, OR CAPACITY 14 CHILDREN WHEN 2 CHILDREN ARE AT LEAST 6 YEARS OF AGE WITH A MAXIMUM OF 3 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "	
	Original app. received date: 010105	
	Facility closed date: Not Reported	
	Mailing address: 3634 STEVELY AVENUE	
	Mailing city: LONG BEACH	
	Mailing state: CA	
	Mailing zip: 90808	
	Contact person: "QUIRKE, VANESSA "	
	Facility capacity: 14	
	Type of clients served: 960	
	Facility phone: 5624960075	

CW540		SRHO20070147241
NE	Hospital type: 01	AHA Hospitals
2-4 mi	Num of times COO: 00	
20495	Owner date: Not Reported	
Higher		

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

City: LOS ALAMITOS  
 Has plan of corr: Not Reported  
 Compliance status: A  
 SSA county code: 400  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: 20060323  
 Medicare/Medicaid: 1  
 Facility name: PSL (PREFERRED SPECIALTY LABORATORY)  
 Intermediary/Carrier: 02050  
 Medicaid number: Not Reported  
 Participation date: 19960709  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0917095  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Not Reported  
 state abbrev: CA  
 ssa state: 05  
 state region cd: M1  
 street address: 4426 CERRITOS AVENUE  
 Phone num: 7147617200  
 Termination reason: 00  
 Term Date: 20081029  
 Purpose of action: 2  
 Provider control: 04  
 Zip: 90720  
 Fips state: 06  
 Fips cnty: 059  
 SSA MSA: 033  
 SSA MSA size code: B  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070147241

DB541  
 NW  
 2-4 mi  
 20525  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: HARRIMAN JONES - BELLFLOWER  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported

SRHO20070136655  
 AHA Hospitals

# MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Participation date: 19930310  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0642649  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 2600 REDONDO  
 Phone num: 3108048800  
 Termination reason: 08  
 Term Date: 20000831  
 Purpose of action: Not Reported  
 Provider control: 02  
 Zip: 90806  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070136655

DB542  
 NW  
 2-4 mi  
 20525  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: ALLERGY ASTHMA & RESPIRATORY CARE MED  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 20010917  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0991302  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 2600 REDONDO AVENUE, 4TH FLOOR, SUITE 401

SRHO20070156719  
 AHA Hospitals

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Phone num: 5629977888  
 Termination reason: 00  
 Term Date: 20070916  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90806  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070156719

DB543  
 NW  
 2-4 mi  
 20525  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: 1  
 Compliance status: A  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: 19980805  
 Medicare/Medicaid: 1  
 Facility name: UNILAB  
 Intermediary/Carrier: 02050  
 Medicaid number: Not Reported  
 Participation date: 19920901  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0554382  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Not Reported  
 state abbrev: CA  
 ssa state: 05  
 state region cd: M1  
 street address: 2600 REDONDO AVE  
 Phone num: 3109887000  
 Termination reason: 01  
 Term Date: 19991111  
 Purpose of action: 2  
 Provider control: 04  
 Zip: 90806  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported

SRHO20070131661  
 AHA Hospitals

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070131661

DB544  
 NW  
 2-4 mi  
 20525  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: MEMORIAL OCCUPATIONAL AND REHABILITATION CENTER  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 20060616  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D1055403  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: M1  
 street address: 2600 REDONDO AVE 5TH FLOOR  
 Phone num: 5629330085  
 Termination reason: 00  
 Term Date: 20080615  
 Purpose of action: Not Reported  
 Provider control: 02  
 Zip: 90806  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070164205

SRHO20070164205  
 AHA Hospitals

DB545  
 NW  
 2-4 mi  
 20525  
 Higher

Hospital type: 01  
 Num of times COO: 00

SRHO20070153129  
 AHA Hospitals

# MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: HARRIMAN JONES MEDICAL GROUP  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19991122  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0967736  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 2600 REDONDO AVE STE 1  
 Phone num: 5629887198  
 Termination reason: 00  
 Term Date: 20080604  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90806  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070153129

DB546  
 NW  
 2-4 mi  
 20525  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: WEST COAST CLINICAL TRIALS LLC  
 Intermediary/Carrier: Not Reported

SRHO20070164771  
 AHA Hospitals

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Medicaid number: Not Reported  
 Participation date: 20060616  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D1055444  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: M1  
 street address: 2600 REDONDO AVE 4TH FLR STE 401  
 Phone num: 5629978850  
 Termination reason: 00  
 Term Date: 20080615  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90806  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070164771

DB547  
 NW  
 2-4 mi  
 20525  
 Higher

Hospital type: 01  
 Num of times COO: 01  
 Owner date: 20050101  
 City: LONG BEACH  
 Has plan of corr: Not Reported  
 Compliance status: A  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: 19910219  
 Medicare/Medicaid: 1  
 Facility name: HEALTHCARE PARTNERS MEDICAL GROUP  
 Intermediary/Carrier: 31144  
 Medicaid number: Not Reported  
 Participation date: 19910219  
 Prior COO date: Not Reported  
 Prior carrier: 02050  
 Provider ID: 05C0001198  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Not Reported  
 state abbrev: CA  
 ssa state: 05  
 state region cd: L4

SRHO20070004901  
 AHA Hospitals



## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

CP549 West 2-4 mi 20527 Higher	Pss school id: Pss inst: Lograde: Higrade: Pss address: Pss city: Pss county no: Pss county fips: Pss stabb: Pss fips: Pss zip5: Pss phone: Pss sch days: Pss stu day hrs: Pss library: Pss enroll ug: Pss enroll pk: Pss enroll k: Pss enroll 1: Pss enroll 2: Pss enroll 3: Pss enroll 4: Pss enroll 5: Pss enroll 6: Pss enroll 7: Pss enroll 8: Pss enroll 9: Pss enroll 10: Pss enroll 11: Pss enroll 12: Pss enroll t: Pss enroll tk12: Pss race ai: Pss race as: Pss race h: Pss race b: Pss race w: Pss fte teach: Pss locale: Pss coed: Pss type: Pss level: Pss relig: Pss comm type: Pss indian pct: Pss asian pct: Pss hisp pct: Pss black pct: Pss white pct: Pss stdtch rt: Pss orient: Pss county name: Pss assoc 1: Pss assoc 2: Pss assoc 3:	BB946134 CAROUSEL PRE-SCHOOL PK 5 366 CHERRY AVE LONG BEACH 037 06037 CA 06 90802 5624341938 250 Not Reported Yes Not Reported 10 Not Reported 3 6 5 1 1 Not Reported Not Reported Not Reported Not Reported Not Reported Not Reported Not Reported 26 16 Not Reported Not Reported Not Reported Not Reported Not Reported Not Reported 1 1 NR 1 3 1 Not Reported Not Reported Not Reported Not Reported Not Reported Not Reported 29 LOS ANGELES National Association for the Education of Young Children (NAEYC) Not Reported Not Reported	SRPR20051024055 Private Schools
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# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Pss assoc 4: Not Reported  
 Pss assoc 5: Not Reported  
 Pss assoc 6: Not Reported  
 Pss assoc 7: Not Reported  
 Source: NCESDATA\_E72D09B4  
 Edr id: SRPR20051024055

DC550  
 West  
 2-4 mi  
 20542  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: 1  
 Compliance status: A  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: 20021010  
 Medicare/Medicaid: 1  
 Facility name: WELLS HOUSE  
 Intermediary/Carrier: 00040  
 Medicaid number: Not Reported  
 Participation date: 19980414  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 051715  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Not Reported  
 state abbrev: CA  
 ssa state: 05  
 state region cd: L4  
 street address: 245 CHERRY AVENUE  
 Phone num: 5624359363  
 Termination reason: 00  
 Term Date: Not Reported  
 Purpose of action: 2  
 Provider control: 04  
 Zip: 90802  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: 0  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSOTHER  
 Edr id: SRHO20070008438

SRHO20070008438  
 AHA Hospitals

DC551  
 West  
 2-4 mi  
 20542  
 Higher

Hospital type: 01  
 Num of times COO: 00

SRHO20070148394  
 AHA Hospitals

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: WELLS HOUSE  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19971024  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0935275  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 245 CHERRY AVENUE  
 Phone num: 5624359363  
 Termination reason: 00  
 Term Date: 20071023  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90802  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070148394

CX552  
 West  
 2-4 mi  
 20561  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: 7TH ST MEDICAL GROUP  
 Intermediary/Carrier: Not Reported

SRHO20070131238  
 AHA Hospitals

# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Medicaid number: Not Reported  
 Participation date: 19940326  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0554102  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 2037 E 7TH ST  
 Phone num: 3104348402  
 Termination reason: 01  
 Term Date: 19960831  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90804  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070131238

CP553  
 West  
 2-4 mi  
 20677  
 Higher

EDR ID: SRDCCA200717593  
 Facility number: 198007940  
 Facility name: CRESS FAMILY CHILD CARE  
 Facility eval. code: 8160  
 Facility office number: 33  
 Facility county number: 19  
 Facility type code: 810  
 Facility status code: 03  
 Address: 1940 FLORIDA STREET  
 City: LONG BEACH  
 State: CA  
 Zip: 90802  
 Alt. address: 1940 FLORIDA STREET  
 City: LONG BEACH  
 State: CA  
 Zip: 90802  
 Facility investor: "CRESS, CYNTHIA"  
 Licensee type: A  
 License effective date: 20819  
 License expiration date: Not Reported  
 License issue date: 020819  
 Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4  
 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE  
 WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED  
 "

SRDCCA200717593  
 Daycare

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Original app. received date: 020724  
 Facility closed date: Not Reported  
 Mailing address: 1940 FLORIDA STREET  
 Mailing city: LONG BEACH  
 Mailing state: CA  
 Mailing zip: 90802  
 Contact person: "CRESS, CYNTHIA"  
 Facility capacity: 8  
 Type of clients served: 960  
 Facility phone: 5625909790

DD554  
 ESE  
 2-4 mi  
 20718  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: HUNTINGTON BEACH  
 Has plan of corr: 1  
 Compliance status: A  
 SSA county code: 400  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: 19970723  
 Medicare/Medicaid: 1  
 Facility name: M L H LAB  
 Intermediary/Carrier: 02050  
 Medicaid number: Not Reported  
 Participation date: 19920901  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0577720  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Not Reported  
 state abbrev: CA  
 ssa state: 05  
 state region cd: M1  
 street address: 15131 TRITON LN 109  
 Phone num: 7144959799  
 Termination reason: 12  
 Term Date: 19990101  
 Purpose of action: 2  
 Provider control: 04  
 Zip: 92649  
 Fips state: 06  
 Fips cnty: 059  
 SSA MSA: 033  
 SSA MSA size code: B  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070133439

SRHO20070133439  
 AHA Hospitals

## MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site	EDR ID Database
CV555 WNW 2-4 mi 20729 Higher	Hospital type: 01 Num of times COO: 00 Owner date: Not Reported City: LONG BEACH Has plan of corr: Not Reported Compliance status: Not Reported SSA county code: 200 Cross ref number: Not Reported FMS survey date: Not Reported Current survey date: Not Reported Medicare/Medicaid: Not Reported Facility name: HONG T MAI MD INC Intermediary/Carrier: Not Reported Medicaid number: Not Reported Participation date: 20010208 Prior COO date: Not Reported Prior carrier: Not Reported Provider ID: 05D0982887 Record Status: A Region code: 09 Is Partial Record: Y state abbrev: CA ssa state: 05 state region cd: LAB street address: 2146 E ANAHEIM Phone num: 5625313102 Termination reason: 01 Term Date: 20030301 Purpose of action: Not Reported Provider control: 04 Zip: 90804 Fips state: 06 Fips cnty: 037 SSA MSA: 328 SSA MSA size code: A Date accredited: Not Reported Accred expire date: Not Reported Accred Org: Not Reported Num beds: 0000 Num cert beds: 0000 Source: US_HOSPITAL_POSCLIA Edr id: SRHO20070153353	SRHO20070153353 AHA Hospitals
CV556 WNW 2-4 mi 20729 Higher	Hospital type: 01 Num of times COO: 00 Owner date: Not Reported City: LONG BEACH Has plan of corr: Not Reported Compliance status: Not Reported SSA county code: 200 Cross ref number: Not Reported FMS survey date: Not Reported Current survey date: Not Reported	SRHO20070130564 AHA Hospitals

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Medicare/Medicaid: Not Reported  
 Facility name: HONG MAI MD  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19930408  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0553985  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 2146 E ANAHEIM STREET  
 Phone num: 3103497227  
 Termination reason: 00  
 Term Date: 20070226  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90804  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070130564

DD557  
 ESE  
 2-4 mi  
 20762  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: HUNTINGTON BEACH  
 Has plan of corr: Not Reported  
 Compliance status: A  
 SSA county code: 400  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: 19991022  
 Medicare/Medicaid: 1  
 Facility name: INTERNATIONAL MOLECULAR DIAGNOSTICS,  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19990907  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0964872  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y

SRHO20070151767  
 AHA Hospitals

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

state abbrev: CA  
ssa state: 05  
state region cd: M1  
street address: 15162 TRITON LANE  
Phone num: 7147997177  
Termination reason: 01  
Term Date: 20031107  
Purpose of action: 1  
Provider control: 04  
Zip: 92649  
Fips state: 06  
Fips cnty: 059  
SSA MSA: 033  
SSA MSA size code: B  
Date accredited: Not Reported  
Accred expire date: Not Reported  
Accred Org: Not Reported  
Num beds: 0000  
Num cert beds: 0000  
Source: US\_HOSPITAL\_POSCLIA  
Edr id: SRHO20070151767

DD558  
ESE  
2-4 mi  
20762  
Higher

Hospital type: 01  
Num of times COO: 00  
Owner date: Not Reported  
City: HUNTINGTON BEACH  
Has plan of corr: Not Reported  
Compliance status: Not Reported  
SSA county code: 400  
Cross ref number: Not Reported  
FMS survey date: Not Reported  
Current survey date: Not Reported  
Medicare/Medicaid: Not Reported  
Facility name: PHYSICIANS REFERENCE LABORATORY  
Intermediary/Carrier: Not Reported  
Medicaid number: Not Reported  
Participation date: 19921230  
Prior COO date: Not Reported  
Prior carrier: Not Reported  
Provider ID: 05D0577723  
Record Status: A  
Region code: 09  
Is Partial Record: Y  
state abbrev: CA  
ssa state: 05  
state region cd: LAB  
street address: 15162 TRITON LANE  
Phone num: 7148916771  
Termination reason: 01  
Term Date: 19960301  
Purpose of action: Not Reported  
Provider control: 04  
Zip: 92649  
Fips state: 06

SRHO20070133440  
AHA Hospitals

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Fips cnty: 059  
 SSA MSA: 033  
 SSA MSA size code: B  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070133440

CV559  
 WNW  
 2-4 mi  
 20768  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: MACY MEDICAL CLINIC  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19980527  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0946459  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Not Reported  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 2135 E ANAHEIM ST  
 Phone num: 5624342312  
 Termination reason: 08  
 Term Date: 19980528  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90804  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070150553

SRHO20070150553  
 AHA Hospitals

## MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site	EDR ID Database
CX560 West 2-4 mi 20793 Higher	Hospital type: 01 Num of times COO: 00 Owner date: Not Reported City: LONG BEACH Has plan of corr: Not Reported Compliance status: A SSA county code: 200 Cross ref number: Not Reported FMS survey date: Not Reported Current survey date: 19960119 Medicare/Medicaid: 1 Facility name: ABILITY HOME CARE SOUTH BAY Intermediary/Carrier: 00040 Medicaid number: Not Reported Participation date: 19960119 Prior COO date: Not Reported Prior carrier: Not Reported Provider ID: 557645 Record Status: A Region code: 09 Is Partial Record: Not Reported state abbrev: CA ssa state: 05 state region cd: L4 street address: 1920 E BEVERLY WAY Phone num: 3104354990 Termination reason: 01 Term Date: 19980131 Purpose of action: 1 Provider control: 04 Zip: 90802 Fips state: 06 Fips cnty: 037 SSA MSA: 328 SSA MSA size code: A Date accredited: Not Reported Accred expire date: Not Reported Accred Org: 0 Num beds: 0000 Num cert beds: 0000 Source: US_HOSPITAL_POSOTHER Edr id: SRHO20070108238	SRHO20070108238 AHA Hospitals
DE561 WNW 2-4 mi 20818 Higher	Hospital type: 01 Num of times COO: 00 Owner date: Not Reported City: LONG BEACH Has plan of corr: Not Reported Compliance status: Not Reported SSA county code: 200 Cross ref number: Not Reported FMS survey date: Not Reported Current survey date: Not Reported	SRHO20070150579 AHA Hospitals

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Medicare/Medicaid: Not Reported  
 Facility name: MED-CITY MEDICAL CLINIC  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19980819  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0950146  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Not Reported  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 2025 E 10TH STREET  
 Phone num: 5624397181  
 Termination reason: 08  
 Term Date: 19980820  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90804  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070150579

CV562  
 WNW  
 2-4 mi  
 20871  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: HENRICO V MUNGCAL, MD  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19930513  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0723583  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y

SRHO20070141427  
 AHA Hospitals

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

state abbrev: CA  
ssa state: 05  
state region cd: LAB  
street address: 2100 EAST ANAHEIM ST, STE B  
Phone num: 3104330337  
Termination reason: 00  
Term Date: 20080831  
Purpose of action: Not Reported  
Provider control: 04  
Zip: 90804  
Fips state: 06  
Fips cnty: 037  
SSA MSA: 328  
SSA MSA size code: A  
Date accredited: Not Reported  
Accred expire date: Not Reported  
Accred Org: Not Reported  
Num beds: 0000  
Num cert beds: 0000  
Source: US\_HOSPITAL\_POSCLIA  
Edr id: SRHO20070141427

CX563  
West  
2-4 mi  
20879  
Higher

Hospital type: 01  
Num of times COO: 00  
Owner date: Not Reported  
City: LONG BEACH  
Has plan of corr: Not Reported  
Compliance status: Not Reported  
SSA county code: 200  
Cross ref number: Not Reported  
FMS survey date: Not Reported  
Current survey date: Not Reported  
Medicare/Medicaid: Not Reported  
Facility name: COLONIAL MANOR CONVALESCENT  
Intermediary/Carrier: Not Reported  
Medicaid number: Not Reported  
Participation date: 19940420  
Prior COO date: Not Reported  
Prior carrier: Not Reported  
Provider ID: 05D0885428  
Record Status: A  
Region code: 09  
Is Partial Record: Y  
state abbrev: CA  
ssa state: 05  
state region cd: LAB  
street address: 1913 EAST 5TH  
Phone num: 3104325751  
Termination reason: 00  
Term Date: 20080419  
Purpose of action: Not Reported  
Provider control: 04  
Zip: 90802  
Fips state: 06

SRHO20070144492  
AHA Hospitals

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070144492

CX564  
 West  
 2-4 mi  
 20879  
 Higher

Hospital type: 03  
 Num of times COO: 02  
 Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: 1  
 Compliance status: A  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: 20051021  
 Medicare/Medicaid: 1  
 Facility name: COLONIAL CARE CENTER  
 Intermediary/Carrier: 00040  
 Medicaid number: 940000034  
 Participation date: 19690227  
 Prior COO date: 19890101  
 Prior carrier: Not Reported  
 Provider ID: 056043  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Not Reported  
 state abbrev: CA  
 ssa state: 05  
 state region cd: L4  
 street address: 1913 E 5TH STREET  
 Phone num: 5624325751  
 Termination reason: 00  
 Term Date: Not Reported  
 Purpose of action: 2  
 Provider control: 03  
 Zip: 90802  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0196  
 Num cert beds: 0196  
 Source: US\_HOSPITAL\_POSOTHER  
 Edr id: SRHO20070011852

SRHO20070011852  
 AHA Hospitals

## MAP FINDINGS

Map ID	Direction	Distance	Distance (ft.)	Elevation	Site	EDR ID Database
CX565	West	2-4 mi	20879	Higher	Provnum: 056043 Nursinghomename: COLONIAL CARE CENTER Street: 1913 E 5TH STREET City: LONG BEACH State: CA Zipcode: 90802 Phonenumber: 5624325751 Dateoflastinspection: 20051021 Certifiednumberofbeds: 196 Totalnumberofresidents: 185 Percofoccupiedbeds: 94 Categorydescription: Participating in Medicare and Medicaid Typeofownership: For profit - Corporation Locatedwithinahospital: NO Multinursinghomeownership: NO Residentandfamilycouncils: BOTH Edr id: SRNH20060901028	SRNH20060901028 Nursing Homes
CU566	East	2-4 mi	20903	Higher	EDR ID: SRDCCA200733148 Facility number: 304310376 Facility name: "CAZAREZ DE ROEDER, ERIKA" Facility eval. code: 3406 Facility office number: 06 Facility county number: 30 Facility type code: 810 Facility status code: 03 Address: 5772 GARDEN GROVE BLVD. #657B City: WESTMINSTER State: CA Zip: 92683 Alt. address: 5772 GARDEN GROVE BLVD. #657-B City: WESTMINSTER State: CA Zip: 92683 Facility investor: "CAZAREZ DE ROEDER, ERIKA" Licensee type: A License effective date: 60118 License expiration date: Not Reported License issue date: 060118 Program type: "MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY. CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6." Original app. received date: 051208 Facility closed date: Not Reported Mailing address: 5772 GARDEN GROVE BLVD. #657B Mailing city: WESTMINSTER Mailing state: CA Mailing zip: 92683 Contact person: "CAZARE DE ROEDER, ERIKA" Facility capacity: 8 Type of clients served: 960 Facility phone: 7143734685	SRDCCA200733148 Daycare

## MAP FINDINGS

Map ID	Direction	Distance	Distance (ft.)	Elevation	Site	EDR ID	Database
DF567	NNW	2-4 mi	20994	Higher	Ncessch: 062250002703 Schname05: BURCHAM ELEMENTARY Mstreet05: 5610 EAST MONLACO RD. Mcity05: LONG BEACH Mstate05: CA Mzip05: 90808 Mzip405: 2627 Member05: 501 Phone05: (562) 420-2685 Locale05: 1 Type05: 1 Level05: 1 Gslo05: KG Gshi05: 06 Edr id: SRPU20071013799	SRPU20071013799	Public Schools
CW568	NE	2-4 mi	21008	Higher	EDR ID: SRDCCA200750299 Facility number: 300613965 Facility name: CYPRESS EARLY LEARNING CENTER Facility eval. code: 1202 Facility office number: 06 Facility county number: 30 Facility type code: 850 Facility status code: 03 Address: 4539 CERRITOS AVE City: CYPRESS State: CA Zip: 90630 Alt. address: 4539 CERRITOS AVE City: CYPRESS State: CA Zip: 90630 Facility investor: JAMES D. BAKER Licensee type: A License effective date: 940312 License expiration date: Not Reported License issue date: 920312 Program type: AMBULATORY CHILDREN AGES 2 THRU 6 YEARS OLD. MONDAY THROUGH FRIDAY 06:00 AM TO 06:30 PM Original app. received date: 911017 Facility closed date: Not Reported Mailing address: 4181 GREEN AVENUE Mailing city: LOS ALAMITOS Mailing state: CA Mailing zip: 90720 Contact person: "PELLERIN, WENDY" " Facility capacity: 68 Type of clients served: 950 Facility phone: 7148289000	SRDCCA200750299	Daycare

## MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site	EDR ID Database
DG569 NNW 2-4 mi 21008 Higher	EDR ID: SRDCCA200713178 Facility number: 198005917 Facility name: BATH FAMILY CHILD CARE Facility eval. code: 8140 Facility office number: 33 Facility county number: 19 Facility type code: 810 Facility status code: 03 Address: 3360 CLARK AVE City: LONG BEACH State: CA Zip: 90808 Alt. address: 3360 CLARK AVE City: LONG BEACH State: CA Zip: 90808 Facility investor: "BATH, DEBBIE" Licensee type: A License effective date: 414 License expiration date: Not Reported License issue date: 000414 Program type: "MAXIMUM CAPACITY: 12 CHILDREN, WITH NO MORE THAN 4 INFANTS, OR CAPACITY 14 CHILDREN WHEN 2 CHILDREN ARE AT LEAST 6 YEARS OF AGE WITH A MAXIMUM OF 3 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED" Original app. received date: 000327 Facility closed date: Not Reported Mailing address: 3360 CLARK AVE Mailing city: LONG BEACH Mailing state: CA Mailing zip: 90808 Contact person: "BATH, DEBBIE" Facility capacity: 14 Type of clients served: 960 Facility phone: 5624203500	SRDCCA200713178 Daycare
DF570 NNW 2-4 mi 21010 Lower	EDR ID: SRDCCA200716506 Facility number: 198006859 Facility name: DIONNE FAMILY CHILD CARE Facility eval. code: 7110 Facility office number: 33 Facility county number: 19 Facility type code: 810 Facility status code: 03 Address: 3514 BELLFLOWER BLVD City: LONG BEACH State: CA Zip: 90808 Alt. address: 3514 BELLFLOWER BLVD City: LONG BEACH State: CA Zip: 90808 Facility investor: "DIONNE, KELLY" Licensee type: A	SRDCCA200716506 Daycare

# MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

License effective date: 10724  
 License expiration date: Not Reported  
 License issue date: 010724  
 Program type: "10 CHILDREN, WITH NO MORE THAN 4 INFANTS. CAPACITY LIMITED TO 10 CHILDREN BY ORDER OF THE FIRE DEPARTMENT.  
 "

Original app. received date: 010627  
 Facility closed date: Not Reported  
 Mailing address: 3514 BELLFLOWER BLVD  
 Mailing city: LONG BEACH  
 Mailing state: CA  
 Mailing zip: 90808  
 Contact person: "DIONNE, KELLY"  
 Facility capacity: 10  
 Type of clients served: 960  
 Facility phone: 5624219240

DA571		SRPU20071014020
North	Ncessch: 062250002729	Public Schools
2-4 mi	Schname05: KELLER ELEMENTARY	
21017	Mstreet05: 7020 EAST BRITTAIN ST.	
Higher	Mcity05: LONG BEACH	
	Mstate05: CA	
	Mzip05: 90808	
	Mzip405: 2301	
	Member05: 528	
	Phone05: (562) 421-8851	
	Locale05: 1	
	Type05: 1	
	Level05: 1	
	Gslo05: KG	
	Gshi05: 05	
	Edr id: SRPU20071014020	

DE572		SRHO20070153695
WNW	Hospital type: 01	AHA Hospitals
2-4 mi	Num of times COO: 00	
21023	Owner date: Not Reported	
Higher	City: LONG BEACH	
	Has plan of corr: Not Reported	
	Compliance status: Not Reported	
	SSA county code: 200	
	Cross ref number: Not Reported	
	FMS survey date: Not Reported	
	Current survey date: Not Reported	
	Medicare/Medicaid: Not Reported	
	Facility name: INTEDIV CORPORATION	
	Intermediary/Carrier: Not Reported	
	Medicaid number: Not Reported	
	Participation date: 19990729	
	Prior COO date: Not Reported	
	Prior carrier: Not Reported	
	Provider ID: 05D0963453	
	Record Status: A	

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 1125 CHERRY AVE  
 Phone num: 5622561388  
 Termination reason: 08  
 Term Date: 19990729  
 Purpose of action: Not Reported  
 Provider control: 02  
 Zip: 90813  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070153695

DE573  
 WNW  
 2-4 mi  
 21023  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: HARVARD HEALTH CARE  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 20000628  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0975147  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 1125 CHERRY AVE  
 Phone num: 5625914848  
 Termination reason: 08  
 Term Date: 20060627  
 Purpose of action: Not Reported  
 Provider control: 04

SRHO20070158189  
 AHA Hospitals

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Zip: 90813  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070158189

DE574  
 WNW  
 2-4 mi  
 21023  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: KINTAUDI & ASSOCIATES MEDICAL GROUP INC  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 20060825  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D1057981  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: M1  
 street address: 1125 CHERRY AVE  
 Phone num: 5622561633  
 Termination reason: 00  
 Term Date: 20080824  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90813  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA

SRHO20070164337  
 AHA Hospitals

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Edr id: SRHO20070164337

DE575 WNW 2-4 mi 21023 Higher	Hospital type: 01 Num of times COO: 00 Owner date: Not Reported City: LONG BEACH Has plan of corr: Not Reported Compliance status: Not Reported SSA county code: 200 Cross ref number: Not Reported FMS survey date: Not Reported Current survey date: Not Reported Medicare/Medicaid: Not Reported Facility name: COMPREKARE MEDICAL ASSOCIATES Intermediary/Carrier: Not Reported Medicaid number: Not Reported Participation date: 19950404 Prior COO date: Not Reported Prior carrier: Not Reported Provider ID: 05D0899661 Record Status: A Region code: 09 Is Partial Record: Y state abbrev: CA ssa state: 05 state region cd: M1 street address: 1125 CHERRY AVENUE Phone num: 3106747900 Termination reason: 00 Term Date: 20070606 Purpose of action: Not Reported Provider control: 04 Zip: 90813 Fips state: 06 Fips cnty: 037 SSA MSA: 328 SSA MSA size code: A Date accredited: Not Reported Accred expire date: Not Reported Accred Org: Not Reported Num beds: 0000 Num cert beds: 0000 Source: US_HOSPITAL_POSCLIA Edr id: SRHO20070146134	SRHO20070146134 AHA Hospitals
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DG576 NNW 2-4 mi 21027 Higher	EDR ID: SRDCCA200725014 Facility number: 198010023 Facility name: CAMELLA FAMILY CHILD CARE Facility eval. code: 7110 Facility office number: 33 Facility county number: 19 Facility type code: 810	SRDCCA200725014 Daycare
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## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Facility status code: 03  
 Address: 3424 HEATHER RD.  
 City: LONG BEACH  
 State: CA  
 Zip: 90808  
 Alt. address: 3424 HEATHER RD.  
 City: LONG BEACH  
 State: CA  
 Zip: 90808  
 Facility investor: "CAMELLA, LYNDA"  
 Licensee type: A  
 License effective date: 40317  
 License expiration date: Not Reported  
 License issue date: 040317  
 Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED"

Original app. received date: 031222  
 Facility closed date: Not Reported  
 Mailing address: 3424 HEATHER RD.  
 Mailing city: LONG BEACH  
 Mailing state: CA  
 Mailing zip: 90808  
 Contact person: "CAMELLA, LYNDA"  
 Facility capacity: 8  
 Type of clients served: 960  
 Facility phone: 5624210930

CZ577  
 WNW  
 2-4 mi  
 21029  
 Higher

EDR ID: SRDCCA200732417  
 Facility number: 198011836  
 Facility name: KYEREMAA FAMILY CHILD CARE  
 Facility eval. code: 8160  
 Facility office number: 33  
 Facility county number: 19  
 Facility type code: 810  
 Facility status code: 03  
 Address: 1890JUNIPERO AVENUE  
 City: SIGNAL HILL  
 State: CA  
 Zip: 90755  
 Alt. address: 1890JUNIPERO AVENUE  
 City: SIGNAL HILL  
 State: CA  
 Zip: 90755  
 Facility investor: "KYEREMAA, COMFORT"  
 Licensee type: A  
 License effective date: 51005  
 License expiration date: Not Reported  
 License issue date: 051005  
 Program type: "MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY. CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6."

Original app. received date: 050711

SRDCCA200732417  
 Daycare

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Facility closed date: Not Reported  
 Mailing address: 1890JUNIPERO AVENUE  
 Mailing city: SIGNAL HILL  
 Mailing state: CA  
 Mailing zip: 90755  
 Contact person: "KYEREMAA, COMFORT "  
 Facility capacity: 8  
 Type of clients served: 960  
 Facility phone: 5625978676

DH578 ENE SRDCCA200702581 Daycare

2-4 mi Facility number: 300609706  
 21042 Facility name: "GLOVER, PATRICIA ANN "  
 Higher Facility eval. code: 3404  
 Facility office number: 06  
 Facility county number: 30  
 Facility type code: 810  
 Facility status code: 03  
 Address: 5551 SANTA MONICA  
 City: GARDEN GROVE  
 State: CA  
 Zip: 92845  
 Alt. address: 5551 SANTA MONICA  
 City: GARDEN GROVE  
 State: CA  
 Zip: 92845  
 Facility investor: "GLOVER, PATRICIA ANN "  
 Licensee type: A  
 License effective date: 930131  
 License expiration date: Not Reported  
 License issue date: 900131  
 Program type: "MAXIMUM CAPACITY: 12 CHILDREN, INCLUDING LICENSEE'S CHILDREN UNDER 10 YEARS OF AGE WHO RESIDE IN THE HOME, WITH NO MORE THAN 4 INFANTS. (INFANT MEANS A CHILD UNDER 2 YEARS OLD)."

Original app. received date: 891027  
 Facility closed date: Not Reported  
 Mailing address: 5551 SANTA MONICA  
 Mailing city: GARDEN GROVE  
 Mailing state: CA  
 Mailing zip: 92845  
 Contact person: "GLOVER, PATRICIA ANN "  
 Facility capacity: 12  
 Type of clients served: 960  
 Facility phone: 7148942231

DA579 North SRDCCA200713893 Daycare

2-4 mi Facility number: 198005840  
 21070 Facility name: VIVANCO FAMILY CHILD CARE  
 Higher Facility eval. code: 7110  
 Facility office number: 33  
 Facility county number: 19

# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Facility type code: 810  
 Facility status code: 03  
 Address: 3703 KAREN AVE  
 City: LONG BEACH  
 State: CA  
 Zip: 90808  
 Alt. address: 3703 KAREN AVE  
 City: LONG BEACH  
 State: CA  
 Zip: 90808  
 Facility investor: "VIVANCO, SHERI"  
 Licensee type: A  
 License effective date: 317  
 License expiration date: Not Reported  
 License issue date: 000317  
 Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED"  
 Original app. received date: 000222  
 Facility closed date: Not Reported  
 Mailing address: 3703 KAREN AVE  
 Mailing city: LONG BEACH  
 Mailing state: CA  
 Mailing zip: 90808  
 Contact person: "VIVANCO, SHERI"  
 Facility capacity: 8  
 Type of clients served: 960  
 Facility phone: 5629381174

CX580  
 West  
 4-6 mi  
 21126  
 Higher

EDR ID: SRDCCA200733496  
 Facility number: 198012215  
 Facility name: SUAREZ AND GARCIA FAMILY CHILD CARE  
 Facility eval. code: 8160  
 Facility office number: 33  
 Facility county number: 19  
 Facility type code: 810  
 Facility status code: 03  
 Address: 819 GARDENIA AVENUE # 1  
 City: LONG BEACH  
 State: CA  
 Zip: 90813  
 Alt. address: 819 GARDENIA AVENUE # 1  
 City: LONG BEACH  
 State: CA  
 Zip: 90813  
 Facility investor: CARMEN A. SUAREZ AND FELIPE GARCIA  
 Licensee type: A  
 License effective date: 51121  
 License expiration date: Not Reported  
 License issue date: 051121  
 Program type: "MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY. CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6."

SRDCCA200733496  
 Daycare

# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Original app. received date: 051101  
 Facility closed date: Not Reported  
 Mailing address: 819 GARDENIA AVENUE # 1  
 Mailing city: LONG BEACH  
 Mailing state: CA  
 Mailing zip: 90813  
 Contact person: "SUAREZ, CARMEN       "  
 Facility capacity: 8  
 Type of clients served: 960  
 Facility phone: 5624771171

CW581  
 NE  
 4-6 mi  
 21204  
 Higher

EDR ID: SRDCCA200722283  
 Facility number: 304300117  
 Facility name: "DRIVER, DAWN       "  
 Facility eval. code: 3404  
 Facility office number: 06  
 Facility county number: 30  
 Facility type code: 810  
 Facility status code: 03  
 Address: 4543 PATRICIA CIRCLE  
 City: CYPRESS  
 State: CA  
 Zip: 90630  
 Alt. address: 4543 PATRICIA CIRCLE  
 City: CYPRESS  
 State: CA  
 Zip: 90630  
 Facility investor: "DRIVER, DAWN       "  
 Licensee type: A  
 License effective date: 30616  
 License expiration date: Not Reported  
 License issue date: 030616  
 Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4  
 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE  
 WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED  
 "

SRDCCA200722283  
 Daycare

Original app. received date: 030221  
 Facility closed date: Not Reported  
 Mailing address: 4543 PATRICIA CIRCLE  
 Mailing city: CYPRESS  
 Mailing state: CA  
 Mailing zip: 90630  
 Contact person: "DRIVER, DAWN       "  
 Facility capacity: 8  
 Type of clients served: 960  
 Facility phone: 7145273455

DF582  
 NNW  
 4-6 mi  
 21207  
 Higher

EDR ID: SRDCCA200710829  
 Facility number: 198005695  
 Facility name: BURG-TOMLINSON FAMILY DAY CARE  
 Facility eval. code: 7110  
 Facility office number: 33

SRDCCA200710829  
 Daycare

# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Facility county number: 19  
 Facility type code: 810  
 Facility status code: 03  
 Address: 3632 SAN ANSELIN AVE.  
 City: LONG BEACH  
 State: CA  
 Zip: 90808  
 Alt. address: 3632 SAN ANSELIN AVE.  
 City: LONG BEACH  
 State: CA  
 Zip: 90808  
 Facility investor: "BURG-TOMLINSON,SHARON LEE"  
 Licensee type: A  
 License effective date: 112  
 License expiration date: Not Reported  
 License issue date: 000112  
 Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4  
 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE  
 WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED  
 "  
 Original app. received date: 991122  
 Facility closed date: Not Reported  
 Mailing address: 3632 SAN ANSELIN AVE.  
 Mailing city: LONG BEACH  
 Mailing state: CA  
 Mailing zip: 90808  
 Contact person: "BURG-TOMLINSON,SHARON"  
 Facility capacity: 8  
 Type of clients served: 960  
 Facility phone: 5624257738

DD583 ESE 4-6 mi 21233 Higher	EDR ID: Facility number: Facility name: Facility eval. code: Facility office number: Facility county number: Facility type code: Facility status code: Address: City: State: Zip: Alt. address: City: State: Zip: Facility investor: Licensee type: License effective date: License expiration date: License issue date: Program type:	SRDCCA200713784 304205403 "DU BOW, LAURA" 3404 06 30 810 03 15372 ANDAMAN LANE HUNTINGTON BEACH CA 92649 15372 ANDAMAN LANE HUNTINGTON BEACH CA 92649 "DU BOW, LAURA" A 10413 Not Reported 010413 "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "	SRDCCA200713784 Daycare
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## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Original app. received date: 001121  
 Facility closed date: Not Reported  
 Mailing address: 15372 ANDAMAN LANE  
 Mailing city: HUNTINGTON BEACH  
 Mailing state: CA  
 Mailing zip: 92649  
 Contact person: "DU BOW, LAURA"  
 Facility capacity: 8  
 Type of clients served: 960  
 Facility phone: 7148930560

DI584 EDR ID: SRDCCA200705441 SRDCCA200705441  
 ESE Facility number: 304200693 Daycare  
 4-6 mi Facility name: "GHERARDINI, YOLANDA"  
 21246 Facility eval. code: 3404  
 Higher Facility office number: 06

Facility county number: 30  
 Facility type code: 810  
 Facility status code: 03  
 Address: 5552 DOLLAR DRIVE  
 City: HUNTINGTON BEACH  
 State: CA  
 Zip: 92647  
 Alt. address: 5552 DOLLAR DRIVE  
 City: HUNTINGTON BEACH  
 State: CA  
 Zip: 92647  
 Facility investor: "GHERARDINI, YOLANDA"  
 Licensee type: A  
 License effective date: 950227  
 License expiration date: Not Reported  
 License issue date: 950227  
 Program type: "MAXIMUM CAPACITY: 6 CHILDREN, INCLUDING LICENSEE'S CHILDREN UNDER 10 YEARS OF AGE WHO RESIDE IN THE HOME, WITH NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY (INFANT MEANS A CHILD UNDER 2 YEARS OLD)."

Original app. received date: 941115  
 Facility closed date: Not Reported  
 Mailing address: 5552 DOLLAR DRIVE  
 Mailing city: HUNTINGTON BEACH  
 Mailing state: CA  
 Mailing zip: 92647  
 Contact person: "GHERARDINI, YOLANDA"  
 Facility capacity: 6  
 Type of clients served: 960  
 Facility phone: 7148949625

DH585 EDR ID: SRDCCA200710378 SRDCCA200710378  
 ENE Facility number: 304204170 Daycare  
 4-6 mi Facility name: "METIVIER, SUZANNE"  
 21249 Facility eval. code: 3406  
 Higher Facility office number: 06

Facility county number: 30

# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Facility type code: 810  
 Facility status code: 03  
 Address: 11872 BLACKMER ST.  
 City: GARDEN GROVE  
 State: CA  
 Zip: 92845  
 Alt. address: 11872 BLACKMER ST.  
 City: GARDEN GROVE  
 State: CA  
 Zip: 92845  
 Facility investor: "METIVIER, SUZANNE"  
 Licensee type: A  
 License effective date: 970905  
 License expiration date: Not Reported  
 License issue date: 970905  
 Program type: "MAXIMUM CAPACITY: 12 CHILDREN, WITH NO MORE THAN 4 INFANTS, OR  
 CAPACITY 14 CHILDREN WHEN 2 CHILDREN ARE AT LEAST 6 YEARS OF AGE WITH A  
 MAXIMUM OF 3 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "  
 Original app. received date: 970814  
 Facility closed date: Not Reported  
 Mailing address: 11872 BLACKMER ST.  
 Mailing city: GARDEN GROVE  
 Mailing state: CA  
 Mailing zip: 92845  
 Contact person: "METIVIER, SUZANNE"  
 Facility capacity: 14  
 Type of clients served: 960  
 Facility phone: 7148998879

CX586  
 West  
 4-6 mi  
 21278  
 Higher

EDR ID: SRDCCA200740716  
 Facility number: 198013116  
 Facility name: HAWES FAMILY CHILD CARE  
 Facility eval. code: 8160  
 Facility office number: 33  
 Facility county number: 19  
 Facility type code: 810  
 Facility status code: 03  
 Address: 527 ROSE  
 City: LONG BEACH  
 State: CA  
 Zip: 90802  
 Alt. address: 527 ROSE  
 City: LONG BEACH  
 State: CA  
 Zip: 90802  
 Facility investor: "HAWES, ZANDRA"  
 Licensee type: A  
 License effective date: 70124  
 License expiration date: Not Reported  
 License issue date: 070124  
 Program type: "MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY.  
 CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY  
 SCHOOL AND 1 CHILD AT LEAST AGE 6.  
 "

SRDCCA200740716  
 Daycare

# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Original app. received date: 061130  
 Facility closed date: Not Reported  
 Mailing address: 527 ROSE  
 Mailing city: LONG BEACH  
 Mailing state: CA  
 Mailing zip: 90802  
 Contact person: "HAWES, ZANDRA"  
 Facility capacity: 8  
 Type of clients served: 960  
 Facility phone: 5627559949

CX587

SRDCCA200750935  
 Daycare

West EDR ID: SRDCCA200750935  
 4-6 mi Facility number: 198004522  
 21285 Facility name: OLE' KING COLE DEVELOPMENTAL CENTER  
 Higher Facility eval. code: 8160  
 Facility office number: 33  
 Facility county number: 19  
 Facility type code: 850  
 Facility status code: 03  
 Address: 1814 E. 7TH STREET  
 City: LONG BEACH  
 State: CA  
 Zip: 90813  
 Alt. address: P.O. BOX 9163  
 City: LONG BEACH  
 State: CA  
 Zip: 90810  
 Facility investor: "COLE, BONNIE"  
 Licensee type: A  
 License effective date: 981020  
 License expiration date: Not Reported  
 License issue date: 981020  
 Program type: AMBULATORY ONLY. PRE-SCHOOL PROGRAM AGES 2 THRU 5.9 YEARS OLD OR ENTRY INTO FIRST GRADE.  
 Original app. received date: 980902  
 Facility closed date: Not Reported  
 Mailing address: P.O. BOX 9163  
 Mailing city: LONG BEACH  
 Mailing state: CA  
 Mailing zip: 90810  
 Contact person: ANTONEE MODESTY  
 Facility capacity: 28  
 Type of clients served: 950  
 Facility phone: 5626246227

CT588

SRPU20071014012  
 Public Schools

North Ncessch: 062250002721  
 4-6 mi Schname05: HENRY ELEMENTARY  
 21290 Mstreet05: 3720 CANEHILL AVE.  
 Higher Mcity05: LONG BEACH  
 Mstate05: CA  
 Mzip05: 90808  
 Mzip405: 2201

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Member05: 485  
 Phone05: (562) 421-3754  
 Locale05: 1  
 Type05: 1  
 Level05: 1  
 Gslo05: KG  
 Gshi05: 05  
 Edr id: SRPU20071014012

589  
 West  
 4-6 mi  
 21304  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: LONG BEACH ADULT DAY HEALTH CARE CTR  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 20010430  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0985798  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 1771 EAST 4TH STREET  
 Phone num: 5625909083  
 Termination reason: 00  
 Term Date: 20070429  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90802  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070153046

SRHO20070153046  
 AHA Hospitals

## MAP FINDINGS

Map ID	Direction	Distance	Distance (ft.)	Elevation	Site	EDR ID	Database
DJ590	SE	4-6 mi	21388	Higher	EDR ID: SRDCCA200719378 Facility number: 304300063 Facility name: "EVERSGERD, JANE" Facility eval. code: 3404 Facility office number: 06 Facility county number: 30 Facility type code: 810 Facility status code: 03 Address: 16052 BALLAD LANE City: HUNTINGTON BEACH State: CA Zip: 92649 Alt. address: 16052 BALLAD LANE City: HUNTINGTON BEACH State: CA Zip: 92649 Facility investor: "EVERSGERD, JANE" Licensee type: A License effective date: 30722 License expiration date: Not Reported License issue date: 030722 Program type: INACTIVE: 08/01/06 - 07/31/07 Original app. received date: 030122 Facility closed date: Not Reported Mailing address: 16052 BALLAD LANE Mailing city: HUNTINGTON BEACH Mailing state: CA Mailing zip: 92649 Contact person: "EVERSGERD, JANE" Facility capacity: 8 Type of clients served: 960 Facility phone: 7148463208	SRDCCA200719378	Daycare
DE591	WNW	4-6 mi	21400	Higher	EDR ID: SRDCCA200727530 Facility number: 198011288 Facility name: YUTH FAMILY CHILD CARE Facility eval. code: 8160 Facility office number: 33 Facility county number: 19 Facility type code: 810 Facility status code: 03 Address: 1127 GARDENIA AVENUE City: LONG BEACH State: CA Zip: 90813 Alt. address: 1127 GARDENIA AVENUE City: LONG BEACH State: CA Zip: 90813 Facility investor: "YUTH, SAMBO" Licensee type: A License effective date: 50413 License expiration date: Not Reported	SRDCCA200727530	Daycare

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

License issue date: 050413  
 Program type: "MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY.  
 CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY  
 SCHOOL AND 1 CHILD AT LEAST AGE 6. "  
 Original app. received date: 041124  
 Facility closed date: Not Reported  
 Mailing address: 1127 GARDENIA AVENUE  
 Mailing city: LONG BEACH  
 Mailing state: CA  
 Mailing zip: 90813  
 Contact person: "YUTH, SAMBO "  
 Facility capacity: 8  
 Type of clients served: 960  
 Facility phone: 5625997332

DK592  
 WNW Hospital type: 01  
 4-6 mi Num of times COO: 00  
 21401 Owner date: Not Reported  
 Higher City: LONG BEACH  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: HORACIO F ARIZA MD  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 20030108  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D1008019  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 1936 E ANAHEIM STREET  
 Phone num: 5625992248  
 Termination reason: 01  
 Term Date: 20030601  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90813  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000

SRHO20070154984  
 AHA Hospitals

# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070154984

DK593  
 WNW  
 4-6 mi  
 21401  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: PREMIUM CARE FAMILY MEDICAL GROUP  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19930920  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0876612  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Not Reported  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 1936 EAST ANAHEIM ST  
 Phone num: 3105995851  
 Termination reason: 01  
 Term Date: 19950330  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90813  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070144185

SRHO20070144185  
 AHA Hospitals

DK594  
 WNW  
 4-6 mi  
 21401  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: Not Reported

SRHO20070154311  
 AHA Hospitals

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Compliance status: Not Reported  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: RICHARD KEECH MD DBA GAGA MEDICAL CLNC  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 20010322  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0984498  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 1936 E ANAHEIM STREET  
 Phone num: 5625992248  
 Termination reason: 00  
 Term Date: 20070321  
 Purpose of action: Not Reported  
 Provider control: 02  
 Zip: 90813  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070154311

CY595  
 East  
 4-6 mi  
 21417  
 Higher

EDR ID: SRDCCA200708997  
 Facility number: 304204799  
 Facility name: "KLUVERS, ANNELIES"  
 Facility eval. code: 3406  
 Facility office number: 06  
 Facility county number: 30  
 Facility type code: 810  
 Facility status code: 03  
 Address: 5741 VALLECITO AVENUE  
 City: WESTMINSTER  
 State: CA  
 Zip: 92683  
 Alt. address: 5741 VALLECITO AVENUE  
 City: WESTMINSTER  
 State: CA  
 Zip: 92683

SRDCCA200708997  
 Daycare

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Facility investor: "KLUVERS, ANNELIES "

Licensee type: A

License effective date: 990225

License expiration date: Not Reported

License issue date: 990225

Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "

Original app. received date: 981020

Facility closed date: Not Reported

Mailing address: 5741 VALLECITO AVENUE

Mailing city: WESTMINSTER

Mailing state: CA

Mailing zip: 92685

Contact person: "KLUVERS, ANNELIES "

Facility capacity: 8

Type of clients served: 960

Facility phone: 7148913066

596  
 NW  
 4-6 mi  
 21431  
 Higher

Hospital type: 01

Num of times COO: 00

Owner date: Not Reported

City: LONG BEACH

Has plan of corr: Not Reported

Compliance status: Not Reported

SSA county code: 200

Cross ref number: Not Reported

FMS survey date: Not Reported

Current survey date: Not Reported

Medicare/Medicaid: Not Reported

Facility name: PEDIATRIC MEDICAL CENTER

Intermediary/Carrier: Not Reported

Medicaid number: Not Reported

Participation date: 19921221

Prior COO date: Not Reported

Prior carrier: Not Reported

Provider ID: 05D0554448

Record Status: A

Region code: 09

Is Partial Record: Y

state abbrev: CA

ssa state: 05

state region cd: LAB

street address: 2921 REDONDO AVE

Phone num: 3104265551

Termination reason: 33

Term Date: 19960831

Purpose of action: Not Reported

Provider control: 04

Zip: 90806

Fips state: 06

Fips cnty: 037

SSA MSA: 328

SRHO20070130963  
 AHA Hospitals

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070130963

DL597  
 NE  
 4-6 mi  
 21462  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LOS ALAMITOS  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 400  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: KATELLA WELLNES CENTER  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 20051004  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D1046265  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: M1  
 street address: 5122 KATELLA AVENUE #210  
 Phone num: 5625980600  
 Termination reason: 00  
 Term Date: 20071003  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90720  
 Fips state: 06  
 Fips cnty: 059  
 SSA MSA: 033  
 SSA MSA size code: B  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070160110

SRHO20070160110  
 AHA Hospitals

## MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site	EDR ID Database
DL598 NE 4-6 mi 21576 Higher	Hospital type: 01 Num of times COO: 00 Owner date: Not Reported City: LOS ALAMITOS Has plan of corr: Not Reported Compliance status: Not Reported SSA county code: 400 Cross ref number: Not Reported FMS survey date: Not Reported Current survey date: Not Reported Medicare/Medicaid: Not Reported Facility name: ALAMITOS ASSOCIATES IN OB/GYN INC Intermediary/Carrier: Not Reported Medicaid number: Not Reported Participation date: 20040831 Prior COO date: Not Reported Prior carrier: Not Reported Provider ID: 05D1030188 Record Status: A Region code: 09 Is Partial Record: Y state abbrev: CA ssa state: 05 state region cd: M1 street address: 5152 KATELLA AVENUE, #106 Phone num: 5624315000 Termination reason: 00 Term Date: 20080830 Purpose of action: Not Reported Provider control: 04 Zip: 90720 Fips state: 06 Fips cnty: 059 SSA MSA: 033 SSA MSA size code: B Date accredited: Not Reported Accred expire date: Not Reported Accred Org: Not Reported Num beds: 0000 Num cert beds: 0000 Source: US_HOSPITAL_POSCLIA Edr id: SRHO20070157957	SRHO20070157957 AHA Hospitals
DI599 ESE 4-6 mi 21577 Higher	EDR ID: SRDCCA200700634 Facility number: 306000364 Facility name: YOUNG LIFE ENRICHMENT - RIVIERA HOUSE Facility eval. code: 0309 Facility office number: 22 Facility county number: 30 Facility type code: 730 Facility status code: 03 Address: 14302 RIVIERA DRIVE City: HUNTINGTON BEACH	SRDCCA200700634 Daycare

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

State: CA  
 Zip: 92647  
 Alt. address: 2696 SANTA ANA AVENUE  
 City: COSTA MESA  
 State: CA  
 Zip: 92627  
 Facility investor: "YOUNG LIFE TREATMENT CENTERS, INC. "  
 Licensee type: C  
 License effective date: 960415  
 License expiration date: Not Reported  
 License issue date: 960415  
 Program type: SIX AMBULATORY ONLY. AGES 8 - 17.  
 Original app. received date: 960313  
 Facility closed date: Not Reported  
 Mailing address: 2696 SANTA ANA AVENUE  
 Mailing city: COSTA MESA  
 Mailing state: CA  
 Mailing zip: 92627  
 Contact person: WILLIAM YOUNG  
 Facility capacity: 6  
 Type of clients served: 970  
 Facility phone: 7143791472

DM600  
 East  
 4-6 mi  
 21599  
 Higher

EDR ID: SRDCCA200717404  
 Facility number: 304206677  
 Facility name: "LAVOY-KEEFE, BEVERLEE "  
 Facility eval. code: 3404  
 Facility office number: 06  
 Facility county number: 30  
 Facility type code: 810  
 Facility status code: 03  
 Address: 12842 SPRING STREET  
 City: GARDEN GROVE  
 State: CA  
 Zip: 92845  
 Alt. address: 12842 SPRING STREET  
 City: GARDEN GROVE  
 State: CA  
 Zip: 92845  
 Facility investor: "LAVOY-KEEFE, BEVERLEE "  
 Licensee type: A  
 License effective date: 20917  
 License expiration date: Not Reported  
 License issue date: 020917  
 Program type: MAX. CAP (WHEN THERE IS AN ASSISTANT PRESENT): 12 - NO MORE THAN 4  
 INFANTS. CAP 14 - NO MORE THAN 3 INFANTS. 1 CHILD IN  
 KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6.  
 Original app. received date: 020523  
 Facility closed date: Not Reported  
 Mailing address: 12842 SPRING STREET  
 Mailing city: GARDEN GROVE  
 Mailing state: CA  
 Mailing zip: 92845  
 Contact person: "LAVOY-KEEFE, BEVERLEE "

SRDCCA200717404  
 Daycare

# MAP FINDINGS

Map ID	Direction	Distance	Distance (ft.)	Elevation	Site	EDR ID Database
					Facility capacity: 14 Type of clients served: 960 Facility phone: 7148984325	
DI601	ESE	4-6 mi	21603	Higher	EDR ID: SRDCCA200709609 Facility number: 304204651 Facility name: "LEOMBRUNI, MARISSA" Facility eval. code: 3404 Facility office number: 06 Facility county number: 30 Facility type code: 810 Facility status code: 03 Address: 5542 SPA DR. City: HUNTINGTON BEACH State: CA Zip: 92647 Alt. address: 5542 SPA DR. City: HUNTINGTON BEACH State: CA Zip: 92647 Facility investor: "LEOMBRUNI, MARISSA" Licensee type: A License effective date: 981016 License expiration date: Not Reported License issue date: 981016 Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED" Original app. received date: 980706 Facility closed date: Not Reported Mailing address: 5542 SPA DR. Mailing city: HUNTINGTON BEACH Mailing state: CA Mailing zip: 92647 Contact person: "LEOMBRUNI, MARISSA" Facility capacity: 8 Type of clients served: 960 Facility phone: 7148941729	SRDCCA200709609 Daycare
CZ602	WNW	4-6 mi	21612	Higher	Hospital type: 03 Num of times COO: 00 Owner date: Not Reported City: SIGNAL HILL Has plan of corr: 1 Compliance status: A SSA county code: 200 Cross ref number: 056467 FMS survey date: Not Reported Current survey date: 20060711 Medicare/Medicaid: 1 Facility name: COURTYARD CARE CENTER	SRHO20070108021 AHA Hospitals

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Intermediary/Carrier: 52280  
 Medicaid number: 940000098  
 Participation date: 19970605  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 555785  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Not Reported  
 state abbrev: CA  
 ssa state: 05  
 state region cd: L4  
 street address: 1880 DAWSON AVENUE  
 Phone num: 5624945188  
 Termination reason: 00  
 Term Date: Not Reported  
 Purpose of action: 2  
 Provider control: 03  
 Zip: 90806  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0059  
 Num cert beds: 0059  
 Source: US\_HOSPITAL\_POSOTHER  
 Edr id: SRHO20070108021

CZ603  
 WNW  
 4-6 mi  
 21612  
 Higher

Hospital type: 03  
 Num of times COO: 09  
 Owner date: Not Reported  
 City: SIGNAL HILL  
 Has plan of corr: Not Reported  
 Compliance status: B  
 SSA county code: 200  
 Cross ref number: 555785  
 FMS survey date: Not Reported  
 Current survey date: 19961210  
 Medicare/Medicaid: 1  
 Facility name: ST CHRISTOPHER CONVALESCENT HOSPITAL  
 Intermediary/Carrier: 52280  
 Medicaid number: Not Reported  
 Participation date: 19740916  
 Prior COO date: 19930701  
 Prior carrier: 00040  
 Provider ID: 056467  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Not Reported  
 state abbrev: CA  
 ssa state: 05

SRHO20070010457  
 AHA Hospitals

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

state region cd: L4  
 street address: 1880 DAWSON AVENUE  
 Phone num: 3104945188  
 Termination reason: 05  
 Term Date: 19970415  
 Purpose of action: 2  
 Provider control: 02  
 Zip: 90806  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0059  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSOTHER  
 Edr id: SRHO20070010457

CZ604  
 WNW  
 4-6 mi  
 21612  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: SIGNAL HILL  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: COURTYARD CARE CENTER  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19930820  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0875354  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 1880 DAWSON AVENUE  
 Phone num: 3104945188  
 Termination reason: 00  
 Term Date: 20070819  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90806  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328

SRHO20070143651  
 AHA Hospitals

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070143651

CZ605  
 WNW  
 4-6 mi  
 21612  
 Higher

Provnum: 555785  
 Nursinghomename: COURTYARD CARE CENTER  
 Street: 1880 DAWSON AVENUE  
 City: SIGNAL HILL  
 State: CA  
 Zipcode: 90806  
 Phonenumber: 5624945188  
 Dateoflastinspection: 20060625  
 Certifiednumberofbeds: 59  
 Totalnumberofresidents: 58  
 Percofoccupiedbeds: 98  
 Categorydescription: Participating in Medicare and Medicaid  
 Typeofownership: For profit - Corporation  
 Locatedwithinhospital: NO  
 Multinursinghomeownership: YES  
 Residentandfamilycouncils: RESIDENT  
 Edr id: SRNH20060915176

SRNH20060915176  
 Nursing Homes

DK606  
 WNW  
 4-6 mi  
 21630  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: HOR B CHHAY, MD  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19970317  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0926151  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 1862 E ANAHEIM STREET

SRHO20070147419  
 AHA Hospitals

# MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Phone num: 5622184298  
 Termination reason: 00  
 Term Date: 20070316  
 Purpose of action: Not Reported  
 Provider control: 02  
 Zip: 90813  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070147419

DN607  
 ENE  
 4-6 mi  
 21643  
 Higher

Unitid: 111513  
 Instnm: CAREER ACADEMY OF BEAUTY  
 Addr: 12471 VALLEY VIEW  
 City: WEST GARDEN GROVE  
 Stabbr: CA  
 Zip: 92845  
 Zip4: 0  
 Unk: Not Reported  
 Fips: 092845  
 Oberge: 8  
 Chfnm: Dayna Pattison  
 Chftitle: Director/ Owner  
 Gentele: 7148973010  
 Fintele: 7.15E+12  
 Admtele: 7148973010  
 Ein: 953633813  
 Duns: 39501440  
 Opeid: 2125000  
 Opeflag: 1  
 Webaddr: BeautyCareers.com  
 Sector: 9  
 Ilevel: 3  
 Control: 3  
 Hloffr: 2  
 Ugoffer: 1  
 Groffer: 2  
 Fpoffer: 2  
 Hdegoffer: 0  
 Deggrant: 2  
 Hbcu: 2  
 Hospital: 2  
 Medical: 2  
 Tribal: 2  
 Carnegie: -3  
 Locale: 3  
 Openpubl: 1

SRCL20051000195  
 Colleges

# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Act: A  
 Newid: -2  
 Deathyr: -2  
 Closedat: -2  
 Cyactive: 1  
 Postsec: 1  
 Pseflag: 1  
 Pset4flg: 1  
 Rptmth: 2  
 Fte: 141  
 Enrtot: 220  
 Edr id: SRCL20051000195

DO608		SRDCCA200741077
NNE	EDR ID: SRDCCA200741077	Daycare
4-6 mi	Facility number: 198006058	
21646	Facility name: SINGING FOUNTAIN PRESCHOOL & INFANT CARE	
Higher	Facility eval. code: 6150	
	Facility office number: 33	
	Facility county number: 19	
	Facility type code: 830	
	Facility status code: 03	
	Address: 3655 NORWALK BLVD	
	City: LONG BEACH	
	State: CA	
	Zip: 90808	
	Alt. address: 3655 NORWALK BLVD	
	City: LONG BEACH	
	State: CA	
	Zip: 90808	
	Facility investor: EL DORADO PARK COMMUNITY CHURCH	
	Licensee type: C	
	License effective date: 801	
	License expiration date: Not Reported	
	License issue date: 000801	
	Program type: INFANT PROGRAM: BIRTH TO 2 YEARS OLD. COMBINATION CENTER WITH PRESCHOOL PROGRAM #191602251.	
	Original app. received date: 000613	
	Facility closed date: Not Reported	
	Mailing address: 3655 NORWALK BLVD	
	Mailing city: LONG BEACH	
	Mailing state: CA	
	Mailing zip: 90808	
	Contact person: "BILL, AUDREY"	
	Facility capacity: 12	
	Type of clients served: 955	
	Facility phone: 5624306570	

DO609		SRDCCA200747584
NNE	EDR ID: SRDCCA200747584	Daycare
4-6 mi	Facility number: 191602251	
21646	Facility name: SINGING FOUNTAINS PRESCH CTR EL DORADO COMM CHURCH	
Higher	Facility eval. code: 6150	
	Facility office number: 33	

# MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Facility county number: 19  
 Facility type code: 850  
 Facility status code: 03  
 Address: 3655 NORWALK BLVD  
 City: LONG BEACH  
 State: CA  
 Zip: 90808  
 Alt. address: 3655 NORWALK BLVD  
 City: LONG BEACH  
 State: CA  
 Zip: 90808  
 Facility investor: EL DORADO PARK COMMUNITY CHURCH OF LONG BEACH  
 Licensee type: C  
 License effective date: 930517  
 License expiration date: Not Reported  
 License issue date: Not Reported  
 Program type: "AMBULATORY, LICENSEE PREFERS TO SERVE AGES 2 THRU 5 YEARS.  
 \*CHILDREN ARE NOT PERMITTED TO SLEEP IN THE 3RD CLASSROOM  
 (THE ROOM ACROSS THE OFFICE)  
 "

Original app. received date: 770822  
 Facility closed date: Not Reported  
 Mailing address: 3655 NORWALK BL  
 Mailing city: LONG BEACH  
 Mailing state: CA  
 Mailing zip: 90808  
 Contact person: "BILL,AUDREY" "  
 Facility capacity: 48  
 Type of clients served: 950  
 Facility phone: 5624306570

DP610  
 WNW  
 4-6 mi  
 21670  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: MIDTOWN MEDICAL PLAZA  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19960815  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0918665  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Not Reported  
 state abbrev: CA  
 ssa state: 05

SRHO20070148306  
 AHA Hospitals

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

state region cd: LAB  
 street address: 2080 E PACIFIC COAST HWY  
 Phone num: 3105902282  
 Termination reason: 08  
 Term Date: 19980814  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90804  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070148306

DQ611  
 WNW  
 4-6 mi  
 21693  
 Higher

EDR ID: SRDCCA200705055  
 Facility number: 191605980  
 Facility name: CASTILLO FAMILY DAY CARE  
 Facility eval. code: 8160  
 Facility office number: 33  
 Facility county number: 19  
 Facility type code: 810  
 Facility status code: 03  
 Address: 2016 RAYMOND AVENUE  
 City: SIGNAL HILL  
 State: CA  
 Zip: 90755  
 Alt. address: 2016 RAYMOND AVENUE  
 City: SIGNAL HILL  
 State: CA  
 Zip: 90755  
 Facility investor: "CASTILLO, JUDITH RUBY"  
 Licensee type: A  
 License effective date: 940522  
 License expiration date: Not Reported  
 License issue date: 910522  
 Program type: "MAXIMUM CAPACITY: 6 CHILDREN, INCLUDING LICENSEE'S CHILDREN UNDER 10 YEARS OF AGE WHO RESIDE IN THE HOME, WITH NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY (INFANT MEANS A CHILD UNDER 2 YEARS OLD)."  
 Original app. received date: 910220  
 Facility closed date: Not Reported  
 Mailing address: 2016 RAYMOND AVENUE  
 Mailing city: SIGNAL HILL  
 Mailing state: CA  
 Mailing zip: 90755  
 Contact person: "CASTILLO, JUDITH RUBY"  
 Facility capacity: 6  
 Type of clients served: 960  
 Facility phone: 5624948049

SRDCCA200705055  
 Daycare

## MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site	EDR ID Database
DP612 WNW 4-6 mi 21701 Higher	EDR ID: SRDCCA200734061 Facility number: 198012189 Facility name: TAYLOR FAMILY CHILD CARE Facility eval. code: 9130 Facility office number: 33 Facility county number: 19 Facility type code: 810 Facility status code: 03 Address: 1615 CHERRY AVENUE #3 City: LONG BEACH State: CA Zip: 90813 Alt. address: 1615 CHERRY AVENUE #3 City: LONG BEACH State: CA Zip: 90813 Facility investor: TERRI LYNETTE TAYLOR Licensee type: A License effective date: 51207 License expiration date: Not Reported License issue date: 051207 Program type: "MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY. CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6. " Original app. received date: 051025 Facility closed date: Not Reported Mailing address: 1615 CHERRY AVENUE #3 Mailing city: LONG BEACH Mailing state: CA Mailing zip: 90813 Contact person: "TAYLOR, TERRI " Facility capacity: 8 Type of clients served: 960 Facility phone: 5625914520	SRDCCA200734061 Daycare
DR613 West 4-6 mi 21740 Higher	EDR ID: SRDCCA200718854 Facility number: 192010364 Facility name: RILEY FAMILY CHILD CARE Facility eval. code: 8160 Facility office number: 33 Facility county number: 19 Facility type code: 810 Facility status code: 03 Address: 775 GAVIOTA AVENUE City: LONG BEACH State: CA Zip: 90813 Alt. address: 775 GAVIOTA AVENUE City: LONG BEACH State: CA Zip: 90813 Facility investor: "RILEY, VERONICA " Licensee type: A	SRDCCA200718854 Daycare

# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

License effective date: 20527  
 License expiration date: Not Reported  
 License issue date: 020527  
 Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED"  
 " "  
 Original app. received date: 020220  
 Facility closed date: Not Reported  
 Mailing address: 775 GAVIOTA AVENUE  
 Mailing city: LONG BEACH  
 Mailing state: CA  
 Mailing zip: 90813  
 Contact person: "RILEY, VERONICA" "  
 Facility capacity: 8  
 Type of clients served: 960  
 Facility phone: 5625917072

DI614		SRDCCA200703116
ESE	EDR ID: SRDCCA200703116	Daycare
4-6 mi	Facility number: 300608391	
21813	Facility name: "MONTGOMERY, LINDA" "	
Higher	Facility eval. code: 3404	
	Facility office number: 06	
	Facility county number: 30	
	Facility type code: 810	
	Facility status code: 03	
	Address: 5591 SPA DRIVE	
	City: HUNTINGTON BEACH	
	State: CA	
	Zip: 92647	
	Alt. address: 5591 SPA DRIVE	
	City: HUNTINGTON BEACH	
	State: CA	
	Zip: 92647	
	Facility investor: "MONTGOMERY, LINDA" "	
	Licensee type: A	
	License effective date: 930628	
	License expiration date: Not Reported	
	License issue date: 890701	
	Program type: "MAXIMUM CAPACITY: 6 CHILDREN, INCLUDING LICENSEE'S CHILDREN UNDER 10 YEARS OF AGE WHO RESIDE IN THE HOME, WITH NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY (INFANT MEANS A CHILD UNDER 2 YEARS OLD)."	
	Original app. received date: 890630	
	Facility closed date: Not Reported	
	Mailing address: 5591 SPA DRIVE	
	Mailing city: HUNTINGTON BEACH	
	Mailing state: CA	
	Mailing zip: 92647	
	Contact person: "MONTGOMERY, LINDA" "	
	Facility capacity: 6	
	Type of clients served: 960	
	Facility phone: 7148924984	

## MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site	EDR ID Database
DS615 East 4-6 mi 21847 Higher	EDR ID: SRDCCA200755168 Facility number: 304370289 Facility name: SEQUOIA PRESCHOOL Facility eval. code: 1207 Facility office number: 06 Facility county number: 30 Facility type code: 850 Facility status code: 03 Address: 5900 IROQUOIS ROAD City: WESTMINSTER State: CA Zip: 92683 Alt. address: 15151 TEMPLE STREET City: WESTMINSTER State: CA Zip: 92683 Facility investor: WESTMINSTER SCHOOL DISTRICT Licensee type: F License effective date: 60829 License expiration date: Not Reported License issue date: 060829 Program type: "24 AMBULATORY CHILDREN, 3-5 YEARS OF AGE, MON-FRI, 8:15 A.M. TO 11:1 A.M. ROOM R1. WAIVER TO SHARE ELEMENTARY SCHOOL PLAYGROUND." Original app. received date: 060717 Facility closed date: Not Reported Mailing address: 15151 TEMPLE STREET Mailing city: WESTMINSTER Mailing state: CA Mailing zip: 92683 Contact person: "ROCHELLE, SANTA CRUZ" Facility capacity: 24 Type of clients served: 950 Facility phone: 7148947271	SRDCCA200755168 Daycare
DS616 East 4-6 mi 21847 Higher	Ncessch: 064215006914 Scname05: SEQUOIA ELEMENTARY Mstreet05: 5900 IROQUOIS RD. Mcity05: WESTMINSTER Mstate05: CA Mzip05: 92683 Mzip405: 2460 Member05: 446 Phone05: (714) 894-7271 Locale05: 3 Type05: 1 Level05: 1 Gslo05: KG Gshi05: 06 Edr id: SRPU20071010654	SRPU20071010654 Public Schools

## MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site	EDR ID Database
DT617 North 4-6 mi 21850 Higher	EDR ID: SRDCCA200706737 Facility number: 198000276 Facility name: PADILLA-SULLIVAN FAMILY DAY CARE Facility eval. code: 8140 Facility office number: 33 Facility county number: 19 Facility type code: 810 Facility status code: 03 Address: 3829 KAREN AVE. City: LONG BEACH State: CA Zip: 90808 Alt. address: 3829 KAREN AVE. City: LONG BEACH State: CA Zip: 90808 Facility investor: "PADILLA-SULLIVAN, STEPHANIE L." Licensee type: A License effective date: 941021 License expiration date: Not Reported License issue date: 941021 Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED " Original app. received date: 940425 Facility closed date: Not Reported Mailing address: 3829 KAREN AVE. Mailing city: LONG BEACH Mailing state: CA Mailing zip: 90808 Contact person: "PADILLA-SULLIVAN, STEPHANI" Facility capacity: 8 Type of clients served: 960 Facility phone: 5624208922	SRDCCA200706737 Daycare
DP618 WNW 4-6 mi 21855 Higher	EDR ID: SRDCCA200716142 Facility number: 192010118 Facility name: CAMACHO FAMILY CHILD CARE Facility eval. code: 8160 Facility office number: 33 Facility county number: 19 Facility type code: 810 Facility status code: 03 Address: 1879 ST. LOUIS AVENUE City: SIGNAL HILL State: CA Zip: 90806 Alt. address: 1879 ST. LOUIS AVENUE City: SIGNAL HILL State: CA Zip: 90806 Facility investor: "CAMACHO, ALEXANDRA"	SRDCCA200716142 Daycare

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Licensee type: A  
 License effective date: 21118  
 License expiration date: Not Reported  
 License issue date: 021118  
 Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4  
 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE  
 WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED  
 "  
 Original app. received date: 020408  
 Facility closed date: Not Reported  
 Mailing address: 1879 ST. LOUIS AVENUE  
 Mailing city: SIGNAL HILL  
 Mailing state: CA  
 Mailing zip: 90806  
 Contact person: "CAMACHO, ALEXANDRA "  
 Facility capacity: 8  
 Type of clients served: 960  
 Facility phone: 5624989009

DL619  
 NE  
 4-6 mi  
 21919  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LOS ALAMITOS  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 400  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: HEALING ARTS MEDICAL CENTER  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19990329  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0958868  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 5242 KATELLA AVENUE SUITE 106  
 Phone num: 5624315010  
 Termination reason: 00  
 Term Date: 20070328  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90720  
 Fips state: 06  
 Fips cnty: 059  
 SSA MSA: 033  
 SSA MSA size code: B

SRHO20070151189  
 AHA Hospitals

# MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070151189

DU620		SRDCCA200747328
NE	EDR ID:	SRDCCA200747328
4-6 mi	Facility number:	300606798
21919	Facility name:	A CHILD'S ADVENTURE PRESCHOOL AND DAYCARE CENTER
Higher	Facility eval. code:	1207
	Facility office number:	06
	Facility county number:	30
	Facility type code:	850
	Facility status code:	03
	Address:	10160 DENNI STREET
	City:	CYPRESS
	State:	CA
	Zip:	90630
	Alt. address:	3811 HOLDER
	City:	LOS ALAMITOS
	State:	CA
	Zip:	90720
	Facility investor:	"ROBERT A. MORRIS, INC. "
	Licensee type:	A
	License effective date:	940817
	License expiration date:	Not Reported
	License issue date:	880817
	Program type:	48 AMBULATORY CHILDREN. AGES 2 YEARS - 6 YEARS. MONDAY THRU FRIDAY. ROOM (A) 24 CAPACITY 6:00 AM TO 6:00 PM. ROOM (B) 24 CAPACITY 8:15 AM TO 2:30 PM.
	Original app. received date:	880615
	Facility closed date:	Not Reported
	Mailing address:	4545 MYRA AVENUE
	Mailing city:	CYPRESS
	Mailing state:	CA
	Mailing zip:	90630
	Contact person:	"BEAUDOIN, JUDI "
	Facility capacity:	48
	Type of clients served:	950
	Facility phone:	7148265850

DU621		SRDCCA200744308
NE	EDR ID:	SRDCCA200744308
4-6 mi	Facility number:	300608769
21919	Facility name:	A CHILD'S ADVENTURE (ACA) CAWTHON ELEM SCHOOL
Higher	Facility eval. code:	1207
	Facility office number:	06
	Facility county number:	30
	Facility type code:	840
	Facility status code:	03
	Address:	10160 DENNI STREET

# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

City: CYPRESS  
 State: CA  
 Zip: 90630  
 Alt. address: 3811 HOLDEN CIRCLE  
 City: "LOS ALAMITOS, "  
 State: CA  
 Zip: 90720  
 Facility investor: "ROBERT A. MORRIS, INC. "  
 Licensee type: D  
 License effective date: 940817  
 License expiration date: Not Reported  
 License issue date: 880817  
 Program type: 64 AMBULATORY CHILDREN. AGES 4.9 THROUGH 12 YEARS OLD.  
 MON-FRI. 06:00 AM TO 6:00 PM. WAIVERS TO SHARE ELEMENTARY  
 SCHOOL RESTROOMS AND PLAY YARDS. PROGRAM USES PORTABLE.  
 Original app. received date: 880614  
 Facility closed date: Not Reported  
 Mailing address: 3811 HOLDEN CIRCLE  
 Mailing city: LOS ALAMITOS  
 Mailing state: CA  
 Mailing zip: 90720  
 Contact person: "BEAUDOIN, JUDI "  
 Facility capacity: 64  
 Type of clients served: 950  
 Facility phone: 7148265850

DQ622  
 WNW  
 4-6 mi  
 22008  
 Higher

EDR ID: SRDCCA200702002  
 Facility number: 191604776  
 Facility name: SIEBERT FAMILY CHILD CARE  
 Facility eval. code: 8160  
 Facility office number: 33  
 Facility county number: 19  
 Facility type code: 810  
 Facility status code: 03  
 Address: 2021 DAWSON AVENUE  
 City: SIGNAL HILL  
 State: CA  
 Zip: 90755  
 Alt. address: 2021 DAWSON AVENUE  
 City: SIGNAL HILL  
 State: CA  
 Zip: 90755  
 Facility investor: "SIEBERT, JOHANNA F. "  
 Licensee type: A  
 License effective date: 930312  
 License expiration date: Not Reported  
 License issue date: 900312  
 Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4  
 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE  
 WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED  
 "  
 Original app. received date: 900125  
 Facility closed date: Not Reported  
 Mailing address: 2021 DAWSON AVENUE

SRDCCA200702002  
 Daycare

# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Mailing city: SIGNAL HILL  
 Mailing state: CA  
 Mailing zip: 90755  
 Contact person: "SIEBERT, JOHANNA F. "  
 Facility capacity: 8  
 Type of clients served: 960  
 Facility phone: 5624941037

DK623 WNW EDR ID: SRDCCA200750981 SRDCCA200750981  
 4-6 mi Facility number: 192001160 Daycare  
 22033 Facility name: GAVIOTA HEAD START  
 Higher Facility eval. code: 9070

Facility office number: 33  
 Facility county number: 19  
 Facility type code: 850  
 Facility status code: 03  
 Address: 1131 GAVIOTA STREET  
 City: LONG BEACH  
 State: CA  
 Zip: 90813  
 Alt. address: 2898 ORANGE AVE  
 City: SIGNAL HILL  
 State: CA  
 Zip: 90806  
 Facility investor: LONG BEACH UNIFIED SCHOOL DISTRICT  
 Licensee type: F  
 License effective date: 331  
 License expiration date: Not Reported  
 License issue date: 000331  
 Program type: "SERVING CHILDREN 3 YEARS OLD UNTIL ENTRY INTO KINDERGARTEN.  
 ROOMS 1,2,AND 3 HEADSTART PROGRAM. ROOM 4 FULL DAY, FULL YEAR.  
 MAXIMUM 35 CHILDREN IN ROOM 4.  
 "

Original app. received date: 000111  
 Facility closed date: Not Reported  
 Mailing address: 2898 ORANGE AVE  
 Mailing city: SIGNAL HILL  
 Mailing state: CA  
 Mailing zip: 90806  
 Contact person: "JONES, JACQUELINE "  
 Facility capacity: 90  
 Type of clients served: 950  
 Facility phone: 5625993843

DP624 WNW EDR ID: SRDCCA200734730 SRDCCA200734730  
 4-6 mi Facility number: 198012612 Daycare  
 22039 Facility name: SPENCER FAMILY CHILD CARE  
 Higher Facility eval. code: 8160

Facility office number: 33  
 Facility county number: 19  
 Facility type code: 810  
 Facility status code: 03

# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Address: 1620 GARDENIA AVE.  
 City: LONG BEACH  
 State: CA  
 Zip: 90813  
 Alt. address: 1620 GARDENIA AVE.  
 City: LONG BEACH  
 State: CA  
 Zip: 90813  
 Facility investor: CYNTHIA SPENCER  
 Licensee type: A  
 License effective date: 60718  
 License expiration date: Not Reported  
 License issue date: 060718  
 Program type: MAX. CAP(WHEN THERE IS AN ASSISTANT PRESENT) : 12 - NO MORE THAN 4 INFANTS. CAP 14 - NO MORE THAN 3 INFANTS. 1 CHILD IN KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6.  
 Original app. received date: 060607  
 Facility closed date: Not Reported  
 Mailing address: 1620 GARDENIA AVE.  
 Mailing city: LONG BEACH  
 Mailing state: CA  
 Mailing zip: 90813  
 Contact person: "SPENCER, CYNTHIA"  
 Facility capacity: 14  
 Type of clients served: 960  
 Facility phone: 5622257966

DS625  
 East  
 4-6 mi  
 22063  
 Higher

EDR ID: SRDCCA200728941  
 Facility number: 304300903  
 Facility name: "LLOYD, BECKY & STEVEN"  
 Facility eval. code: 3406  
 Facility office number: 06  
 Facility county number: 30  
 Facility type code: 810  
 Facility status code: 03  
 Address: 5842 ABBEY DRIVE  
 City: WESTMINSTER  
 State: CA  
 Zip: 92683  
 Alt. address: 5842 ABBEY DRIVE  
 City: WESTMINSTER  
 State: CA  
 Zip: 92683  
 Facility investor: "LLOYD, BECKY & STEVEN"  
 Licensee type: A  
 License effective date: 40915  
 License expiration date: Not Reported  
 License issue date: 040915  
 Program type: "MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY. CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6."  
 Original app. received date: 040903  
 Facility closed date: Not Reported  
 Mailing address: 5842 ABBEY DRIVE

SRDCCA200728941  
 Daycare

# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Mailing city: WESTMINSTER  
 Mailing state: CA  
 Mailing zip: 92683  
 Contact person: "LLOYD, BECKY & STEVE"  
 Facility capacity: 8  
 Type of clients served: 960  
 Facility phone: 7148942381

DV626 East EDR ID: SRDCCA200703281 SRDCCA200703281  
 4-6 mi Facility number: 300608836 Daycare  
 22066 Facility name: "DAVILA, GENOVEVA"  
 Higher Facility eval. code: 3406

Facility office number: 06  
 Facility county number: 30  
 Facility type code: 810  
 Facility status code: 03  
 Address: 14231 HAMMON PLACE  
 City: WESTMINISTER  
 State: CA  
 Zip: 92683  
 Alt. address: 14231 HAMMON PLACE  
 City: WESTMINISTER  
 State: CA  
 Zip: 92683  
 Facility investor: "DAVILA, GENOVEVA"  
 Licensee type: A  
 License effective date: 940511  
 License expiration date: Not Reported  
 License issue date: 890701  
 Program type: "LICENSE INACTIVE AUGUST 17, 2006 TO APRIL 2007."  
 Original app. received date: 890630  
 Facility closed date: Not Reported  
 Mailing address: 14231 HAMMON PLACE  
 Mailing city: WESTMINISTER  
 Mailing state: CA  
 Mailing zip: 92683  
 Contact person: "DAVILA, GENOVEVA"  
 Facility capacity: 6  
 Type of clients served: 960  
 Facility phone: 7148942749

DI627 ESE EDR ID: SRDCCA200702620 SRDCCA200702620  
 4-6 mi Facility number: 300609334 Daycare  
 22123 Facility name: "WATSON, SYLVIA"  
 Higher Facility eval. code: 3404

Facility office number: 06  
 Facility county number: 30  
 Facility type code: 810  
 Facility status code: 03  
 Address: 14331 HAMMON LANE  
 City: HUNTINGTON BEACH

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

State: CA  
 Zip: 92647  
 Alt. address: 14331 HAMMON LANE  
 City: HUNTINGTON BEACH  
 State: CA  
 Zip: 92647  
 Facility investor: "WATSON, SYLVIA" "  
 Licensee type: A  
 License effective date: 950822  
 License expiration date: Not Reported  
 License issue date: 890822  
 Program type: "MAXIMUM CAPACITY: 12 CHILDREN, INCLUDING LICENSEE'S CHILDREN UNDER 10 YEARS OF AGE WHO RESIDE IN THE HOME, WITH NO MORE THAN 4 INFANTS. (INFANT MEANS A CHILD UNDER 2 YEARS OLD)."  
 "

Original app. received date: 890630  
 Facility closed date: Not Reported  
 Mailing address: 14331 HAMMON LANE  
 Mailing city: HUNTINGTON BEACH  
 Mailing state: CA  
 Mailing zip: 92647  
 Contact person: "WATSON, SYLVIA" "  
 Facility capacity: 12  
 Type of clients served: 960  
 Facility phone: 7144707808

DK628  
 WNW  
 4-6 mi  
 22129  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: HEALTH AND HOPE FAMILY MEDICAL CLINIC  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19940104  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0881016  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 1707 E ANAHEIM ST  
 Phone num: 3105990186  
 Termination reason: 07  
 Term Date: 19960103

SRHO20070142007  
 AHA Hospitals

# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90813  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070142007

DM629  
 East  
 4-6 mi  
 22133  
 Higher

EDR ID: SRDCCA200718312  
 Facility number: 304206564  
 Facility name: "HALE, PHYLLIS"  
 Facility eval. code: 3404  
 Facility office number: 06  
 Facility county number: 30  
 Facility type code: 810  
 Facility status code: 03  
 Address: 12841 LONGDEN  
 City: GARDEN GROVE  
 State: CA  
 Zip: 92845  
 Alt. address: 12841 LONGDEN  
 City: GARDEN GROVE  
 State: CA  
 Zip: 92845  
 Facility investor: "HALE, PHYLLIS"  
 Licensee type: A  
 License effective date: 20418  
 License expiration date: Not Reported  
 License issue date: 020418  
 Program type:

SRDCCA200718312  
 Daycare

"MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4  
 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE  
 WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED  
 "

Original app. received date: 020322  
 Facility closed date: Not Reported  
 Mailing address: 12841 LONGDEN  
 Mailing city: GARDEN GROVE  
 Mailing state: CA  
 Mailing zip: 92845  
 Contact person: "HALE, PHYLLIS"  
 Facility capacity: 8  
 Type of clients served: 960  
 Facility phone: 7148932655

## MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site	EDR ID Database
DW630 ENE 4-6 mi 22136 Higher	EDR ID: SRDCCA200755744 Facility number: 304370192 Facility name: MONTESSORI GREENHOUSE SCHOOL Facility eval. code: 1202 Facility office number: 06 Facility county number: 30 Facility type code: 850 Facility status code: 03 Address: 5856 BELGRAVE City: GARDEN GROVE State: CA Zip: 92845 Alt. address: 5152 KATELLA AVE. SUITE 101 City: LOS ALAMITOS State: CA Zip: 90720 Facility investor: "MONTESSORI GREENHOUSE SCHOOLS, LLC" Licensee type: E License effective date: 51110 License expiration date: Not Reported License issue date: 051110 Program type: "AMBULATORY CHILDREN AGES 2-6 YEARS OLD. HOURS: 7:00 AM TO 6:00 PM, MONDAY THROUGH FRIDAY. CLASSROOMS: #1, #2, #3, AND #5 ONLY." Original app. received date: 050721 Facility closed date: Not Reported Mailing address: 17583 OAK STREET Mailing city: FOUNTAIN VALLEY Mailing state: CA Mailing zip: 92708 Contact person: R Facility capacity: 88 Type of clients served: 950 Facility phone: 7148973833	SRDCCA200755744 Daycare
DW631 ENE 4-6 mi 22136 Higher	EDR ID: SRDCCA200744406 Facility number: 304370193 Facility name: MONTESSORI GREENHOUSE SCHOOL Facility eval. code: 1202 Facility office number: 06 Facility county number: 30 Facility type code: 830 Facility status code: 03 Address: 5856 BELGRAVE City: GARDEN GROVE State: CA Zip: 92845 Alt. address: 5152 KATELLA AVE. SUITE 101 City: LOS ALAMITOS State: CA Zip: 90720 Facility investor: MONTESSORI GREENHOUSE SCHOOL Licensee type: E	SRDCCA200744406 Daycare

# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

License effective date: 51110  
 License expiration date: Not Reported  
 License issue date: 051110  
 Program type: "AMBULATORY CHILDREN AGES 2 MOTHS TO 24 MONTHS. HOURS: 7:00 AM TO 6:00 PM, MONDAY THROUGH FRIDAY. CLASSROOM #4 ONLY.  
 "

Original app. received date: 050721  
 Facility closed date: Not Reported  
 Mailing address: 17583 OAK STREET  
 Mailing city: FOUNTAIN VALLEY  
 Mailing state: CA  
 Mailing zip: 92708  
 Contact person: "TURNER, MARCI "  
 Facility capacity: 18  
 Type of clients served: 955  
 Facility phone: 7148973833

DW632  
 ENE  
 4-6 mi  
 22136  
 Higher

Pss school id: BB961314  
 Pss inst: MONTESSORI GREENHOUSE  
 Lograde: PK  
 Higrade: 6  
 Pss address: 5856 BELGRAVE  
 Pss city: GARDEN GROVE  
 Pss county no: 059  
 Pss county fips: 06059  
 Pss stabb: CA  
 Pss fips: 06  
 Pss zip5: 92845  
 Pss phone: 7148973833  
 Pss sch days: 180  
 Pss stu day hrs: 6  
 Pss library: Yes  
 Pss enroll ug: Not Reported  
 Pss enroll pk: 90  
 Pss enroll k: 10  
 Pss enroll 1: 13  
 Pss enroll 2: 8  
 Pss enroll 3: 9  
 Pss enroll 4: 7  
 Pss enroll 5: 11  
 Pss enroll 6: 2  
 Pss enroll 7: Not Reported  
 Pss enroll 8: Not Reported  
 Pss enroll 9: Not Reported  
 Pss enroll 10: Not Reported  
 Pss enroll 11: Not Reported  
 Pss enroll 12: Not Reported  
 Pss enroll t: 150  
 Pss enroll tk12: 60  
 Pss race ai: Not Reported  
 Pss race as: 9  
 Pss race h: 4  
 Pss race b: 2  
 Pss race w: 45

SRPR20051021965  
 Private Schools

# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Pss fte teach: 13.8  
 Pss locale: 3  
 Pss coed: 1  
 Pss type: 2  
 Pss level: 1  
 Pss relig: 3  
 Pss comm type: 2  
 Pss indian pct: Not Reported  
 Pss asian pct: 15  
 Pss hisp pct: 6.67  
 Pss black pct: 3.33  
 Pss white pct: 75  
 Pss stdtch rt: 4.35  
 Pss orient: 29  
 Pss county name: ORANGE  
 Pss assoc 1: American Montessori Society (AMS)  
 Pss assoc 2: Not Reported  
 Pss assoc 3: Not Reported  
 Pss assoc 4: Not Reported  
 Pss assoc 5: Not Reported  
 Pss assoc 6: Not Reported  
 Pss assoc 7: Not Reported  
 Source: NCESDATA\_E72D09B4  
 Edr id: SRPR20051021965

DW633  
 ENE  
 4-6 mi  
 22136  
 Higher

Unitid: 119128  
 Instnm: MONTESSORI WESTERN TEACHER TRAINING PROGRAM  
 Addr: 5856 BELGRAVE AVENUE  
 City: GARDEN GROVE  
 Stabbr: CA  
 Zip: 92845  
 Zip4: Not Reported  
 Unk: Not Reported  
 Fips: 092845  
 Oberge: 8  
 Chfnm: CATHERINE SMYTHE  
 Chftitle: DIRECTOR  
 Gentele: 7148973833  
 Fintele: 7148973833  
 Admtele: 7148973833  
 Ein: 952660662  
 Duns: 930572771  
 Opeid: 3181300  
 Opeflag: 5  
 Webaddr: www.gtesupersite.com/montgreen  
 Sector: 3  
 Ilevel: 1  
 Control: 3  
 Hloffer: 6  
 Ugoffer: 1  
 Groffer: 1  
 Fpoffer: 2  
 Hdegoffer: 0  
 Deggrant: 2

SRCL20051000389  
 Colleges

# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Hbcu: 2  
 Hospital: 2  
 Medical: -1  
 Tribal: 2  
 Carnegje: -3  
 Locale: 3  
 Openpubl: 1  
 Act: A  
 Newid: -2  
 Deathyr: -2  
 Closedat: -2  
 Cyactive: 1  
 Postsec: 1  
 Pseflag: 1  
 Pset4flg: 2  
 Rptmth: 2  
 Fte: Not Reported  
 Enrtot: Not Reported  
 Edr id: SRCL20051000389

DT634  
 North  
 4-6 mi  
 22176  
 Higher

EDR ID: SRDCCA200747693  
 Facility number: 191600391  
 Facility name: GRACE FIRST PRESBYTERIAN CHURCH PRESCHOOL  
 Facility eval. code: 6150  
 Facility office number: 33  
 Facility county number: 19  
 Facility type code: 850  
 Facility status code: 03  
 Address: 3955 STUDEBAKER ROAD  
 City: LONG BEACH  
 State: CA  
 Zip: 90808  
 Alt. address: 3955 STUDEBAKER ROAD  
 City: LONG BEACH  
 State: CA  
 Zip: 90808  
 Facility investor: LAKEWOOD FIRST PRESBYTERIAN CHURCH  
 Licensee type: C  
 License effective date: 931204  
 License expiration date: Not Reported  
 License issue date: Not Reported  
 Program type: "AMBULATORY, LICENSEE PREFERS CHILDREN AGES 2 YRS 6 MOS THRU 5 YEARS."  
 Original app. received date: Not Reported  
 Facility closed date: Not Reported  
 Mailing address: 3955 STUDEBAKER ROAD  
 Mailing city: LONG BEACH  
 Mailing state: CA  
 Mailing zip: 90808  
 Contact person: "IRONS, JUDY"  
 Facility capacity: 64  
 Type of clients served: 950  
 Facility phone: 5624250080

SRDCCA200747693  
 Daycare

## MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site	EDR ID Database
DX635 ENE 4-6 mi 22205 Higher	EDR ID: SRDCCA200737307 Facility number: 304310515 Facility name: "SILVA, MARIA MADALENA" Facility eval. code: 3406 Facility office number: 06 Facility county number: 30 Facility type code: 810 Facility status code: 03 Address: 11881 BAILEY STREET APT. #A City: GARDEN GROVE State: CA Zip: 92845 Alt. address: 11881 BAILEY STREET APT. #A City: GARDEN GROVE State: CA Zip: 92845 Facility investor: "SILVA, MARIA MADALENA" Licensee type: A License effective date: 60817 License expiration date: Not Reported License issue date: 060817 Program type: "MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY. CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6." Original app. received date: 060726 Facility closed date: Not Reported Mailing address: 11881 BAILEY STREET APT. #A Mailing city: GARDEN GROVE Mailing state: CA Mailing zip: 92845 Contact person: "SILVA, MARIA MADALENA" Facility capacity: 8 Type of clients served: 960 Facility phone: 7147994207	SRDCCA200737307 Daycare
DY636 NNW 4-6 mi 22219 Higher	Hospital type: 01 Num of times COO: 00 Owner date: Not Reported City: LONG BEACH Has plan of corr: Not Reported Compliance status: Not Reported SSA county code: 200 Cross ref number: Not Reported FMS survey date: Not Reported Current survey date: Not Reported Medicare/Medicaid: Not Reported Facility name: ROLAND A SCHAUMLOFFEL MD Intermediary/Carrier: Not Reported Medicaid number: Not Reported Participation date: 19930210 Prior COO date: Not Reported Prior carrier: Not Reported Provider ID: 05D0697380	SRHO20070139428 AHA Hospitals

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 3780 WOODRUFF AVE STE G  
 Phone num: 3104296313  
 Termination reason: 07  
 Term Date: 19960831  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90808  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070139428

DY637  
 NNW  
 4-6 mi  
 22219  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: 1  
 Compliance status: A  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: 19950221  
 Medicare/Medicaid: 1  
 Facility name: KENNETH CARRELL MD INC  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19920901  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0709618  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Not Reported  
 state abbrev: CA  
 ssa state: 05  
 state region cd: M1  
 street address: 3780 WOODRUFF AVENUE, SUITE C  
 Phone num: 3104322927  
 Termination reason: 01  
 Term Date: 19950901  
 Purpose of action: 1

SRHO20070140280  
 AHA Hospitals

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Provider control: 04  
 Zip: 90808  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070140280

DY638  
 NNW  
 4-6 mi  
 22219  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: JOHN KREGZDE MD  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19930915  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0876208  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Not Reported  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 3780 WOODRUFF AVE #G  
 Phone num: 3104206044  
 Termination reason: 08  
 Term Date: 19990914  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90808  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000

SRHO20070143904  
 AHA Hospitals

# MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070143904

DU639 NE 4-6 mi 22237 Higher	Necessch: 061044001167 Schname05: ROBERT C. CAWTHON ELEMENTARY Mstreet05: 4545 MYRA AVE. Mcity05: CYPRESS Mstate05: CA Mzip05: 90630 Mzip405: 4261 Member05: 457 Phone05: (714) 220-6970 Locale05: 3 Type05: 1 Level05: 1 Gslo05: KG Gshi05: 06 Edr id: SRPU20071014135	SRPU20071014135 Public Schools
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DI640 ESE 4-6 mi 22264 Higher	EDR ID: SRDCCA200752019 Facility number: 304270231 Facility name: TED FISHER HEAD START CENTER Facility eval. code: 1202 Facility office number: 06 Facility county number: 30 Facility type code: 850 Facility status code: 03 Address: 14422 HAMMON LANE City: HUNTINGTON BEACH State: CA Zip: 92647 Alt. address: 14422 HAMMON LANE City: HUNTINGTON BEACH State: CA Zip: 92647 Facility investor: "ORANGE COUNTY HEAD START, INC. " Licensee type: C License effective date: 960911 License expiration date: Not Reported License issue date: 960911 Program type: "NOT TO EXCEED 44 NON-AMBULATORY. AGES 3 TO 5 YEARS OLD. HOURS: 6:30 AM TO 6:00 PM, MONDAY - FRIDAY. ROOMS K1,K2,A2,A3,A4, B2,B3,B4,C2 ONLY. CAPACITY DECREASE EFFECTIVE 6-17-99." " Original app. received date: 960408 Facility closed date: Not Reported Mailing address: "2900 HARBOR BLVD., SUITE 101 " Mailing city: SANTA ANA Mailing state: CA Mailing zip: 92704 Contact person: "WATSON, SHANNON " Facility capacity: 221	SRDCCA200752019 Daycare
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# MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Type of clients served: 950  
 Facility phone: 7149018922

DJ641		SRDCCA200755071
SE	EDR ID:	SRDCCA200755071
4-6 mi	Facility number:	304370242
22276	Facility name:	MONTESSORI CHILDREN'S CENTER OF HUNTINGTON BEACH
Higher	Facility eval. code:	1201
	Facility office number:	06
	Facility county number:	30
	Facility type code:	850
	Facility status code:	03
	Address:	16081 WAIKIKI LANE
	City:	HUNTINGTON BEACH
	State:	CA
	Zip:	92649
	Alt. address:	16081 WAIKIKI LANE
	City:	HUNTINGTON BEACH
	State:	CA
	Zip:	92649
	Facility investor:	"LEPORT EDUCATIONAL INSTITUTE, INC. "
	Licensee type:	D
	License effective date:	60630
	License expiration date:	Not Reported
	License issue date:	060630
	Program type:	AMBULATORY CHILDREN. 2 TO 6 YEARS OF AGE. MONDAY THROUGH FRIDAY. 7:00 AM TO 6:00 PM. TODDLER OPTION FOR 24 CHILDREN 18 TO 30 MONTHS OF AGE.TOTAL CAPACITY NOT TO EXCEED 202 CHILDREN.WAIVER FOR CO-MINGLING TODDLERS & PRESCHOOLERS AT AM. PM & NAPTIME.
	Original app. received date:	060309
	Facility closed date:	Not Reported
	Mailing address:	2920 OCEAN BLVD.
	Mailing city:	CORONA DEL MAR
	Mailing state:	CA
	Mailing zip:	92625
	Contact person:	"BEACH, DONAJI "
	Facility capacity:	202
	Type of clients served:	950
	Facility phone:	7143776035

DJ642		SRDCCA200743796
SE	EDR ID:	SRDCCA200743796
4-6 mi	Facility number:	304370248
22276	Facility name:	LEARNING CTR. P.S./BOYS & GIRLS CLUBS OF H.V.
Higher	Facility eval. code:	1207
	Facility office number:	06
	Facility county number:	30
	Facility type code:	830
	Facility status code:	03
	Address:	16081 WAIKIKI LANE
	City:	HUNTINGTON BEACH
	State:	CA
	Zip:	92649
	Alt. address:	16582 BROOKHURST STREET

# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

City: FOUNTAIN VALLEY  
 State: CA  
 Zip: 92708  
 Facility investor: BOYS & GIRLS CLUBS OF HUNTINGTON VALLEY  
 Licensee type: C  
 License effective date: 60609  
 License expiration date: Not Reported  
 License issue date: 060609  
 Program type: AGES: BIRTH TO 2 YEARS OF AGE.  
 MONDAY THRU FRIDAY. HOURS: 6:30AM - 6:00PM  
 Original app. received date: 060327  
 Facility closed date: Not Reported  
 Mailing address: 16582 BROOKHURST STREET  
 Mailing city: FOUNTAIN VALLEY  
 Mailing state: CA  
 Mailing zip: 92708  
 Contact person: "LOSHAK, CHELO"  
 Facility capacity: 12  
 Type of clients served: 955  
 Facility phone: 7149644526

DJ643  
 SE  
 4-6 mi  
 22276  
 Higher

EDR ID: SRDCCA200755132  
 Facility number: 304370247  
 Facility name: LEARNING CTR. P.S./BOYS & GIRLS CLUBS OF H.V.  
 Facility eval. code: 1207  
 Facility office number: 06  
 Facility county number: 30  
 Facility type code: 850  
 Facility status code: 03  
 Address: 16081 WAIKIKI LANE  
 City: HUNTINGTON BEACH  
 State: CA  
 Zip: 92649  
 Alt. address: 16582 BROOKHURST ST.  
 City: FOUNTAIN VALLEY  
 State: CA  
 Zip: 92708  
 Facility investor: BOYS & GIRLS CLUBS OF HUNTINGTON VALLEY  
 Licensee type: C  
 License effective date: 60609  
 License expiration date: Not Reported  
 License issue date: 060609  
 Program type: CHILDREN AGES: 2 YEARS TO 5 YEARS OF AGE.  
 TODDLER OPTION: 36 CHILDREN 18 MONTHS TO 30 MONTHS.  
 HOURS: MONDAY THRU FRIDAY. 6:30AM -6:00PM.  
 Original app. received date: 060327  
 Facility closed date: Not Reported  
 Mailing address: 16582 BROOKHURST ST.  
 Mailing city: FOUNTAIN VALLEY  
 Mailing state: CA  
 Mailing zip: 92708  
 Contact person: "LOSHAK, CHELO"  
 Facility capacity: 164  
 Type of clients served: 950

SRDCCA200755132  
 Daycare

# MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Facility phone: 7148461303

DJ644		SRPR20051023594
SE	Pss school id: AA000652	Private Schools
4-6 mi	Pss inst: GRACE LUTHERAN SCHOOL	
22276	Lograde: PK	
Higher	Higrade: 8	
	Pss address: 16081 WAIKIKI LANE	
	Pss city: HUNTINGTON BEACH	
	Pss county no: 059	
	Pss county fips: 06059	
	Pss stabb: CA	
	Pss fips: 06	
	Pss zip5: 92649	
	Pss phone: 7143771500	
	Pss sch days: 196	
	Pss stu day hrs: 6.75	
	Pss library: Yes	
	Pss enroll ug: Not Reported	
	Pss enroll pk: 13	
	Pss enroll k: 35	
	Pss enroll 1: 31	
	Pss enroll 2: 35	
	Pss enroll 3: 22	
	Pss enroll 4: 22	
	Pss enroll 5: 20	
	Pss enroll 6: 17	
	Pss enroll 7: 3	
	Pss enroll 8: 1	
	Pss enroll 9: Not Reported	
	Pss enroll 10: Not Reported	
	Pss enroll 11: Not Reported	
	Pss enroll 12: Not Reported	
	Pss enroll t: 199	
	Pss enroll tk12: 186	
	Pss race ai: Not Reported	
	Pss race as: Not Reported	
	Pss race h: Not Reported	
	Pss race b: Not Reported	
	Pss race w: Not Reported	
	Pss fte teach: 14.8	
	Pss locale: 3	
	Pss coed: 1	
	Pss type: 1	
	Pss level: 1	
	Pss relig: 2	
	Pss comm type: 2	
	Pss indian pct: Not Reported	
	Pss asian pct: Not Reported	
	Pss hisp pct: Not Reported	
	Pss black pct: Not Reported	
	Pss white pct: Not Reported	
	Pss stdtch rt: 12.57	
	Pss orient: 20	
	Pss county name: ORANGE	

# MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Pss assoc 1: Association of Christian Schools International (ACSI)  
 Pss assoc 2: Evangelical Lutheran Education Association (ELEA)  
 Pss assoc 3: Not Reported  
 Pss assoc 4: Not Reported  
 Pss assoc 5: Not Reported  
 Pss assoc 6: Not Reported  
 Pss assoc 7: Not Reported  
 Source: NCESDATA\_E72D09B4  
 Edr id: SRPR20051023594

DH645  
 ENE  
 4-6 mi  
 22287  
 Higher

EDR ID: SRDCCA200753633  
 Facility number: 304270918  
 Facility name: LOOK WHO'S LEARNING PRESCHOOL  
 Facility eval. code: 1205  
 Facility office number: 06  
 Facility county number: 30  
 Facility type code: 850  
 Facility status code: 03  
 Address: 5802 SANTA CATALINA AVENUE  
 City: GARDEN GROVE  
 State: CA  
 Zip: 92845  
 Alt. address: 5802 SANTA CATALINA AVENUE  
 City: GARDEN GROVE  
 State: CA  
 Zip: 92845  
 Facility investor: "FIGLEWICZ, CHRISTY"  
 Licensee type: A  
 License effective date: 20909  
 License expiration date: Not Reported  
 License issue date: 020909  
 Program type: "AMBULATORY CHILDREN: AGES 2 - 6 YEARS OF AGE.  
 HOURS: MONDAY THROUGH FRIDAY, 6:30 AM TO 6:00 PM.  
 ROOMS: 1-3,5 AND 6&7(IN SEPARATE BUILDING)  
 "  
 Original app. received date: 020617  
 Facility closed date: Not Reported  
 Mailing address: 14182 SAWSTON CIRCLE  
 Mailing city: WESTMINSTER  
 Mailing state: CA  
 Mailing zip: 92683  
 Contact person: "FIGLEWICZ, CHRISTY"  
 Facility capacity: 90  
 Type of clients served: 950  
 Facility phone: 7148931980

SRDCCA200753633  
 Daycare

DM646  
 East  
 4-6 mi  
 22323  
 Higher

EDR ID: SRDCCA200718390  
 Facility number: 304206579  
 Facility name: "SOLOMAN, KATRINA"  
 Facility eval. code: 3404  
 Facility office number: 06  
 Facility county number: 30

SRDCCA200718390  
 Daycare

# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Facility type code: 810  
 Facility status code: 03  
 Address: 6031 STANFORD AVENUE  
 City: GARDEN GROVE  
 State: CA  
 Zip: 92845  
 Alt. address: 6031 STANFORD AVENUE  
 City: GARDEN GROVE  
 State: CA  
 Zip: 92845  
 Facility investor: "SOLOMAN, KATRINA"  
 Licensee type: A  
 License effective date: 20424  
 License expiration date: Not Reported  
 License issue date: 020424  
 Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4  
 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE  
 WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED  
 "  
 Original app. received date: 020402  
 Facility closed date: Not Reported  
 Mailing address: 6031 STANFORD AVENUE  
 Mailing city: GARDEN GROVE  
 Mailing state: CA  
 Mailing zip: 92845  
 Contact person: "SOLOMON, KATRINA"  
 Facility capacity: 8  
 Type of clients served: 960  
 Facility phone: 7148924661

DK647  
 WNW  
 4-6 mi  
 22371  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: MOLINA MEDICAL CENTERS  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19921230  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0554928  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: M1

SRHO20070131532  
 AHA Hospitals

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

street address: 1627 EAST ANAHEIM STREET  
 Phone num: 5624370373  
 Termination reason: 00  
 Term Date: 20080831  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90813  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070131532

DY648  
 NNW  
 4-6 mi  
 22388  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: WOODRUFF COMMUNITY HOSP PULMONARY LAB  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19930309  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0696610  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 3800 WOODRUFF AVE  
 Phone num: 3104218241  
 Termination reason: 12  
 Term Date: 19971107  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90808  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A

SRHO20070139437  
 AHA Hospitals

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070139437

DY649  
 NNW  
 4-6 mi  
 22388  
 Higher

Hospital type: 01  
 Num of times COO: 03  
 Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: Not Reported  
 Compliance status: A  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: 19940817  
 Medicare/Medicaid: 1  
 Facility name: WOODRUFF COMMUNITY HOSPITAL INC  
 Intermediary/Carrier: 00040  
 Medicaid number: Not Reported  
 Participation date: 19660701  
 Prior COO date: 19850420  
 Prior carrier: 52280  
 Provider ID: 050021  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Not Reported  
 state abbrev: CA  
 ssa state: 05  
 state region cd: L4  
 street address: 3800 WOODRUFF AVENUE  
 Phone num: 3104206000  
 Termination reason: 01  
 Term Date: 19971130  
 Purpose of action: 2  
 Provider control: 04  
 Zip: 90808  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: 19910901  
 Accred expire date: 19940831  
 Accred Org: 1  
 Num beds: 0096  
 Num cert beds: 0096  
 Source: US\_HOSPITAL\_POSOTHER  
 Edr id: SRHO20070007323

SRHO20070007323  
 AHA Hospitals

## MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site	EDR ID Database
DY650 NNW 4-6 mi 22388 Higher	Hospital type: 01 Num of times COO: 00 Owner date: Not Reported City: LONG BEACH Has plan of corr: Not Reported Compliance status: Not Reported SSA county code: 200 Cross ref number: Not Reported FMS survey date: Not Reported Current survey date: Not Reported Medicare/Medicaid: Not Reported Facility name: WOODRUFF COMMUNITY HOSPITAL INC Intermediary/Carrier: Not Reported Medicaid number: Not Reported Participation date: 19930525 Prior COO date: Not Reported Prior carrier: Not Reported Provider ID: 05D0642675 Record Status: A Region code: 09 Is Partial Record: Y state abbrev: CA ssa state: 05 state region cd: LAB street address: 3800 WOODRUFF AVENUE Phone num: 3104202611 Termination reason: 01 Term Date: 19971130 Purpose of action: Not Reported Provider control: 04 Zip: 90808 Fips state: 06 Fips cnty: 037 SSA MSA: 328 SSA MSA size code: A Date accredited: Not Reported Accred expire date: Not Reported Accred Org: Not Reported Num beds: 0000 Num cert beds: 0000 Source: US_HOSPITAL_POSCLIA Edr id: SRHO20070136775	SRHO20070136775 AHA Hospitals
DY651 NNW 4-6 mi 22388 Higher	Hospital type: 03 Num of times COO: 00 Owner date: Not Reported City: LONG BEACH Has plan of corr: 1 Compliance status: A SSA county code: 200 Cross ref number: Not Reported FMS survey date: Not Reported Current survey date: 19970116	SRHO20070107763 AHA Hospitals

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Medicare/Medicaid: 1  
 Facility name: -WOODRUFF COMMUNITY HOSPITAL  
 Intermediary/Carrier: 52280  
 Medicaid number: Not Reported  
 Participation date: 19910808  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 555469  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Not Reported  
 state abbrev: CA  
 ssa state: 05  
 state region cd: L4  
 street address: 3800 WOODRUFF AVE  
 Phone num: 3104218241  
 Termination reason: 01  
 Term Date: 19971130  
 Purpose of action: 2  
 Provider control: 03  
 Zip: 90808  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0020  
 Num cert beds: 0020  
 Source: US\_HOSPITAL\_POSOTHER  
 Edr id: SRHO20070107763

DK652  
 WNW  
 4-6 mi  
 22406  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: SKYLIGHT CONVALESCENT HOSPITAL  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19970317  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0926115  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y

SRHO20070147418  
 AHA Hospitals

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

state abbrev: CA  
ssa state: 05  
state region cd: M1  
street address: 1201 WALNUT AVENUE  
Phone num: 5625917621  
Termination reason: 00  
Term Date: 20070316  
Purpose of action: Not Reported  
Provider control: 04  
Zip: 90813  
Fips state: 06  
Fips cnty: 037  
SSA MSA: 328  
SSA MSA size code: A  
Date accredited: Not Reported  
Accred expire date: Not Reported  
Accred Org: Not Reported  
Num beds: 0000  
Num cert beds: 0000  
Source: US\_HOSPITAL\_POSCLIA  
Edr id: SRHO20070147418

DK653  
WNW  
4-6 mi  
22406  
Higher

Hospital type: 03  
Num of times COO: 07  
Owner date: Not Reported  
City: LONG BEACH  
Has plan of corr: 1  
Compliance status: A  
SSA county code: 200  
Cross ref number: Not Reported  
FMS survey date: Not Reported  
Current survey date: 20060307  
Medicare/Medicaid: 1  
Facility name: SKYLIGHT CONVALESCENT HOSPITAL  
Intermediary/Carrier: 52280  
Medicaid number: 940000101  
Participation date: 19790501  
Prior COO date: 19920401  
Prior carrier: 00040  
Provider ID: 555010  
Record Status: A  
Region code: 09  
Is Partial Record: Not Reported  
state abbrev: CA  
ssa state: 05  
state region cd: L4  
street address: 1201 WALNUT AVENUE  
Phone num: 5625917621  
Termination reason: 00  
Term Date: Not Reported  
Purpose of action: 2  
Provider control: 03  
Zip: 90813  
Fips state: 06

SRHO20070107787  
AHA Hospitals

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0078  
 Num cert beds: 0078  
 Source: US\_HOSPITAL\_POSOTHER  
 Edr id: SRHO20070107787

DK654  
 WNW  
 4-6 mi  
 22406  
 Higher

Hospital type: 02  
 Num of times COO: 01  
 Owner date: 19840416  
 City: LONG BEACH  
 Has plan of corr: Not Reported  
 Compliance status: A  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: 19840214  
 Medicare/Medicaid: 1  
 Facility name: WALNUT CONVALESCENT HOSPITAL  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19740331  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05E129  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Not Reported  
 state abbrev: CA  
 ssa state: 05  
 state region cd: L4  
 street address: 1201 WALNUT AVE  
 Phone num: 2135917621  
 Termination reason: 07  
 Term Date: 19850201  
 Purpose of action: 2  
 Provider control: 03  
 Zip: 90813  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0078  
 Num cert beds: 0078  
 Source: US\_HOSPITAL\_POSOTHER  
 Edr id: SRHO20070007404

SRHO20070007404  
 AHA Hospitals

## MAP FINDINGS

Map ID	Direction	Distance	Distance (ft.)	Elevation	Site	EDR ID	Database
DK655	WNW	4-6 mi	22406	Higher	Provnum: 555010 Nursinghomename: SKYLIGHT CONVALESCENT HOSPITAL Street: 1201 WALNUT AVENUE City: LONG BEACH State: CA Zipcode: 90813 Phonenumber: 5625917621 Dateoflastinspection: 20060301 Certifiednumberofbeds: 78 Totalnumberofresidents: 72 Percofoccupiedbeds: 92 Categorydescription: Participating in Medicare and Medicaid Typeofownership: For profit - Corporation Locatedwithinahospital: NO Multinursinghomeownership: NO Residentandfamilycouncils: BOTH Edr id: SRNH20060915449	SRNH20060915449	Nursing Homes
DZ656	SE	4-6 mi	22429	Higher	EDR ID: SRDCCA200752761 Facility number: 304270963 Facility name: RAINBOW AFTER-SCHOOL CARE & PRE-K PROGRAM Facility eval. code: 1207 Facility office number: 06 Facility county number: 30 Facility type code: 850 Facility status code: 03 Address: 4343 PICKWICK CIRCLE City: HUNTINGTON BEACH State: CA Zip: 92649 Alt. address: 20191 SEALPOINT LANE #104 City: HUNTINGTON BEACH State: CA Zip: 92646 Facility investor: "NORTON, TAY" Licensee type: A License effective date: 21016 License expiration date: Not Reported License issue date: 021016 Program type: AMBULATORY CHILDREN. AGES 3 THROUGH 6 YEARS OLD. MON-FRI. 06:30 AM TO 6:00 PM. ROOM 36. WAIVERS TO SHARE ELEMENTARY SCHOOL RESTROOM AND KINDERGARTEN PLAY YARD. Original app. received date: 020917 Facility closed date: Not Reported Mailing address: 20191 SEALPOINT LANE #104 Mailing city: HUNTINGTON BEACH Mailing state: CA Mailing zip: 92646 Contact person: KRISTIN CHOMIN Facility capacity: 21 Type of clients served: 950 Facility phone: 7148468386	SRDCCA200752761	Daycare

# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

DZ657 SE 4-6 mi 22429 Higher	EDR ID: Facility number: Facility name: Facility eval. code: Facility office number: Facility county number: Facility type code: Facility status code: Address: City: State: Zip: Alt. address: City: State: Zip: Facility investor: Licensee type: License effective date: License expiration date: License issue date: Program type:  Original app. received date: Facility closed date: Mailing address: Mailing city: Mailing state: Mailing zip: Contact person: Facility capacity: Type of clients served: Facility phone:	SRDCCA200743933 300605571 RAINBOW AFTER-SCHOOL CARE & PRE-K PROGRAM 1207 06 30 840 03 4343 PICKWICK CIRCLE HUNTINGTON BEACH CA 92649 20191 SEALPOINT LANE #104 HUNTINGTON BEACH CA 92646 "NORTON,TAY A 940314 Not Reported Not Reported "AMBULATORY CHILDREN. AGES 4.9 THROUGH 14 YEARS OLD. MON-FRI. 06:30 AM TO 6:00 PM. RMS. 34, 35 & MULTI-PURPOSE ROOM. WAIVERS TO SHARE ELEMENTARY SCHOOL RESTROOMS AND OUTDOOR "ACTIVITY SPACE. 860303 Not Reported 20191 SEALPOINT LANE #104 HUNTINGTON BEACH CA 92646 KRISTIN CHOMIN 215 950 7148468386	SRDCCA200743933 Daycare
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DZ658 SE 4-6 mi 22429 Higher	Ncessch: Schname05: Mstreet05: Mcity05: Mstate05: Mzip05: Mzip405: Member05: Phone05: Locale05: Type05: Level05: Gslo05: Gshi05: Edr id:	062814004333 HARBOUR VIEW ELEMENTARY 4343 PICKWICK CIR. HUNTINGTON BEACH CA 92649 3108 783 (714) 846-6602 3 1 1 KG 05 SRPU20071009690	SRPU20071009690 Public Schools
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## MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site	EDR ID Database
EA659 NW 4-6 mi 22436 Higher	Unitid: 443094 Instnm: INSTITUTE OF NETWORK TECHNOLOGY Addr: 2727 E WILLOW ST City: SIGNAL HILL Stabbr: CA Zip: 90755 Zip4: Not Reported Unk: Not Reported Fips: 090755 Oberge: 8 Chfnm: MOHSEN MIRHOSSEINI Chftitle: PRESIDENT Gentele: 5624249200 Fintele: 5264249200 Admtele: 5624249200 Ein: 680413548 Duns: -1 Opeid: 3602400 Opeflag: 1 Webaddr: ONLINEINT.COM Sector: 9 Ilevel: 3 Control: 3 Hloffr: 1 Ugoffer: 1 Groffer: 2 Fpoffer: 2 Hdegoffer: 0 Deggrant: 2 Hbcu: 2 Hospital: 2 Medical: 2 Tribal: 2 Carnegie: -3 Locale: -3 Openpubl: 1 Act: A Newid: -2 Deathyr: -2 Closedat: -2 Cyactive: 1 Postsec: 1 Pseflag: 1 Pset4flg: 1 Rptmth: 1 Fte: 86 Enrtot: 86 Edr id: SRCL20051003741	SRCL20051003741 Colleges
DO660 NNE 4-6 mi 22445 Higher	Pss school id: A9900738 Pss inst: WAY OUT MINISTRIES; CHRSTN ACD Lograde: 7 Higrade: 12	SRPR20051027423 Private Schools

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Pss address:	22427 NORWALK BLVD
Pss city:	HAWAIIAN GARDENS
Pss county no:	037
Pss county fips:	06037
Pss stabb:	CA
Pss fips:	06
Pss zip5:	90716
Pss phone:	5624292397
Pss sch days:	180
Pss stu day hrs:	7
Pss library:	Yes
Pss enroll ug:	Not Reported
Pss enroll pk:	Not Reported
Pss enroll k:	Not Reported
Pss enroll 1:	Not Reported
Pss enroll 2:	Not Reported
Pss enroll 3:	Not Reported
Pss enroll 4:	Not Reported
Pss enroll 5:	Not Reported
Pss enroll 6:	Not Reported
Pss enroll 7:	6
Pss enroll 8:	7
Pss enroll 9:	9
Pss enroll 10:	7
Pss enroll 11:	12
Pss enroll 12:	8
Pss enroll t:	49
Pss enroll tk12:	49
Pss race ai:	0
Pss race as:	1
Pss race h:	38
Pss race b:	3
Pss race w:	7
Pss fte teach:	Not Reported
Pss locale:	3
Pss coed:	1
Pss type:	1
Pss level:	2
Pss relig:	2
Pss comm type:	2
Pss indian pct:	0
Pss asian pct:	2.04
Pss hisp pct:	77.55
Pss black pct:	6.12
Pss white pct:	14.29
Pss stdtch rt:	Not Reported
Pss orient:	28
Pss county name:	LOS ANGELES
Pss assoc 1:	Association of Christian Schools International (ACSI)
Pss assoc 2:	Not Reported
Pss assoc 3:	Not Reported
Pss assoc 4:	Not Reported
Pss assoc 5:	Not Reported
Pss assoc 6:	Not Reported
Pss assoc 7:	Not Reported
Source:	NCESDATA_E72D09B4

# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Edr id: SRPR20051027423

DW661		SRDCCA200728827
ENE	EDR ID:	SRDCCA200728827
4-6 mi	Facility number:	304310002
22445	Facility name:	"HANSON, DINA "
Higher	Facility eval. code:	3404
	Facility office number:	06
	Facility county number:	30
	Facility type code:	810
	Facility status code:	03
	Address:	12011 STONEGATE LANE
	City:	GARDEN GROVE
	State:	CA
	Zip:	92845
	Alt. address:	12011 STONEGATE LANE
	City:	GARDEN GROVE
	State:	CA
	Zip:	92845
	Facility investor:	"HANSON, DINA "
	Licensee type:	A
	License effective date:	50113
	License expiration date:	Not Reported
	License issue date:	050113
	Program type:	"MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY. CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6. "
	Original app. received date:	041115
	Facility closed date:	Not Reported
	Mailing address:	12011 STONEGATE LANE
	Mailing city:	GARDEN GROVE
	Mailing state:	CA
	Mailing zip:	92845
	Contact person:	"HANSON, DINA "
	Facility capacity:	8
	Type of clients served:	960
	Facility phone:	7148923211

EB662		SRDCCA200716083
SE	EDR ID:	SRDCCA200716083
4-6 mi	Facility number:	304206456
22455	Facility name:	"POWELL, DANA "
Higher	Facility eval. code:	3404
	Facility office number:	06
	Facility county number:	30
	Facility type code:	810
	Facility status code:	03
	Address:	15812 BLUEBIRD LANE
	City:	HUNTINGTON BEACH
	State:	CA
	Zip:	92649
	Alt. address:	15812 BLUEBIRD LANE
	City:	HUNTINGTON BEACH
	State:	CA

# MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site	EDR ID Database
	Zip: 92649 Facility investor: "POWELL, DANA" Licensee type: A License effective date: 20502 License expiration date: Not Reported License issue date: 020502 Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED" Original app. received date: 020108 Facility closed date: Not Reported Mailing address: 15812 BLUEBIRD LANE Mailing city: HUNTINGTON BEACH Mailing state: CA Mailing zip: 92649 Contact person: "POWELL, DANA" Facility capacity: 8 Type of clients served: 960 Facility phone: 7148920260	
DV663 East 4-6 mi 22455 Higher	EDR ID: SRDCCA200712279 Facility number: 304205667 Facility name: "OLMEDO, PATRICIA" Facility eval. code: 3406 Facility office number: 06 Facility county number: 30 Facility type code: 810 Facility status code: 03 Address: 5821 WESTMORELAND CIRCLE City: WESTMINSTER State: CA Zip: 92683 Alt. address: 5821 WESTMORELAND CIRCLE City: WESTMINSTER State: CA Zip: 92683 Facility investor: "OLMEDO, PATRICIA" Licensee type: A License effective date: 912 License expiration date: Not Reported License issue date: 000912 Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED" Original app. received date: 000731 Facility closed date: Not Reported Mailing address: 5821 WESTMORELAND CIRCLE Mailing city: WESTMINSTER Mailing state: CA Mailing zip: 92683 Contact person: "OLMEDO, PATRICIA" Facility capacity: 8	SRDCCA200712279 Daycare

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Type of clients served: 960  
 Facility phone: 7148946006

DY664 NNW 4-6 mi 22459 Higher	Hospital type: 01 Num of times COO: 00 Owner date: Not Reported City: LONG BEACH Has plan of corr: Not Reported Compliance status: Not Reported SSA county code: 200 Cross ref number: Not Reported FMS survey date: Not Reported Current survey date: Not Reported Medicare/Medicaid: Not Reported Facility name: WOODRUFF MEDICAL GROUP, INC Intermediary/Carrier: Not Reported Medicaid number: Not Reported Participation date: 19930202 Prior COO date: Not Reported Prior carrier: Not Reported Provider ID: 05D0554764 Record Status: A Region code: 09 Is Partial Record: Y state abbrev: CA ssa state: 05 state region cd: LAB street address: 3816 WOODRUFF AVE, SUITE 304 Phone num: 3104218241 Termination reason: 01 Term Date: 19960430 Purpose of action: Not Reported Provider control: 04 Zip: 90808 Fips state: 06 Fips cnty: 037 SSA MSA: 328 SSA MSA size code: A Date accredited: Not Reported Accred expire date: Not Reported Accred Org: Not Reported Num beds: 0000 Num cert beds: 0000 Source: US_HOSPITAL_POSCLIA Edr id: SRHO20070131124	SRHO20070131124 AHA Hospitals
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DY665 NNW 4-6 mi 22459 Higher	Hospital type: 01 Num of times COO: 00 Owner date: Not Reported City: LONG BEACH Has plan of corr: 1 Compliance status: A	SRHO20070137853 AHA Hospitals
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## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: 19960403  
 Medicare/Medicaid: 1  
 Facility name: ALLERGY AND ASTHMA CARE CENTER  
 Intermediary/Carrier: 02050  
 Medicaid number: Not Reported  
 Participation date: 19920901  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0684450  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Not Reported  
 state abbrev: CA  
 ssa state: 05  
 state region cd: M1  
 street address: 3816 WOODRUFF AVENUE, SUITE 209  
 Phone num: 3104964749  
 Termination reason: 00  
 Term Date: 20070213  
 Purpose of action: 2  
 Provider control: 02  
 Zip: 90808  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070137853

DY666  
 NNW  
 4-6 mi  
 22459  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: BIRINDER S BRARA MD  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19950628  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported

SRHO20070140730  
 AHA Hospitals

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Provider ID: 05D0719983  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 3816 WOODRUFF #205  
 Phone num: 3104206085  
 Termination reason: 00  
 Term Date: 20080831  
 Purpose of action: Not Reported  
 Provider control: 02  
 Zip: 90808  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070140730

DY667  
 NNW  
 4-6 mi  
 22459  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: ANDREW E STANITSAS DO A MEDICAL CORP  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 20000403  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0972241  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 3816 WOODRUFF AVE #406  
 Phone num: 5624296663  
 Termination reason: 08  
 Term Date: 20060402

SRHO20070156268  
 AHA Hospitals

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Purpose of action:	Not Reported
Provider control:	04
Zip:	90808
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070156268

DY668  
 NNW  
 4-6 mi  
 22459  
 Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	1
Compliance status:	A
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	20010920
Medicare/Medicaid:	1
Facility name:	RAYMOND A SLEIMAN MD
Intermediary/Carrier:	02050
Medicaid number:	Not Reported
Participation date:	19920901
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0857856
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	3816 WOODRUFF SUITE 309
Phone num:	5624201945
Termination reason:	00
Term Date:	20071015
Purpose of action:	2
Provider control:	04
Zip:	90808
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000

SRHO20070143273  
 AHA Hospitals

# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070143273

DY669 NNW 4-6 mi 22459 Higher	Hospital type: 01 Num of times COO: 00 Owner date: Not Reported City: LONG BEACH Has plan of corr: Not Reported Compliance status: Not Reported SSA county code: 200 Cross ref number: Not Reported FMS survey date: Not Reported Current survey date: Not Reported Medicare/Medicaid: Not Reported Facility name: RONLOV-ROSALES MEDICAL GROUP INC Intermediary/Carrier: Not Reported Medicaid number: Not Reported Participation date: 19961010 Prior COO date: Not Reported Prior carrier: Not Reported Provider ID: 05D0726653 Record Status: A Region code: 09 Is Partial Record: Not Reported state abbrev: CA ssa state: 05 state region cd: LAB street address: 3816 WOODRUFF #412 Phone num: 3104206036 Termination reason: 08 Term Date: 19940831 Purpose of action: Not Reported Provider control: 04 Zip: 90808 Fips state: 06 Fips cnty: 037 SSA MSA: 328 SSA MSA size code: A Date accredited: Not Reported Accred expire date: Not Reported Accred Org: Not Reported Num beds: 0000 Num cert beds: 0000 Source: US_HOSPITAL_POSCLIA Edr id: SRHO20070140732	SRHO20070140732 AHA Hospitals
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DY670 NNW 4-6 mi 22459 Higher	Hospital type: 01 Num of times COO: 00 Owner date: Not Reported City: LONG BEACH Has plan of corr: Not Reported	SRHO20070163827 AHA Hospitals
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## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Compliance status: Not Reported  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: MINOU P TRAN, MD  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 20051110  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D1047688  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: M1  
 street address: 3816 WOODRUFF AVE  
 Phone num: 5624298222  
 Termination reason: 00  
 Term Date: 20071109  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90808  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070163827

DY671  
 NNW  
 4-6 mi  
 22459  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: MAURICE A BELL MD  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 20050426  
 Prior COO date: Not Reported

SRHO20070159557  
 AHA Hospitals

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Prior carrier: Not Reported  
 Provider ID: 05D1039936  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: M1  
 street address: 3816 WOODRUFF AVENUE SUITE 412  
 Phone num: 5623771111  
 Termination reason: 00  
 Term Date: 20070425  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90808  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070159557

DY672  
 NNW  
 4-6 mi  
 22459  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: GERALD W MILLER MD, A PROF CORP  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19971119  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0936311  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 3816 WOODRUFF AVENUE #312  
 Phone num: 5624206070  
 Termination reason: 00

SRHO20070150416  
 AHA Hospitals

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Term Date: 20071118  
 Purpose of action: Not Reported  
 Provider control: 02  
 Zip: 90808  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070150416

DY673  
 NNW  
 4-6 mi  
 22459  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: PROHEALTH PARTNERS A MEDICAL GROUP INC  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19970424  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0927617  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 3816 WOODRUFF AVE STE 401  
 Phone num: 5624208679  
 Termination reason: 00  
 Term Date: 20070423  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90808  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported

SRHO20070147717  
 AHA Hospitals

## MAP FINDINGS

Map ID	Direction	Distance	Distance (ft.)	Elevation	Site	EDR ID Database
					Num beds: 0000 Num cert beds: 0000 Source: US_HOSPITAL_POSCLIA Edr id: SRHO20070147717	
DY674	NNW	4-6 mi	22459	Higher	Hospital type: 01 Num of times COO: 01 Owner date: 20020116 City: LONG BEACH Has plan of corr: Not Reported Compliance status: A SSA county code: 200 Cross ref number: Not Reported FMS survey date: Not Reported Current survey date: 20040211 Medicare/Medicaid: 1 Facility name: LAWRENCE J ZIPSER, PT, INC Intermediary/Carrier: 00450 Medicaid number: Not Reported Participation date: 20001031 Prior COO date: Not Reported Prior carrier: Not Reported Provider ID: 556538 Record Status: A Region code: 09 Is Partial Record: Not Reported state abbrev: CA ssa state: 05 state region cd: L4 street address: 3816 WOODRUFF AVENUE, SUITE 407 Phone num: 5624259888 Termination reason: 00 Term Date: Not Reported Purpose of action: 2 Provider control: 06 Zip: 90808 Fips state: 06 Fips cnty: 037 SSA MSA: 328 SSA MSA size code: A Date accredited: Not Reported Accred expire date: Not Reported Accred Org: Not Reported Num beds: 0000 Num cert beds: 0000 Source: US_HOSPITAL_POSOTHER Edr id: SRHO20070108908	SRHO20070108908 AHA Hospitals
DY675	NNW	4-6 mi	22459	Higher	Hospital type: 01 Num of times COO: 00 Owner date: Not Reported City: LONG BEACH	SRHO20070136776 AHA Hospitals

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Has plan of corr: Not Reported  
 Compliance status: A  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: 20010628  
 Current survey date: 20050216  
 Medicare/Medicaid: 1  
 Facility name: NATIONAL CYTO PATH LABORATORIES  
 Intermediary/Carrier: 02050  
 Medicaid number: Not Reported  
 Participation date: 19920901  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0642679  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Not Reported  
 state abbrev: CA  
 ssa state: 05  
 state region cd: M1  
 street address: 3816 WOODRUFF AVE SUITE 104  
 Phone num: 5623770389  
 Termination reason: 00  
 Term Date: 20070424  
 Purpose of action: 2  
 Provider control: 04  
 Zip: 90808  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070136776

DY676  
 NNW  
 4-6 mi  
 22459  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: DERCK DOBALIAN MD  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19980409

SRHO20070154360  
 AHA Hospitals

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0944271  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Not Reported  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 3816 WOODRUFF AVE, SUTIE 307  
 Phone num: 5624206027  
 Termination reason: 08  
 Term Date: 19980410  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90808  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070154360

DY677  
 NNW  
 4-6 mi  
 22459  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: CYNTHIA MILLER-DOBALIAN MD  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19980409  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0944270  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Not Reported  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 3816 WOODRUFF AVE, SUITE 307  
 Phone num: 5624206027

SRHO20070154359  
 AHA Hospitals

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Termination reason: 08  
 Term Date: 19980410  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90808  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070154359

DY678  
 NNW  
 4-6 mi  
 22459  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: SRIVIDYA VENKATARAMAN MD INC  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 20000131  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0969906  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: M1  
 street address: 3816 WOODRUFF AVENUE, #406  
 Phone num: 5624979314  
 Termination reason: 00  
 Term Date: 20080130  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90808  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported

SRHO20070150671  
 AHA Hospitals

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070150671

DY679 NNW 4-6 mi 22459 Higher	Hospital type: 01 Num of times COO: 00 Owner date: Not Reported City: LONG BEACH Has plan of corr: Not Reported Compliance status: Not Reported SSA county code: 200 Cross ref number: Not Reported FMS survey date: Not Reported Current survey date: Not Reported Medicare/Medicaid: Not Reported Facility name: DR DANONS OFFICE Intermediary/Carrier: Not Reported Medicaid number: Not Reported Participation date: 19941225 Prior COO date: Not Reported Prior carrier: Not Reported Provider ID: 05D0893014 Record Status: A Region code: 09 Is Partial Record: Not Reported state abbrev: CA ssa state: 05 state region cd: LAB street address: 3816 WOODRUFF AVE STE 302 Phone num: 3104206888 Termination reason: 12 Term Date: 19950102 Purpose of action: Not Reported Provider control: 04 Zip: 90808 Fips state: 06 Fips cnty: 037 SSA MSA: 328 SSA MSA size code: A Date accredited: Not Reported Accred expire date: Not Reported Accred Org: Not Reported Num beds: 0000 Num cert beds: 0000 Source: US_HOSPITAL_POSCLIA Edr id: SRHO20070145955	SRHO20070145955 AHA Hospitals
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DY680 NNW 4-6 mi 22459 Higher	Hospital type: 01 Num of times COO: 00 Owner date: Not Reported	SRHO20070149342 AHA Hospitals
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## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

City: LONG BEACH  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: PROHEALTH PARTNERS A MEDICL GROUP INC  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19971028  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0935380  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: M1  
 street address: 3816 WOODRUFF AVENUE SUITE 412  
 Phone num: 5623771111  
 Termination reason: 00  
 Term Date: 20071027  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90808  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070149342

DY681  
 NNW  
 4-6 mi  
 22459  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: BIXBY-KNOLL MEDICAL GP  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported

SRHO20070141934  
 AHA Hospitals

# MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Participation date: 19930224  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0862437  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Not Reported  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 3816 WOODRUFF AVE, SUITE 204  
 Phone num: Not Reported  
 Termination reason: 12  
 Term Date: 19940106  
 Purpose of action: Not Reported  
 Provider control: 10  
 Zip: 90808  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070141934

DY682  
 NNW  
 4-6 mi  
 22459  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: ARIE WILDERHORN MD  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 20000822  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0977175  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 3816 WOODRUFF AVE #201

SRHO20070157489  
 AHA Hospitals

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Phone num: 5626270772  
 Termination reason: 00  
 Term Date: 20080821  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90808  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070157489

DY683  
 NNW  
 4-6 mi  
 22459  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: Not Reported  
 Compliance status: A  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: 20010628  
 Current survey date: 20050216  
 Medicare/Medicaid: 1  
 Facility name: PROFESSIONAL PATHOLOGY MED GROUP INC  
 Intermediary/Carrier: 02050  
 Medicaid number: Not Reported  
 Participation date: 19920901  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0868100  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Not Reported  
 state abbrev: CA  
 ssa state: 05  
 state region cd: M1  
 street address: 3816 WOODRUFF AVENUE SUITE 104  
 Phone num: 5623770389  
 Termination reason: 00  
 Term Date: 20071007  
 Purpose of action: 2  
 Provider control: 04  
 Zip: 90808  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported

SRHO20070147596  
 AHA Hospitals

## MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site	EDR ID Database
	Accred expire date: Not Reported Accred Org: Not Reported Num beds: 0000 Num cert beds: 0000 Source: US_HOSPITAL_POSCLIA Edr id: SRHO20070147596	
DY684 NNW 4-6 mi 22459 Higher	Hospital type: 01 Num of times COO: 00 Owner date: Not Reported City: LONG BEACH Has plan of corr: Not Reported Compliance status: Not Reported SSA county code: 200 Cross ref number: Not Reported FMS survey date: Not Reported Current survey date: Not Reported Medicare/Medicaid: Not Reported Facility name: B V SURY MD FACP Intermediary/Carrier: Not Reported Medicaid number: Not Reported Participation date: 19930528 Prior COO date: Not Reported Prior carrier: Not Reported Provider ID: 05D0871253 Record Status: A Region code: 09 Is Partial Record: Y state abbrev: CA ssa state: 05 state region cd: LAB street address: 3816 WOODRUFF AVE SUITE 202 Phone num: 3104206007 Termination reason: 00 Term Date: 20080831 Purpose of action: Not Reported Provider control: 10 Zip: 90808 Fips state: 06 Fips cnty: 037 SSA MSA: 328 SSA MSA size code: A Date accredited: Not Reported Accred expire date: Not Reported Accred Org: Not Reported Num beds: 0000 Num cert beds: 0000 Source: US_HOSPITAL_POSCLIA Edr id: SRHO20070147039	SRHO20070147039 AHA Hospitals
DY685 NNW 4-6 mi 22459 Higher	Hospital type: 01 Num of times COO: 00	SRHO20070146898 AHA Hospitals

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: JOSEPH RIZZA MD  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19930507  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0868440  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 3816 WOODRUFF AVE 406  
 Phone num: 3104206063  
 Termination reason: 12  
 Term Date: 20000525  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90808  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070146898

DY686  
 NNW  
 4-6 mi  
 22459  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: WOODRUFF FAMILY FOOT CARE  
 Intermediary/Carrier: Not Reported

SRHO20070142204  
 AHA Hospitals

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Medicaid number: Not Reported  
 Participation date: 19930209  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0861273  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Not Reported  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 3816 WOODRUFF AVENUE SUITE 302  
 Phone num: 3104206888  
 Termination reason: 12  
 Term Date: 19950207  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90808  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070142204

DT687  
 North  
 4-6 mi  
 22508  
 Higher

Ncessch: 062250002710  
 Surname05: DEMILLE MIDDLE  
 Mstreet05: 7025 EAST PARKCREST ST.  
 Mcity05: LONG BEACH  
 Mstate05: CA  
 Mzip05: 90808  
 Mzip405: 2319  
 Member05: 1251  
 Phone05: (562) 421-8424  
 Locale05: 1  
 Type05: 1  
 Level05: 2  
 Gslo05: 06  
 Gshi05: 08  
 Edr id: SRPU20071014001

SRPU20071014001  
 Public Schools

688  
 NW  
 4-6 mi  
 22512  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported

SRHO20070152427  
 AHA Hospitals

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: GULFSTREAM AEROSPACE LB  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19990621  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0961936  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: M1  
 street address: 4150 DONALD DOUGLAS DRIVE  
 Phone num: 5626277835  
 Termination reason: 00  
 Term Date: 20070620  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90808  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070152427

EA689  
 NW  
 4-6 mi  
 22519  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: SIGNAL HILL  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: WILLOW URGENT CARE  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 20040122  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported

SRHO20070159022  
 AHA Hospitals

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Provider ID: 05D1021457  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 2704 E WILLOW STREET  
 Phone num: 5625950203  
 Termination reason: 00  
 Term Date: 20080121  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90755  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070159022

DY690  
 NNW  
 4-6 mi  
 22564  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: HARRIMAN JONES MEDICAL GROUP  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19921222  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0707453  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 3840 WOODRUFF AVE SUITE 210  
 Phone num: 3109887000  
 Termination reason: 17  
 Term Date: 19960831

SRHO20070140379  
 AHA Hospitals

# MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90808  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070140379

691  
 North  
 4-6 mi  
 22597  
 Higher

Pss school id: 00071082  
 Pss inst: ST MARIA GORETTI ELEM SCHOOL  
 Lograde: K  
 Higrade: 8  
 Pss address: 3950 PALO VERDE AVENUE  
 Pss city: LONG BEACH  
 Pss county no: 037  
 Pss county fips: 06037  
 Pss stabb: CA  
 Pss fips: 06  
 Pss zip5: 90808  
 Pss phone: 5624255112  
 Pss sch days: 180  
 Pss stu day hrs: 6.75  
 Pss library: Yes  
 Pss enroll ug: Not Reported  
 Pss enroll pk: Not Reported  
 Pss enroll k: 15  
 Pss enroll 1: 28  
 Pss enroll 2: 24  
 Pss enroll 3: 25  
 Pss enroll 4: 27  
 Pss enroll 5: 26  
 Pss enroll 6: 29  
 Pss enroll 7: 25  
 Pss enroll 8: 30  
 Pss enroll 9: Not Reported  
 Pss enroll 10: Not Reported  
 Pss enroll 11: Not Reported  
 Pss enroll 12: Not Reported  
 Pss enroll t: 229  
 Pss enroll tk12: 229  
 Pss race ai: 0  
 Pss race as: 71  
 Pss race h: 71  
 Pss race b: 11  
 Pss race w: 76  
 Pss fte teach: 10.5  
 Pss locale: 1

SRPR20051022053  
 Private Schools

# MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Pss coed: 1  
 Pss type: 1  
 Pss level: 1  
 Pss relig: 1  
 Pss comm type: 1  
 Pss indian pct: 0  
 Pss asian pct: 31  
 Pss hisp pct: 31  
 Pss black pct: 4.8  
 Pss white pct: 33.19  
 Pss stdtch rt: 21.81  
 Pss orient: 1  
 Pss county name: LOS ANGELES  
 Pss assoc 1: National Catholic Educational Association (NCEA)  
 Pss assoc 2: Not Reported  
 Pss assoc 3: Not Reported  
 Pss assoc 4: Not Reported  
 Pss assoc 5: Not Reported  
 Pss assoc 6: Not Reported  
 Pss assoc 7: Not Reported  
 Source: NCESDATA\_E72D09B4  
 Edr id: SRPR20051022053

DX692  
 ENE  
 4-6 mi  
 22607  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: CYPRESS  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 400  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: EDWARD C RUTH MD  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19921221  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0585776  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Not Reported  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 5804 APIA DR  
 Phone num: 2095648923  
 Termination reason: 01  
 Term Date: 19980524  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90630

SRHO20070134993  
 AHA Hospitals

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Fips state: 06  
 Fips cnty: 059  
 SSA MSA: 033  
 SSA MSA size code: B  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070134993

DO693  
 NNE  
 4-6 mi  
 22619  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: HAWAIIAN GARDENS  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: BEST CARE MEDICAL GROUP  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19921229  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0856266  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Not Reported  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 22408 NORWALK BLVD  
 Phone num: 3104208586  
 Termination reason: 04  
 Term Date: 19940302  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90716  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070143138

SRHO20070143138  
 AHA Hospitals

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

EC694 NW 4-6 mi 22648 Higher	Pss school id: Pss inst: Lograde: Higrade: Pss address: Pss city: Pss county no: Pss county fips: Pss stabb: Pss fips: Pss zip5: Pss phone: Pss sch days: Pss stu day hrs: Pss library: Pss enroll ug: Pss enroll pk: Pss enroll k: Pss enroll 1: Pss enroll 2: Pss enroll 3: Pss enroll 4: Pss enroll 5: Pss enroll 6: Pss enroll 7: Pss enroll 8: Pss enroll 9: Pss enroll 10: Pss enroll 11: Pss enroll 12: Pss enroll t: Pss enroll tk12: Pss race ai: Pss race as: Pss race h: Pss race b: Pss race w: Pss fte teach: Pss locale: Pss coed: Pss type: Pss level: Pss relig: Pss comm type: Pss indian pct: Pss asian pct: Pss hisp pct: Pss black pct: Pss white pct: Pss stdtch rt: Pss orient: Pss county name: Pss assoc 1: Pss assoc 2: Pss assoc 3:	BB944323 WESTERLY SCHOOL OF LONG BEACH K 8 2950 E 29TH ST LONG BEACH 037 06037 CA 06 90806 5629813151 176 6.5 Yes Not Reported Not Reported 20 13 16 18 19 17 17 22 17 Not Reported Not Reported Not Reported Not Reported 159 159 0 9 10 18 122 Not Reported 1 1 1 1 3 1 0 5.66 6.29 11.32 76.73 Not Reported 29 LOS ANGELES State or regional independent school association Other school association(s) Not Reported	SRPR20051027631 Private Schools
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# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Pss assoc 4: Not Reported  
 Pss assoc 5: Not Reported  
 Pss assoc 6: Not Reported  
 Pss assoc 7: Not Reported  
 Source: NCESDATA\_E72D09B4  
 Edr id: SRPR20051027631

DO695		SRDCCA200752073
NNE	EDR ID:	SRDCCA200752073
4-6 mi	Facility number:	198002131
22679	Facility name:	HAWAIIAN STATE PRESCHOOL
Higher	Facility eval. code:	9070
	Facility office number:	33
	Facility county number:	19
	Facility type code:	850
	Facility status code:	03
	Address:	12350 E. 226TH ST.
	City:	HAWAIIAN GARDENS
	State:	CA
	Zip:	90716
	Alt. address:	12350 E. 226TH ST.
	City:	HAWAIIAN GARDENS
	State:	CA
	Zip:	90716
	Facility investor:	ABC UNIFIED SCHOOL DISTRICT
	Licensee type:	F
	License effective date:	960905
	License expiration date:	Not Reported
	License issue date:	960905
	Program type:	"AMBULATORY ONLY, LICENSEE SERVES CHILDREN AGES 3-5 YEARS. "
	Original app. received date:	960423
	Facility closed date:	Not Reported
	Mailing address:	12350 E. 226TH ST.
	Mailing city:	HAWAIIAN GARDENS
	Mailing state:	CA
	Mailing zip:	90716
	Contact person:	CONSUELO GUZMAN
	Facility capacity:	24
	Type of clients served:	950
	Facility phone:	5622297921

DO696		SRPU20071006140
NNE	Ncessch:	060162000017
4-6 mi	Schname05:	HAWAIIAN ELEMENTARY
22679	Mstreet05:	12350 EAST 226TH ST.
Higher	Mcity05:	HAWAIIAN GARDENS
	Mstate05:	CA
	Mzip05:	90716
	Mzip405:	1721
	Member05:	578
	Phone05:	(562) 594-9525
	Locale05:	3
	Type05:	1

# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Level05: 1  
 Gslo05: KG  
 Gshi05: 06  
 Edr id: SRPU20071006140

ED697

SRDCCA200749675  
 Daycare

NNE EDR ID: SRDCCA200749675  
 4-6 mi Facility number: 191607802  
 22690 Facility name: FURGESON ELEMENTARY SCHOOL--STATE PRESCHOOL  
 Higher Facility eval. code: 9070  
 Facility office number: 33  
 Facility county number: 19  
 Facility type code: 850  
 Facility status code: 03  
 Address: 22215 ELAINE AVENUE  
 City: HAWAIIAN GARDENS  
 State: CA  
 Zip: 90716  
 Alt. address: 16700 NORWALK BLVD  
 City: CERRITOS  
 State: CA  
 Zip: 90701  
 Facility investor: ABC UNIFIED SCHOOL DISTRICT  
 Licensee type: F  
 License effective date: 930316  
 License expiration date: Not Reported  
 License issue date: 930316  
 Program type: STATE PRESCHOOL PROGRAM SERVING CHILDREN AGES 3 TO KINDERGARTEN.  
 OPERATES 2 HALF-DAY PROGRAMS.  
 Original app. received date: 920306  
 Facility closed date: Not Reported  
 Mailing address: 16700 NORWALK BLVD  
 Mailing city: CERRITOS  
 Mailing state: CA  
 Mailing zip: 90701  
 Contact person: FELICITAS BARRIOS  
 Facility capacity: 24  
 Type of clients served: 950  
 Facility phone: 5624218285

ED698

SRHO20070143687  
 AHA Hospitals

NNE Hospital type: 01  
 4-6 mi Num of times COO: 00  
 22690 Owner date: Not Reported  
 Higher City: HAWAIIAN GARDENS  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: ABC UNIFIED SCHOOL DISTRICT FURGESON  
 Intermediary/Carrier: Not Reported

# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Medicaid number: Not Reported  
 Participation date: 19930302  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0862944  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 22215 ELAINE AVENUE  
 Phone num: 3104201559  
 Termination reason: 01  
 Term Date: 19960613  
 Purpose of action: Not Reported  
 Provider control: 06  
 Zip: 90716  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070143687

ED699		SRPU20071006136
NNE	Ncessch: 060162000013	Public Schools
4-6 mi	Schname05: VENN W. FURGESON ELEMENTARY	
22690	Mstreet05: 22215 ELAINE AVE.	
Higher	Mcity05: HAWAIIAN GARDENS	
	Mstate05: CA	
	Mzip05: 90716	
	Mzip405: 1417	
	Member05: 610	
	Phone05: (562) 421-8285	
	Locale05: 3	
	Type05: 1	
	Level05: 1	
	Gslo05: KG	
	Gshi05: 06	
	Edr id: SRPU20071006136	

EE700		SRDCCA200747505
WNW	EDR ID: SRDCCA200747505	Daycare
4-6 mi	Facility number: 191601794	
22690	Facility name: CREATIVE ARTS	
Higher	Facility eval. code: 8160	
	Facility office number: 33	
	Facility county number: 19	

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Facility type code: 850  
 Facility status code: 03  
 Address: 1423 WALNUT AVE  
 City: LONG BEACH  
 State: CA  
 Zip: 90813  
 Alt. address: 816 MEADBROOK ST  
 City: CARSON  
 State: CA  
 Zip: 90745  
 Facility investor: "BRYANT, CARRIE"  
 Licensee type: A  
 License effective date: 931212  
 License expiration date: Not Reported  
 License issue date: Not Reported  
 Program type: AMBULATORY-LICENSEE PREFERS TO SERVE AGES 2 THRU 9 YEARS  
 Original app. received date: 770822  
 Facility closed date: Not Reported  
 Mailing address: 816 MEADBROOK ST.  
 Mailing city: CARSON  
 Mailing state: CA  
 Mailing zip: 90746  
 Contact person: "BRYANT, C B"  
 Facility capacity: 47  
 Type of clients served: 950  
 Facility phone: 5625912508

EE701  
 WNW  
 4-6 mi  
 22690  
 Higher

Pss school id: 02009136  
 Pss inst: CREATIVE ARTS SCHOOL  
 Lograde: PK  
 Higrade: K  
 Pss address: 1423 WALNUT AVENUE  
 Pss city: LONG BEACH  
 Pss county no: 037  
 Pss county fips: 06037  
 Pss stabb: CA  
 Pss fips: 06  
 Pss zip5: 90813  
 Pss phone: 5625912508  
 Pss sch days: Not Reported  
 Pss stu day hrs: Not Reported  
 Pss library: Yes  
 Pss enroll ug: Not Reported  
 Pss enroll pk: 23  
 Pss enroll k: 12  
 Pss enroll 1: Not Reported  
 Pss enroll 2: Not Reported  
 Pss enroll 3: Not Reported  
 Pss enroll 4: Not Reported  
 Pss enroll 5: Not Reported  
 Pss enroll 6: Not Reported  
 Pss enroll 7: Not Reported  
 Pss enroll 8: Not Reported  
 Pss enroll 9: Not Reported

SRPR20051023566  
 Private Schools

# MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Pss enroll 10: Not Reported  
 Pss enroll 11: Not Reported  
 Pss enroll 12: Not Reported  
 Pss enroll t: 35  
 Pss enroll tk12: 12  
 Pss race ai: 0  
 Pss race as: 0  
 Pss race h: 3  
 Pss race b: 7  
 Pss race w: 2  
 Pss fte teach: 1  
 Pss locale: 1  
 Pss coed: 1  
 Pss type: 7  
 Pss level: 1  
 Pss relig: 3  
 Pss comm type: 1  
 Pss indian pct: 0  
 Pss asian pct: 0  
 Pss hisp pct: 25  
 Pss black pct: 58.33  
 Pss white pct: 16.67  
 Pss stdtch rt: 12  
 Pss orient: 29  
 Pss county name: LOS ANGELES  
 Pss assoc 1: No Membership Association  
 Pss assoc 2: Not Reported  
 Pss assoc 3: Not Reported  
 Pss assoc 4: Not Reported  
 Pss assoc 5: Not Reported  
 Pss assoc 6: Not Reported  
 Pss assoc 7: Not Reported  
 Source: NCESDATA\_E72D09B4  
 Edr id: SRPR20051023566

DO702  
 NNE  
 4-6 mi  
 22698  
 Higher

EDR ID: SRDCCA200754243  
 Facility number: 198007427  
 Facility name: MAOF HAWAIIAN GARDENS PRESCHOOL  
 Facility eval. code: 6150  
 Facility office number: 33  
 Facility county number: 19  
 Facility type code: 850  
 Facility status code: 03  
 Address: 22325 NORWALK BLVD.  
 City: HAWAIIAN GARDENS  
 State: CA  
 Zip: 90716  
 Alt. address: 401 N. GARFIELD BLVD.  
 City: MONTEBELLO  
 State: CA  
 Zip: 90640  
 Facility investor: M.A.O.F.  
 Licensee type: C  
 License effective date: 20829

SRDCCA200754243  
 Daycare

# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

License expiration date: Not Reported  
 License issue date: 020829  
 Program type: LICENSEE SERVES 48 PRESCHOOL CHILDREN AGES 2 YRS UNTIL ENTRY INTO KINDERGARTEN. THIS PRESCHOOL HAS THREE SESSIONS FROM 7:30AM TO 6:00PM.  
 Original app. received date: 020312  
 Facility closed date: Not Reported  
 Mailing address: 401 N. GARFIELD BLVD.  
 Mailing city: MONTEBELLO  
 Mailing state: CA  
 Mailing zip: 90640  
 Contact person: "SANTOS, VICKY "  
 Facility capacity: 48  
 Type of clients served: 950  
 Facility phone: 5624293115

DV703		SRDCCA200734585
ESE	EDR ID: SRDCCA200734585	Daycare
4-6 mi	Facility number: 304310504	
22724	Facility name: "VAN HORN, MICHELLE "	
Higher	Facility eval. code: 3404	
	Facility office number: 06	
	Facility county number: 30	
	Facility type code: 810	
	Facility status code: 03	
	Address: 5811 HACIENDA DRIVE	
	City: "HUNTINGTON BEACH, "	
	State: CA	
	Zip: 92647	
	Alt. address: 5811 HACIENDA DRIVE	
	City: "HUNTINGTON BEACH, "	
	State: CA	
	Zip: 92647	
	Facility investor: "VAN HORN, MICHELLE "	
	Licensee type: A	
	License effective date: 60715	
	License expiration date: Not Reported	
	License issue date: 060715	
	Program type: "MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY. CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6. "	
	Original app. received date: 060505	
	Facility closed date: Not Reported	
	Mailing address: 5811 HACIENDA DRIVE	
	Mailing city: "HUNTINGTON BEACH, "	
	Mailing state: CA	
	Mailing zip: 92647	
	Contact person: "VAN HORN, MICHELLE "	
	Facility capacity: 8	
	Type of clients served: 960	
	Facility phone: 7148976422	

## MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site	EDR ID Database
DR704 West 4-6 mi 22733 Higher	EDR ID: SRDCCA200728330 Facility number: 198011287 Facility name: SYSAWANG FAMILY CHILD CARE Facility eval. code: 8160 Facility office number: 33 Facility county number: 19 Facility type code: 810 Facility status code: 03 Address: 1418 E. 9TH STREET City: LONG BEACH State: CA Zip: 90813 Alt. address: 1418 E. 9TH STREET City: LONG BEACH State: CA Zip: 90813 Facility investor: "SYSAWANG, MELODY" Licensee type: A License effective date: 50413 License expiration date: Not Reported License issue date: 050413 Program type: "MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY. CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6." Original app. received date: 041206 Facility closed date: Not Reported Mailing address: 1418 E. 9TH STREET Mailing city: LONG BEACH Mailing state: CA Mailing zip: 90813 Contact person: "SYSAWANG, MELODY" Facility capacity: 8 Type of clients served: 960 Facility phone: 5625911595	SRDCCA200728330 Daycare
EF705 WNW 4-6 mi 22768 Higher	EDR ID: SRDCCA200727351 Facility number: 198010632 Facility name: FRANCO FAMILY CHILD CARE Facility eval. code: 8160 Facility office number: 33 Facility county number: 19 Facility type code: 810 Facility status code: 03 Address: 1717 GAVIOTA AVENUE City: LONG BEACH State: CA Zip: 90813 Alt. address: 1717 GAVIOTA AVENUE City: LONG BEACH State: CA Zip: 90813 Facility investor: ALEJANDRA FRANCO Licensee type: A	SRDCCA200727351 Daycare

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

License effective date: 40721  
 License expiration date: Not Reported  
 License issue date: 040721  
 Program type: LICENSEE IS APPROVED FOR 10 CHILDREN AND 1 INFANT. MAY NOT EXCHANGE THE 1 INFANT FOR ANOTHER CHILDREN.  
 Original app. received date: 040524  
 Facility closed date: Not Reported  
 Mailing address: 1717 GAVIOTA AVENUE  
 Mailing city: LONG BEACH  
 Mailing state: CA  
 Mailing zip: 90813  
 Contact person: "FRANCO, ALEJANDRA"  
 Facility capacity: 11  
 Type of clients served: 960  
 Facility phone: 5625916764

EB706  
 SE  
 4-6 mi  
 22828  
 Higher

EDR ID: SRDCCA200735638  
 Facility number: 304310429  
 Facility name: "PRATHER, JEANNE"  
 Facility eval. code: 3404  
 Facility office number: 06  
 Facility county number: 30  
 Facility type code: 810  
 Facility status code: 03  
 Address: 5131 SKYLARK DRIVE  
 City: HUNTINGTON BEACH  
 State: CA  
 Zip: 92649  
 Alt. address: 5131 SKYLARK DRIVE  
 City: HUNTINGTON BEACH  
 State: CA  
 Zip: 92649  
 Facility investor: "PRATHER, JEANNE"  
 Licensee type: A  
 License effective date: 60420  
 License expiration date: Not Reported  
 License issue date: 060420  
 Program type: "MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY.  
 CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6."  
 Original app. received date: 060307  
 Facility closed date: Not Reported  
 Mailing address: 5131 SKYLARK DRIVE  
 Mailing city: HUNTINGTON BEACH  
 Mailing state: CA  
 Mailing zip: 92649  
 Contact person: "PRATHER, JEANNE"  
 Facility capacity: 8  
 Type of clients served: 960  
 Facility phone: 7148932759

SRDCCA200735638  
 Daycare

## MAP FINDINGS

Map ID	Direction	Distance	Distance (ft.)	Elevation	Site	EDR ID	Database
DN707	ENE	4-6 mi	22849	Higher	EDR ID: SRDCCA200720519 Facility number: 304206834 Facility name: "BOURGEOIS, LINDA" Facility eval. code: 3404 Facility office number: 06 Facility county number: 30 Facility type code: 810 Facility status code: 03 Address: 6091 KILLARNEY AVENUE City: GARDEN GROVE State: CA Zip: 92845 Alt. address: 6091 KILLARNEY AVENUE City: GARDEN GROVE State: CA Zip: 92845 Facility investor: "BOURGEOIS, LINDA" Licensee type: A License effective date: 30116 License expiration date: Not Reported License issue date: 030116 Program type: MAX. CAP (WHEN THERE IS AN ASSISTANT PRESENT): 12 - NO MORE THAN 4 INFANTS. CAP 14 - NO MORE THAN 3 INFANTS. 1 CHILD IN KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6. Original app. received date: 020903 Facility closed date: Not Reported Mailing address: 6091 KILLARNEY AVENUE Mailing city: GARDEN GROVE Mailing state: CA Mailing zip: 92845 Contact person: "BOURGEOIS, LINDA" Facility capacity: 14 Type of clients served: 960 Facility phone: 7148938845	SRDCCA200720519	Daycare
EE708	WNW	4-6 mi	22870	Higher	EDR ID: SRDCCA200726268 Facility number: 198010978 Facility name: GALICIA FAMILY CHILD CARE Facility eval. code: 8160 Facility office number: 33 Facility county number: 19 Facility type code: 810 Facility status code: 03 Address: 1339 PETERSON AVENUE City: LONG BEACH State: CA Zip: 90813 Alt. address: 1339 PETERSON AVENUE City: LONG BEACH State: CA Zip: 90813 Facility investor: NORMA ALICIA GALICIA Licensee type: A	SRDCCA200726268	Daycare

# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

License effective date: 50203  
 License expiration date: Not Reported  
 License issue date: 050203  
 Program type: FIRE DEPARTMENT CLEARANCE FOR 9 CHILDREN AND MAXIMUM 2 INFANTS.  
 TOTAL MAXIMUM CAPACITY 11 CHILDREN.  
 Original app. received date: 040825  
 Facility closed date: Not Reported  
 Mailing address: 1339 PETERSON AVENUE  
 Mailing city: LONG BEACH  
 Mailing state: CA  
 Mailing zip: 90813  
 Contact person: "GALICIA, NORMA"  
 Facility capacity: 11  
 Type of clients served: 960  
 Facility phone: 5625912180

EG709  
 West  
 4-6 mi  
 22877  
 Higher

EDR ID: SRDCCA200727361  
 Facility number: 198010553  
 Facility name: GUYTON FAMILY CHILD CARE  
 Facility eval. code: 8160  
 Facility office number: 33  
 Facility county number: 19  
 Facility type code: 810  
 Facility status code: 03  
 Address: 24 ESPERANZA  
 City: LONG BEACH  
 State: CA  
 Zip: 90802  
 Alt. address: 24 ESPERANZA  
 City: LONG BEACH  
 State: CA  
 Zip: 90802  
 Facility investor: TAMMY DENISE GUYTON  
 Licensee type: A  
 License effective date: 40623  
 License expiration date: Not Reported  
 License issue date: 040623  
 Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4  
 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE  
 WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED  
 "  
 Original app. received date: 040503  
 Facility closed date: Not Reported  
 Mailing address: 24 ESPERANZA  
 Mailing city: LONG BEACH  
 Mailing state: CA  
 Mailing zip: 90802  
 Contact person: "GUYTON, TAMMY"  
 Facility capacity: 8  
 Type of clients served: 960  
 Facility phone: 5624959665

SRDCCA200727361  
 Daycare

# MAP FINDINGS

Map ID	Direction	Distance	Distance (ft.)	Elevation	Site	EDR ID	Database
DY710	NNW	4-6 mi	22883	Higher	EDR ID: SRDCCA200754486 Facility number: 198006529 Facility name: MONTESSORI ACADEMY OF LONG BEACH Facility eval. code: 6150 Facility office number: 33 Facility county number: 19 Facility type code: 850 Facility status code: 03 Address: 3908 WOODRUFF AVENUE City: LONG BEACH State: CA Zip: 90808 Alt. address: 3908 WOODRUFF AVENUE City: LONG BEACH State: CA Zip: 90808 Facility investor: "MONTESSORI ACADEMY OF LONG BEACH, INC. " Licensee type: A License effective date: 10220 License expiration date: Not Reported License issue date: 010220 Program type: LICENSEE SERVES AGE 2 UNTIL ENTRY INTO FIRST GRADE. Original app. received date: 010109 Facility closed date: Not Reported Mailing address: 3908 WOODRUFF AVENUE Mailing city: LONG BEACH Mailing state: CA Mailing zip: 90808 Contact person: CYNTHIA MICINSKI Facility capacity: 57 Type of clients served: 950 Facility phone: 5623773450	SRDCCA200754486	Daycare
DY711	NNW	4-6 mi	22883	Higher	Pss school id: BB000066 Pss inst: MONTESSORI ACADEMY OF LONG BEA Lograde: PK Higrade: K Pss address: 3908 WOODRUFF AVE Pss city: LONG BEACH Pss county no: 037 Pss county fips: 06037 Pss stabb: CA Pss fips: 06 Pss zip5: 90808 Pss phone: 5623773450 Pss sch days: 180 Pss stu day hrs: 6.5 Pss library: No Pss enroll ug: Not Reported Pss enroll pk: 40 Pss enroll k: 12 Pss enroll 1: Not Reported Pss enroll 2: Not Reported	SRPR20051023351	Private Schools

# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Pss enroll 3: Not Reported  
 Pss enroll 4: Not Reported  
 Pss enroll 5: Not Reported  
 Pss enroll 6: Not Reported  
 Pss enroll 7: Not Reported  
 Pss enroll 8: Not Reported  
 Pss enroll 9: Not Reported  
 Pss enroll 10: Not Reported  
 Pss enroll 11: Not Reported  
 Pss enroll 12: Not Reported  
 Pss enroll t: 52  
 Pss enroll tk12: 12  
 Pss race ai: 0  
 Pss race as: 3  
 Pss race h: 5  
 Pss race b: 2  
 Pss race w: 2  
 Pss fte teach: 6  
 Pss locale: 1  
 Pss coed: 1  
 Pss type: 2  
 Pss level: 1  
 Pss relig: 3  
 Pss comm type: 1  
 Pss indian pct: 0  
 Pss asian pct: 25  
 Pss hisp pct: 41.67  
 Pss black pct: 16.67  
 Pss white pct: 16.67  
 Pss stdtch rt: 2  
 Pss orient: 29  
 Pss county name: LOS ANGELES  
 Pss assoc 1: Other school association(s)  
 Pss assoc 2: Not Reported  
 Pss assoc 3: Not Reported  
 Pss assoc 4: Not Reported  
 Pss assoc 5: Not Reported  
 Pss assoc 6: Not Reported  
 Pss assoc 7: Not Reported  
 Source: NCESDATA\_E72D09B4  
 Edr id: SRPR20051023351

712  
 ENE  
 4-6 mi  
 22920  
 Higher

EDR ID: SRDCCA200721207  
 Facility number: 304300303  
 Facility name: "MILLSPAUGH, DOTTIE"  
 Facility eval. code: 3404  
 Facility office number: 06  
 Facility county number: 30  
 Facility type code: 810  
 Facility status code: 03  
 Address: 6082 KILLARNEY AVE  
 City: GARDEN GROVE  
 State: CA  
 Zip: 92845

SRDCCA200721207  
 Daycare

# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Alt. address: 6082 KILLARNEY AVE  
 City: GARDEN GROVE  
 State: CA  
 Zip: 92845  
 Facility investor: "MILLSPAUGH, DOTTIE"  
 Licensee type: A  
 License effective date: 31029  
 License expiration date: Not Reported  
 License issue date: 031029  
 Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4  
 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE  
 WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED  
 "  
 Original app. received date: 030620  
 Facility closed date: Not Reported  
 Mailing address: 6082 KILLARNEY AVE  
 Mailing city: GARDEN GROVE  
 Mailing state: CA  
 Mailing zip: 92845  
 Contact person: "MILLSPAUGH, DOTTIE"  
 Facility capacity: 8  
 Type of clients served: 960  
 Facility phone: 7148931590

DW713 ENE 4-6 mi 22961 Higher	Hospital type: 01 Num of times COO: 00 Owner date: Not Reported City: GARDEN GROVE Has plan of corr: 1 Compliance status: A SSA county code: 400 Cross ref number: Not Reported FMS survey date: Not Reported Current survey date: 20060126 Medicare/Medicaid: 1 Facility name: REGENCY HOSPICE Intermediary/Carrier: 00454 Medicaid number: Not Reported Participation date: 20060215 Prior COO date: Not Reported Prior carrier: Not Reported Provider ID: 051789 Record Status: A Region code: 09 Is Partial Record: Not Reported state abbrev: CA ssa state: 05 state region cd: SD street address: 12062 VALLEY VIEW STREET, UNIT 225B Phone num: 7148993398 Termination reason: 00 Term Date: Not Reported Purpose of action: 1 Provider control: 06	SRHO20070009385 AHA Hospitals
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## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Zip: 92845  
 Fips state: 06  
 Fips cnty: 059  
 SSA MSA: 033  
 SSA MSA size code: B  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: 0  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSOTHER  
 Edr id: SRHO20070009385

DW714  
 ENE  
 4-6 mi  
 22961  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: GARDEN GROVE  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 400  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: REGENCY HOSPICE INC  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 20050318  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D1038435  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: M1  
 street address: 12062 VALLEY VIEW ST STE 225B  
 Phone num: 7148993398  
 Termination reason: 00  
 Term Date: 20070317  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 92845  
 Fips state: 06  
 Fips cnty: 059  
 SSA MSA: 033  
 SSA MSA size code: B  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA

SRHO20070160409  
 AHA Hospitals

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Edr id: SRHO20070160409

DW715 ENE 4-6 mi 22961 Higher	Hospital type: 01 Num of times COO: 01 Owner date: 20040105 City: GARDEN GROVE Has plan of corr: 1 Compliance status: A SSA county code: 400 Cross ref number: Not Reported FMS survey date: Not Reported Current survey date: 20040406 Medicare/Medicaid: 1 Facility name: LION OF JUDAH COMPREHENSIVE REHAB CTRS Intermediary/Carrier: 00454 Medicaid number: Not Reported Participation date: 20031201 Prior COO date: Not Reported Prior carrier: Not Reported Provider ID: 054551 Record Status: A Region code: 09 Is Partial Record: Not Reported state abbrev: CA ssa state: 05 state region cd: ORG street address: 12062 VALLEY VIEW ST, #116 Phone num: 7149999999 Termination reason: 00 Term Date: Not Reported Purpose of action: 2 Provider control: 01 Zip: 92845 Fips state: 06 Fips cnty: 059 SSA MSA: 033 SSA MSA size code: B Date accredited: Not Reported Accred expire date: Not Reported Accred Org: Not Reported Num beds: 0000 Num cert beds: 0000 Source: US_HOSPITAL_POSOTHER Edr id: SRHO20070009419	SRHO20070009419 AHA Hospitals
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DW716 ENE 4-6 mi 22961 Higher	Hospital type: 01 Num of times COO: 00 Owner date: Not Reported City: GARDEN GROVE Has plan of corr: 1 Compliance status: A SSA county code: 400	SRHO20070133694 AHA Hospitals
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## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: 20040108  
 Medicare/Medicaid: 1  
 Facility name: VALLEY VIEW INTERNAL MEDICINE INC  
 Intermediary/Carrier: 02050  
 Medicaid number: Not Reported  
 Participation date: 19920901  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0577177  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Not Reported  
 state abbrev: CA  
 ssa state: 05  
 state region cd: M1  
 street address: 12062 VALLEY VIEW STREET, #129  
 Phone num: 7148980252  
 Termination reason: 00  
 Term Date: 20081214  
 Purpose of action: 2  
 Provider control: 04  
 Zip: 92845  
 Fips state: 06  
 Fips cnty: 059  
 SSA MSA: 033  
 SSA MSA size code: B  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070133694

DW717  
 ENE  
 4-6 mi  
 22961  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: GARDEN GROVE  
 Has plan of corr: Not Reported  
 Compliance status: B  
 SSA county code: 400  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: 19960812  
 Medicare/Medicaid: 2  
 Facility name: ULTIMATE CARE, INC  
 Intermediary/Carrier: 00040  
 Medicaid number: Not Reported  
 Participation date: 19920701  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 557195

SRHO20070107730  
 AHA Hospitals

# MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Record Status: A  
 Region code: 09  
 Is Partial Record: Not Reported  
 state abbrev: CA  
 ssa state: 05  
 state region cd: ORG  
 street address: 12062 VALLEY VIEW ST, #128  
 Phone num: 7143731107  
 Termination reason: 05  
 Term Date: 19961115  
 Purpose of action: 3  
 Provider control: 04  
 Zip: 92645  
 Fips state: 06  
 Fips cnty: 059  
 SSA MSA: 033  
 SSA MSA size code: B  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: 0  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSOTHER  
 Edr id: SRHO20070107730

DY718  
 NNW  
 4-6 mi  
 22998  
 Higher

EDR ID: SRDCCA200726635  
 Facility number: 198010759  
 Facility name: TRUJILLO FAMILY CHILD CARE  
 Facility eval. code: 6150  
 Facility office number: 33  
 Facility county number: 19  
 Facility type code: 810  
 Facility status code: 03  
 Address: 3853 OCANA AVENUE  
 City: LONG BEACH  
 State: CA  
 Zip: 90808  
 Alt. address: 3853 OCANA AVENUE  
 City: LONG BEACH  
 State: CA  
 Zip: 90808  
 Facility investor: "TRUJILLO, GAYLA"  
 Licensee type: A  
 License effective date: 40813  
 License expiration date: Not Reported  
 License issue date: 040813  
 Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4  
 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE  
 WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED  
 "  
 Original app. received date: 040622  
 Facility closed date: Not Reported  
 Mailing address: 3853 OCANA AVENUE  
 Mailing city: LONG BEACH

SRDCCA200726635  
 Daycare

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Mailing state: CA  
 Mailing zip: 90808  
 Contact person: "TRUJILLO, GAYLA"  
 Facility capacity: 8  
 Type of clients served: 960  
 Facility phone: 5624964777

EH719 NE EDR ID: SRDCCA200722767 SRDCCA200722767  
 4-6 mi Facility number: 304300474 Daycare  
 23002 Facility name: "DOMINGUEZ, IRMA"  
 Higher Facility eval. code: 3404

Facility office number: 06  
 Facility county number: 30  
 Facility type code: 810  
 Facility status code: 03  
 Address: 10202 GREGORY STREET  
 City: CYPRESS  
 State: CA  
 Zip: 90630  
 Alt. address: 10202 GREGORY STREET  
 City: CYPRESS  
 State: CA  
 Zip: 90630  
 Facility investor: "DOMINGUEZ, IRMA"  
 Licensee type: A  
 License effective date: 40511  
 License expiration date: Not Reported  
 License issue date: 040511  
 Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4  
 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE  
 WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED"  
 Original app. received date: 031016  
 Facility closed date: Not Reported  
 Mailing address: 10202 GREGORY STREET  
 Mailing city: CYPRESS  
 Mailing state: CA  
 Mailing zip: 90630  
 Contact person: "DOMINGUEZ, IRMA"  
 Facility capacity: 8  
 Type of clients served: 960  
 Facility phone: 7148286619

EH720 NE EDR ID: SRDCCA200714147 SRDCCA200714147  
 4-6 mi Facility number: 304206041 Daycare  
 23031 Facility name: "PETERSON, KIMBERLEE"  
 Higher Facility eval. code: 3404

Facility office number: 06  
 Facility county number: 30  
 Facility type code: 810  
 Facility status code: 03  
 Address: 10242 CHRISTOPHER STREET

# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

City: CYPRESS  
 State: CA  
 Zip: 90630  
 Alt. address: 10242 CHRISTOPHER STREET  
 City: CYPRESS  
 State: CA  
 Zip: 90630  
 Facility investor: "PETERSON, KIMBERLEE"  
 Licensee type: A  
 License effective date: 10816  
 License expiration date: Not Reported  
 License issue date: 010816  
 Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4  
 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE  
 WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED  
 "  
 Original app. received date: 010426  
 Facility closed date: Not Reported  
 Mailing address: 10242 CHRISTOPHER STREET  
 Mailing city: CYPRESS  
 Mailing state: CA  
 Mailing zip: 90630  
 Contact person: "PETERSON, KIMBERLEE"  
 Facility capacity: 8  
 Type of clients served: 960  
 Facility phone: 7148210250

E1721 WNW 4-6 mi 23112 Higher	Ncessch: Schname05: Mstreet05: Mcity05: Mstate05: Mzip05: Mzip405: Member05: Phone05: Locale05: Type05: Level05: Gslo05: Gshi05: Edr id:	062250009902 ALVARADO (JUAN BAUTISTA) ELEMENTARY 1900 EAST 21ST ST. SIGNAL HILL CA 90806 5858 430 (562) 985-0019 3 1 1 KG 05 SRPU20071014266	SRPU20071014266 Public Schools
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EJ722 NNE 4-6 mi 23122 Higher	EDR ID: Facility number: Facility name: Facility eval. code: Facility office number: Facility county number: Facility type code: Facility status code: Address:	SRDCCA200723741 198009570 SANCHEZ FAMILY CHILD CARE 6150 33 19 810 03 12356 224TH STREET	SRDCCA200723741 Daycare
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# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

City: HAWAIIAN GARDENS  
 State: CA  
 Zip: 90716  
 Alt. address: 12356 224TH STREET  
 City: HAWAIIAN GARDENS  
 State: CA  
 Zip: 90716  
 Facility investor: "SANCHEZ, ANGELICA"  
 Licensee type: A  
 License effective date: 30915  
 License expiration date: Not Reported  
 License issue date: 030915  
 Program type: MAX. CAP (WHEN THERE IS AN ASSISTANT PRESENT): 12 - NO MORE THAN 4  
 INFANTS. CAP 14 - NO MORE THAN 3 INFANTS. 1 CHILD IN  
 KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6.  
 Original app. received date: 030905  
 Facility closed date: Not Reported  
 Mailing address: 12356 224TH STREET  
 Mailing city: HAWAIIAN GARDENS  
 Mailing state: CA  
 Mailing zip: 90716  
 Contact person: "SANCHEZ, ANGELICA"  
 Facility capacity: 14  
 Type of clients served: 960  
 Facility phone: 5624219174

EG723  
 West  
 4-6 mi  
 23161  
 Higher

EDR ID: SRDCCA200710275  
 Facility number: 198003379  
 Facility name: BERNTSEN FAMILY CHILD CARE  
 Facility eval. code: 8160  
 Facility office number: 33  
 Facility county number: 19  
 Facility type code: 810  
 Facility status code: 03  
 Address: 1216 APPLETON ST.  
 City: LONG BEACH  
 State: CA  
 Zip: 90802  
 Alt. address: 1216 APPLETON ST.  
 City: LONG BEACH  
 State: CA  
 Zip: 90802  
 Facility investor: "BERNTSEN, PATRICIA"  
 Licensee type: A  
 License effective date: 971002  
 License expiration date: Not Reported  
 License issue date: 971002  
 Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4  
 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE  
 WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED  
 "  
 Original app. received date: 970822  
 Facility closed date: Not Reported  
 Mailing address: 1216 E. APPLETON ST.

SRDCCA200710275  
 Daycare

# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Mailing city: LONG BEACH  
 Mailing state: CA  
 Mailing zip: 90802  
 Contact person: "BERNTSEN, PATRICIA "  
 Facility capacity: 8  
 Type of clients served: 960  
 Facility phone: 5624374702

EF724  
 WNW  
 4-6 mi  
 23169  
 Higher

EDR ID: SRDCCA200756031  
 Facility number: 198011311  
 Facility name: WHITTIER HEAD START  
 Facility eval. code: 9070  
 Facility office number: 33  
 Facility county number: 19  
 Facility type code: 850  
 Facility status code: 03  
 Address: 1761 WALNUT AVENUE  
 City: LONG BEACH  
 State: CA  
 Zip: 90813  
 Alt. address: 2898 ORANGE AVENUE  
 City: SIGNAL HILL  
 State: CA  
 Zip: 90755  
 Facility investor: LONG BEACH UNIFIED SCHOOL DISTRICT  
 Licensee type: F  
 License effective date: 50209  
 License expiration date: Not Reported  
 License issue date: 050209  
 Program type: LICENSEE TO SERVE PRESCHOOL CHILDREN AGES: 2 UNTIL ENTRY INTO KINDERGARTEN.  
 Original app. received date: 041214  
 Facility closed date: Not Reported  
 Mailing address: 2898 ORANGE AVENUE  
 Mailing city: SIGNAL HILL  
 Mailing state: CA  
 Mailing zip: 90755  
 Contact person: REBECCA AGDIGOS  
 Facility capacity: 20  
 Type of clients served: 950  
 Facility phone: 5625996263

SRDCCA200756031  
 Daycare

EF725  
 WNW  
 4-6 mi  
 23169  
 Higher

Necessch: 062250002767  
 Schname05: WHITTIER ELEMENTARY  
 Mstreet05: 1761 WALNUT AVE.  
 Mcity05: LONG BEACH  
 Mstate05: CA  
 Mzip05: 90813  
 Mzip405: 2430  
 Member05: 919  
 Phone05: (562) 599-6263  
 Locale05: 1

SRPU20071014056  
 Public Schools

# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Type05: 1  
 Level05: 1  
 Gslo05: KG  
 Gshi05: 05  
 Edr id: SRPU20071014056

DX726  
 ENE  
 4-6 mi  
 23172  
 Higher

Unitid: 371830  
 Instnm: LOLA BEAUTY COLLEGE  
 Addr: 11883 VALLEY VIEW ST  
 City: GARDEN GROVE  
 Stabbr: CA  
 Zip: 92641  
 Zip4: Not Reported  
 Unk: Not Reported  
 Fips: 092641  
 Oberge: 8  
 Chfnm: LOLA PARK  
 Chftitle: PRESIDENT  
 Gentele: 7148943344  
 Fintele: 7148943366  
 Admtele: 7148943367  
 Ein: 330424110  
 Duns: 622494763  
 Opeid: 2494800  
 Opeflag: 1  
 Webaddr: -1  
 Sector: 9  
 Ilevel: 3  
 Control: 3  
 Hloffr: 2  
 Ugoffer: 1  
 Groffer: 2  
 Fpoffer: 2  
 Hdegoffer: 0  
 Deggrant: 2  
 Hbcu: 2  
 Hospital: 2  
 Medical: 2  
 Tribal: 2  
 Carnegie: -3  
 Locale: 3  
 Openpubl: 1  
 Act: A  
 Newid: -2  
 Deathyr: -2  
 Closedat: -2  
 Cyactive: 1  
 Postsec: 1  
 Pseflag: 1  
 Pset4flg: 1  
 Rptmth: 2  
 Fte: 59  
 Enrtot: 59  
 Edr id: SRCL20051004741

SRCL20051004741  
 Colleges

## MAP FINDINGS

Map ID	Direction	Distance	Distance (ft.)	Elevation	Site	EDR ID	Database
EK727	East	4-6 mi	23178	Higher	EDR ID: SRDCCA200711744 Facility number: 304205037 Facility name: "ALLTON, LEE A. " Facility eval. code: 3406 Facility office number: 06 Facility county number: 30 Facility type code: 810 Facility status code: 03 Address: 6056 PAMELA LANE City: WESTMINSTER State: CA Zip: 92683 Alt. address: 6056 PAMELA LANE City: WESTMINSTER State: CA Zip: 92683 Facility investor: "ALLTON, LEE A. " Licensee type: A License effective date: 990630 License expiration date: Not Reported License issue date: 990630 Program type: "MAXIMUM CAPACITY: 12 CHILDREN, WITH NO MORE THAN 4 INFANTS, OR CAPACITY 14 CHILDREN WHEN 2 CHILDREN ARE AT LEAST 6 YEARS OF AGE WITH A MAXIMUM OF 3 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "	SRDCCA200711744	Daycare
EL728	NNW	4-6 mi	23195	Higher	EDR ID: SRDCCA200711214 Facility number: 198005534 Facility name: CORDOVA FAMILY CHILD CARE Facility eval. code: 7110 Facility office number: 33 Facility county number: 19 Facility type code: 810 Facility status code: 03 Address: 5423 E. HARCO ST. City: LONG BEACH State: CA Zip: 90808 Alt. address: 5423 E. HARCO ST. City: LONG BEACH State: CA Zip: 90808 Facility investor: "CORDOVA, DEBRA AND MIKE " Licensee type: A	SRDCCA200711214	Daycare

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

License effective date: 991227  
 License expiration date: Not Reported  
 License issue date: 991227  
 Program type: "MAXIMUM CAPACITY: 12 CHILDREN, WITH NO MORE THAN 4 INFANTS, OR CAPACITY 14 CHILDREN WHEN 2 CHILDREN ARE AT LEAST 6 YEARS OF AGE WITH A MAXIMUM OF 3 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "

Original app. received date: 990907  
 Facility closed date: Not Reported  
 Mailing address: 5423 E. HARCO ST.  
 Mailing city: LONG BEACH  
 Mailing state: CA  
 Mailing zip: 90808  
 Contact person: "CORDOVA, DEBRA AND MIKE "  
 Facility capacity: 14  
 Type of clients served: 960  
 Facility phone: 5626271081

DY729  
 NNW  
 4-6 mi  
 23207  
 Higher

EDR ID: SRDCCA200747579  
 Facility number: 191602162  
 Facility name: PARKCREST EARLY CHILDHOOD SCHOOL  
 Facility eval. code: 7030  
 Facility office number: 33  
 Facility county number: 19  
 Facility type code: 850  
 Facility status code: 06  
 Address: 5950 PARKCREST ST  
 City: LONG BEACH  
 State: CA  
 Zip: 90808  
 Alt. address: 3936 WOODRUFF AVE.  
 City: LONG BEACH  
 State: CA  
 Zip: 90808  
 Facility investor: PARKCREST CHURCH OF CHRIST  
 Licensee type: C  
 License effective date: 931206  
 License expiration date: Not Reported  
 License issue date: Not Reported  
 Program type: LICENSEE SERVES CHILDREN AGES TWO UNTIL ENTRY INTO FIRST GRADE. M-F 8:45 AND 1:30PM.

Original app. received date: 770822  
 Facility closed date: Not Reported  
 Mailing address: 3936 WOODRUFF AVE.  
 Mailing city: LONG BEACH  
 Mailing state: CA  
 Mailing zip: 90808  
 Contact person: "HENDERSON, CHARYL "  
 Facility capacity: 72  
 Type of clients served: 950  
 Facility phone: 5624215333

SRDCCA200747579  
 Daycare

## MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site	EDR ID Database
EM730 NE 4-6 mi 23234 Higher	Hospital type: 02 Num of times COO: 00 Owner date: Not Reported City: CYPRESS Has plan of corr: Not Reported Compliance status: B SSA county code: 400 Cross ref number: Not Reported FMS survey date: Not Reported Current survey date: 19970211 Medicare/Medicaid: 2 Facility name: ROBINS NEST Intermediary/Carrier: Not Reported Medicaid number: Not Reported Participation date: 19950605 Prior COO date: Not Reported Prior carrier: Not Reported Provider ID: 05G869 Record Status: A Region code: 09 Is Partial Record: Not Reported state abbrev: CA ssa state: 05 state region cd: ORG street address: 5031 CITATION AVENUE Phone num: 7142369442 Termination reason: 06 Term Date: 19970227 Purpose of action: 3 Provider control: 02 Zip: 90630 Fips state: 06 Fips cnty: 059 SSA MSA: 033 SSA MSA size code: B Date accredited: Not Reported Accred expire date: Not Reported Accred Org: Not Reported Num beds: 0006 Num cert beds: 0006 Source: US_HOSPITAL_POSOTHER Edr id: SRHO20070006247	SRHO20070006247 AHA Hospitals
EM731 NE 4-6 mi 23234 Higher	Hospital type: 02 Num of times COO: 00 Owner date: Not Reported City: CYPRESS Has plan of corr: Not Reported Compliance status: B SSA county code: 400 Cross ref number: Not Reported FMS survey date: Not Reported Current survey date: 19980826	SRHO20070107863 AHA Hospitals

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Medicare/Medicaid: 2  
 Facility name: ROBINS NEST  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19980728  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 55G202  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Not Reported  
 state abbrev: CA  
 ssa state: 05  
 state region cd: ORG  
 street address: 5031 CITATION AVENUE  
 Phone num: 7142369442  
 Termination reason: 06  
 Term Date: 19980928  
 Purpose of action: 3  
 Provider control: 02  
 Zip: 90630  
 Fips state: 06  
 Fips cnty: 059  
 SSA MSA: 033  
 SSA MSA size code: B  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0006  
 Num cert beds: 0006  
 Source: US\_HOSPITAL\_POSOTHER  
 Edr id: SRHO20070107863

EM732  
 NE  
 4-6 mi  
 23234  
 Higher

Hospital type: 02  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: CYPRESS  
 Has plan of corr: Not Reported  
 Compliance status: B  
 SSA county code: 400  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: 19980505  
 Medicare/Medicaid: 2  
 Facility name: ROBINS NEST  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19970502  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 55G091  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Not Reported

SRHO20070107703  
 AHA Hospitals

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

state abbrev: CA  
ssa state: 05  
state region cd: ORG  
street address: 5031 CITATION AVENUE  
Phone num: 7142369442  
Termination reason: 06  
Term Date: 19980630  
Purpose of action: 3  
Provider control: 02  
Zip: 90630  
Fips state: 06  
Fips cnty: 059  
SSA MSA: 033  
SSA MSA size code: B  
Date accredited: Not Reported  
Accred expire date: Not Reported  
Accred Org: Not Reported  
Num beds: 0006  
Num cert beds: 0006  
Source: US\_HOSPITAL\_POSOTHER  
Edr id: SRHO20070107703

EM733  
NE  
4-6 mi  
23234  
Higher

Hospital type: 02  
Num of times COO: 00  
Owner date: Not Reported  
City: CYPRESS  
Has plan of corr: 1  
Compliance status: B  
SSA county code: 400  
Cross ref number: Not Reported  
FMS survey date: 20041109  
Current survey date: 20061023  
Medicare/Medicaid: 1  
Facility name: DE LEON HOME - CYPRESS  
Intermediary/Carrier: Not Reported  
Medicaid number: LTC60984F  
Participation date: 20011127  
Prior COO date: Not Reported  
Prior carrier: Not Reported  
Provider ID: 55G400  
Record Status: A  
Region code: 09  
Is Partial Record: Not Reported  
state abbrev: CA  
ssa state: 05  
state region cd: ORG  
street address: 5031 CITATION  
Phone num: 7148218672  
Termination reason: 00  
Term Date: Not Reported  
Purpose of action: 2  
Provider control: 02  
Zip: 90630  
Fips state: 06

SRHO20070108595  
AHA Hospitals

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Fips cnty: 059  
 SSA MSA: 033  
 SSA MSA size code: B  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0006  
 Num cert beds: 0006  
 Source: US\_HOSPITAL\_POSOTHER  
 Edr id: SRHO20070108595

EN734

East  
 4-6 mi  
 23268  
 Higher

Hospital type: 03  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: WESTMINSTER  
 Has plan of corr: Not Reported  
 Compliance status: B  
 SSA county code: 400  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: 19921217  
 Medicare/Medicaid: 2  
 Facility name: STANLEY CONV HOSP  
 Intermediary/Carrier: 52280  
 Medicaid number: Not Reported  
 Participation date: 19871002  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 555289  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Not Reported  
 state abbrev: CA  
 ssa state: 05  
 state region cd: SA  
 street address: 14102 SPRINGDALE ST  
 Phone num: 7148930026  
 Termination reason: 05  
 Term Date: 19930520  
 Purpose of action: 2  
 Provider control: 02  
 Zip: 92683  
 Fips state: 06  
 Fips cnty: 059  
 SSA MSA: 033  
 SSA MSA size code: B  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0030  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSOTHER  
 Edr id: SRHO20070107903

SRHO20070107903  
 AHA Hospitals

## MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site	EDR ID Database
EN735 East 4-6 mi 23268 Higher	Hospital type: 01 Num of times COO: 00 Owner date: Not Reported City: WESTMINSTER Has plan of corr: Not Reported Compliance status: Not Reported SSA county code: 400 Cross ref number: Not Reported FMS survey date: Not Reported Current survey date: Not Reported Medicare/Medicaid: Not Reported Facility name: STANLEY CONVALESCENT HOSPITAL Intermediary/Carrier: Not Reported Medicaid number: Not Reported Participation date: 19930108 Prior COO date: Not Reported Prior carrier: Not Reported Provider ID: 05D0580207 Record Status: A Region code: 09 Is Partial Record: Y state abbrev: CA ssa state: 05 state region cd: LAB street address: 14102 SPRINGDALE Phone num: 7148930026 Termination reason: 00 Term Date: 20080831 Purpose of action: Not Reported Provider control: 04 Zip: 92683 Fips state: 06 Fips cnty: 059 SSA MSA: 033 SSA MSA size code: B Date accredited: Not Reported Accred expire date: Not Reported Accred Org: Not Reported Num beds: 0000 Num cert beds: 0000 Source: US_HOSPITAL_POSCLIA Edr id: SRHO20070137362	SRHO20070137362 AHA Hospitals
EN736 East 4-6 mi 23268 Higher	Hospital type: 03 Num of times COO: 00 Owner date: Not Reported City: WESTMINSTER Has plan of corr: 1 Compliance status: A SSA county code: 400 Cross ref number: Not Reported FMS survey date: Not Reported Current survey date: 19851115	SRHO20070009847 AHA Hospitals

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Medicare/Medicaid: 1  
 Facility name: STANLEY CONV HOSP  
 Intermediary/Carrier: 00040  
 Medicaid number: Not Reported  
 Participation date: 19770101  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 055690  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Not Reported  
 state abbrev: CA  
 ssa state: 05  
 state region cd: SA  
 street address: 14102 SPRINGDALE  
 Phone num: 7148930026  
 Termination reason: 04  
 Term Date: 19860131  
 Purpose of action: 2  
 Provider control: 06  
 Zip: 92683  
 Fips state: 06  
 Fips cnty: 059  
 SSA MSA: 033  
 SSA MSA size code: B  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0030  
 Num cert beds: 0030  
 Source: US\_HOSPITAL\_POSOTHER  
 Edr id: SRHO20070009847

EN737  
 East  
 4-6 mi  
 23268  
 Higher

Hospital type: 03  
 Num of times COO: 01  
 Owner date: 20020101  
 City: WESTMINSTER  
 Has plan of corr: 1  
 Compliance status: A  
 SSA county code: 400  
 Cross ref number: Not Reported  
 FMS survey date: 20020131  
 Current survey date: 20061003  
 Medicare/Medicaid: 1  
 Facility name: STANLEY HEALTHCARE CENTER  
 Intermediary/Carrier: 52280  
 Medicaid number: Not Reported  
 Participation date: 19951229  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 555651  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Not Reported

SRHO20070110258  
 AHA Hospitals

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

state abbrev: CA  
 ssa state: 05  
 state region cd: ORG  
 street address: 14102 SPRINGDALE STREET  
 Phone num: 7148930026  
 Termination reason: 00  
 Term Date: Not Reported  
 Purpose of action: 2  
 Provider control: 03  
 Zip: 92683  
 Fips state: 06  
 Fips cnty: 059  
 SSA MSA: 033  
 SSA MSA size code: B  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0030  
 Num cert beds: 0030  
 Source: US\_HOSPITAL\_POSOTHER  
 Edr id: SRHO20070110258

EN738  
 East  
 4-6 mi  
 23268  
 Higher

Provnum: 555651  
 Nursinghomename: STANLEY HEALTHCARE CENTER  
 Street: 14102 SPRINGDALE STREET  
 City: WESTMINSTER  
 State: CA  
 Zipcode: 92683  
 Phonenumber: 7148930026  
 Dateoflastinspection: 20051026  
 Certifiednumberofbeds: 30  
 Totalnumberofresidents: 28  
 Percofoccupiedbeds: 93  
 Categorydescription: Participating in Medicare and Medicaid  
 Typeofownership: For profit - Partnership  
 Locatedwithinahospital: NO  
 Multinursinghomeownership: NO  
 Residentandfamilycouncils: RESIDENT  
 Edr id: SRNH20060914752

SRNH20060914752  
 Nursing Homes

739  
 SE  
 4-6 mi  
 23280  
 Higher

EDR ID: SRDCCA200735319  
 Facility number: 304310462  
 Facility name: "METZGER, LAURA"  
 Facility eval. code: 3404  
 Facility office number: 06  
 Facility county number: 30  
 Facility type code: 810  
 Facility status code: 03  
 Address: 5102 AUDREY DRIVE  
 City: "HUNTINGTON BEACH, CA"  
 State: CA  
 Zip: 92649

SRDCCA200735319  
 Daycare

# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Alt. address: 5102 AUDREY DRIVE  
 City: "HUNTINGTON BEACH, CA"  
 State: CA  
 Zip: 92649  
 Facility investor: "METZGER, LAURA"  
 Licensee type: A  
 License effective date: 60620  
 License expiration date: Not Reported  
 License issue date: 060620  
 Program type: "MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY.  
 CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY  
 SCHOOL AND 1 CHILD AT LEAST AGE 6."  
 Original app. received date: 060328  
 Facility closed date: Not Reported  
 Mailing address: 5102 AUDREY DRIVE  
 Mailing city: "HUNTINGTON BEACH, CA"  
 Mailing state: CA  
 Mailing zip: 92649  
 Contact person: "METZGER, LAURA"  
 Facility capacity: 8  
 Type of clients served: 960  
 Facility phone: 7143770406

EO740  
 West  
 4-6 mi  
 23320  
 Higher

EDR ID: SRDCCA200708928  
 Facility number: 198004536  
 Facility name: PIPER FAMILY CHILD CARE  
 Facility eval. code: 8160  
 Facility office number: 33  
 Facility county number: 19  
 Facility type code: 810  
 Facility status code: 03  
 Address: 722 ORANGE AVENUE  
 City: LONG BEACH  
 State: CA  
 Zip: 90813  
 Alt. address: 722 ORANGE AVENUE  
 City: LONG BEACH  
 State: CA  
 Zip: 90813  
 Facility investor: "PIPER, KADESHA"  
 Licensee type: A  
 License effective date: 981214  
 License expiration date: Not Reported  
 License issue date: 981214  
 Program type: "MAXIMUM CAPACITY: 12 CHILDREN, WITH NO MORE THAN 4 INFANTS, OR  
 CAPACITY 14 CHILDREN WHEN 2 CHILDREN ARE AT LEAST 6 YEARS OF AGE WITH A  
 MAXIMUM OF 3 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "  
 Original app. received date: 980903  
 Facility closed date: Not Reported  
 Mailing address: 722 ORANGE AVENUE  
 Mailing city: LONG BEACH  
 Mailing state: CA  
 Mailing zip: 90813  
 Contact person: "PIPER, KADESHA"

SRDCCA200708928  
 Daycare

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Facility capacity: 14  
 Type of clients served: 960  
 Facility phone: 5625918813

EJ741		SRHO20070152199
NNE	Hospital type: 01	AHA Hospitals
4-6 mi	Num of times COO: 00	
23321	Owner date: Not Reported	
Higher	City: HAWAIIAN GARDENS	
	Has plan of corr: Not Reported	
	Compliance status: Not Reported	
	SSA county code: 200	
	Cross ref number: Not Reported	
	FMS survey date: Not Reported	
	Current survey date: Not Reported	
	Medicare/Medicaid: Not Reported	
	Facility name: LAS FLORES MEDICAL CLINIC INC	
	Intermediary/Carrier: Not Reported	
	Medicaid number: Not Reported	
	Participation date: 19990727	
	Prior COO date: Not Reported	
	Prior carrier: Not Reported	
	Provider ID: 05D0963282	
	Record Status: A	
	Region code: 09	
	Is Partial Record: Y	
	state abbrev: CA	
	ssa state: 05	
	state region cd: M1	
	street address: 22110 NORWALK BOULEVARD	
	Phone num: 5626273943	
	Termination reason: 01	
	Term Date: 20030430	
	Purpose of action: Not Reported	
	Provider control: 10	
	Zip: 90716	
	Fips state: 06	
	Fips cnty: 037	
	SSA MSA: 328	
	SSA MSA size code: A	
	Date accredited: Not Reported	
	Accred expire date: Not Reported	
	Accred Org: Not Reported	
	Num beds: 0000	
	Num cert beds: 0000	
	Source: US_HOSPITAL_POSCLIA	
	Edr id: SRHO20070152199	

EE742		SRDCCA200721285
WNW	EDR ID: SRDCCA200721285	Daycare
4-6 mi	Facility number: 198009192	
23330	Facility name: PARHAM FAMILY CHILD CARE	
Higher	Facility eval. code: 8160	
	Facility office number: 33	

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Facility county number: 19  
 Facility type code: 810  
 Facility status code: 03  
 Address: 1428 GUNDRY AVENUE  
 City: LONG BEACH  
 State: CA  
 Zip: 90813  
 Alt. address: 1428 GUNDRY AVENUE  
 City: LONG BEACH  
 State: CA  
 Zip: 90813  
 Facility investor: "PARHAM, MELANIE"  
 Licensee type: A  
 License effective date: 40518  
 License expiration date: Not Reported  
 License issue date: 040518  
 Program type: "MAXIMUM CAPACITY: 12 CHILDREN WITH NO MORE THAN 4 INFANTS, OR  
 CAPACITY14 CHILDREN WHEN 2 CHILDREN ARE AT LEAST 6 YEARS OF AGE WITH A  
 MAXIMUMOF 3 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED."  
 " "

Original app. received date: 030529  
 Facility closed date: Not Reported  
 Mailing address: 1428 GUNDRY AVENUE  
 Mailing city: LONG BEACH  
 Mailing state: CA  
 Mailing zip: 90813  
 Contact person: "PARHAM, MELANIE"  
 Facility capacity: 8  
 Type of clients served: 960  
 Facility phone: 5625911988

EO743 West 4-6 mi 23333 Higher	EDR ID: Facility number: Facility name: Facility eval. code: Facility office number: Facility county number: Facility type code: Facility status code: Address: City: State: Zip: Alt. address: City: State: Zip: Facility investor: Licensee type: License effective date: License expiration date: License issue date: Program type:	SRDCCA200729117 198011074 CLARK FAMILY CHILD CARE 8160 33 19 810 03 742 ORANGE AVENUE LONG BEACH CA 90813 742 ORANGE AVENUE LONG BEACH CA 90813 DENNISE DEANNA CLARK A 41105 Not Reported 041105 "MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY. CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6. "	SRDCCA200729117 Daycare
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# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Original app. received date: 040922  
 Facility closed date: Not Reported  
 Mailing address: 742 ORANGE AVENUE  
 Mailing city: LONG BEACH  
 Mailing state: CA  
 Mailing zip: 90813  
 Contact person: "CLARK, DENNISE"  
 Facility capacity: 8  
 Type of clients served: 960  
 Facility phone: 5625910453

EM744  
 NE  
 4-6 mi  
 23334  
 Higher

EDR ID: SRDCCA200705768  
 Facility number: 304201044  
 Facility name: "HERRICK, JEANNA"  
 Facility eval. code: 3404  
 Facility office number: 06  
 Facility county number: 30  
 Facility type code: 810  
 Facility status code: 03  
 Address: 5141 LAUREL AVENUE  
 City: CYPRESS  
 State: CA  
 Zip: 90630  
 Alt. address: 5141 LAUREL AVENUE  
 City: CYPRESS  
 State: CA  
 Zip: 90630  
 Facility investor: "HERRICK, JEANNA"  
 Licensee type: A  
 License effective date: 950925  
 License expiration date: Not Reported  
 License issue date: 950925  
 Program type: "MAXIMUM CAPACITY: 6 CHILDREN, INCLUDING LICENSEE'S CHILDREN UNDER 10 YEARS OF AGE WHO RESIDE IN THE HOME, WITH NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY (INFANT MEANS A CHILD UNDER 2 YEARS OLD)."

SRDCCA200705768  
 Daycare

EG745  
 West  
 4-6 mi  
 23356  
 Higher

EDR ID: SRDCCA200718258  
 Facility number: 192010730  
 Facility name: SHAHID FAMILY CHILD CARE  
 Facility eval. code: 8160  
 Facility office number: 33  
 Facility county number: 19

SRDCCA200718258  
 Daycare

# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Facility type code: 810  
 Facility status code: 03  
 Address: 127 ORANGE AVENUE  
 City: LONG BEACH  
 State: CA  
 Zip: 90802  
 Alt. address: 127 ORANGE AVENUE  
 City: LONG BEACH  
 State: CA  
 Zip: 90802  
 Facility investor: "SHAHID, NADIA"  
 Licensee type: A  
 License effective date: 20531  
 License expiration date: Not Reported  
 License issue date: 020531  
 Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED"  
 Original app. received date: 020325  
 Facility closed date: Not Reported  
 Mailing address: 127 ORANGE AVENUE  
 Mailing city: LONG BEACH  
 Mailing state: CA  
 Mailing zip: 90802  
 Contact person: "SHAHID, NADIA ZAZMY"  
 Facility capacity: 8  
 Type of clients served: 960  
 Facility phone: 5624375998

EN746  
 East  
 4-6 mi  
 23363  
 Higher

EDR ID: SRDCCA200722784  
 Facility number: 304300483  
 Facility name: "GONZALEZ, ROSARIO"  
 Facility eval. code: 3406  
 Facility office number: 06  
 Facility county number: 30  
 Facility type code: 810  
 Facility status code: 03  
 Address: 14195 SPRINGDALE #4  
 City: WESTMINSTER  
 State: CA  
 Zip: 92683  
 Alt. address: 14195 SPRINGDALE #4  
 City: WESTMINSTER  
 State: CA  
 Zip: 92683  
 Facility investor: "GONZALEZ, ROSARIO"  
 Licensee type: A  
 License effective date: 40416  
 License expiration date: Not Reported  
 License issue date: 040416  
 Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED"

SRDCCA200722784  
 Daycare

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Original app. received date: 031027  
 Facility closed date: Not Reported  
 Mailing address: 14195 SPRINGDALE #4  
 Mailing city: WESTMINSTER  
 Mailing state: CA  
 Mailing zip: 92683  
 Contact person: "GONZALEZ, ROSARIO"  
 Facility capacity: 8  
 Type of clients served: 960  
 Facility phone: 7149013725

EJ747  
 NNE  
 4-6 mi  
 23366  
 Higher

Hospital type: 02  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: HAWAIIAN GARDENS  
 Has plan of corr: 1  
 Compliance status: A  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: 20051107  
 Medicare/Medicaid: 1  
 Facility name: HAWAIIAN HOUSE  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19960920  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 55G018  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Not Reported  
 state abbrev: CA  
 ssa state: 05  
 state region cd: L4  
 street address: 12440 224TH STREET  
 Phone num: 5624292616  
 Termination reason: 00  
 Term Date: Not Reported  
 Purpose of action: 2  
 Provider control: 02  
 Zip: 90716  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0006  
 Num cert beds: 0006  
 Source: US\_HOSPITAL\_POSOTHER  
 Edr id: SRHO20070110539

SRHO20070110539  
 AHA Hospitals

## MAP FINDINGS

Map ID	Direction	Distance	Distance (ft.)	Elevation	Site	EDR ID	Database
EC748	NW	4-6 mi	23366	Higher	Hospital type: 01 Num of times COO: 00 Owner date: Not Reported City: SIGNAL HILL Has plan of corr: 1 Compliance status: A SSA county code: 200 Cross ref number: Not Reported FMS survey date: Not Reported Current survey date: 20040115 Medicare/Medicaid: 1 Facility name: HAVEN HOME HEALTH Intermediary/Carrier: 00454 Medicaid number: HHA08121F Participation date: 20020625 Prior COO date: Not Reported Prior carrier: Not Reported Provider ID: 058121 Record Status: A Region code: 09 Is Partial Record: Not Reported state abbrev: CA ssa state: 05 state region cd: L4 street address: 2855 TEMPLE AVENUE, SUITE A Phone num: 5622900558 Termination reason: 00 Term Date: Not Reported Purpose of action: 2 Provider control: 04 Zip: 90755 Fips state: 06 Fips cnty: 037 SSA MSA: 328 SSA MSA size code: A Date accredited: Not Reported Accred expire date: Not Reported Accred Org: 1 Num beds: 0000 Num cert beds: 0000 Source: US_HOSPITAL_POSOTHER Edr id: SRHO20070011644	SRHO20070011644	AHA Hospitals
EC749	NW	4-6 mi	23366	Higher	Hospital type: 01 Num of times COO: 00 Owner date: Not Reported City: SIGNAL HILL Has plan of corr: Not Reported Compliance status: Not Reported SSA county code: 200 Cross ref number: Not Reported FMS survey date: Not Reported Current survey date: Not Reported	SRHO20070156947	AHA Hospitals

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Medicare/Medicaid: Not Reported  
 Facility name: HYE QUALITY HOME HEALTH  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 20011101  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0993026  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: M1  
 street address: 2855 TEMPLE AVENUE  
 Phone num: 5622900558  
 Termination reason: 00  
 Term Date: 20071031  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90755  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070156947

EJ750  
 NNE  
 4-6 mi  
 23383  
 Higher

EDR ID: SRDCCA200716672  
 Facility number: 192008720  
 Facility name: MACIAS FAMILY CHILD CARE  
 Facility eval. code: 6150  
 Facility office number: 33  
 Facility county number: 19  
 Facility type code: 810  
 Facility status code: 03  
 Address: 12446 E. 224TH STREET  
 City: HAWAIIAN GARDENS  
 State: CA  
 Zip: 90716  
 Alt. address: 12446 E. 224TH STREET  
 City: HAWAIIAN GARDENS  
 State: CA  
 Zip: 90716  
 Facility investor: "MACIAS, MARICELA"  
 Licensee type: A  
 License effective date: 11016  
 License expiration date: Not Reported  
 License issue date: 011016

SRDCCA200716672  
 Daycare

# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Program type: MAX. CAP (WHEN THERE IS AN ASSISTANT PRESENT): 12 - NO MORE THAN 4  
 INFANTS. CAP 14 - NO MORE THAN 3 INFANTS. 1 CHILD IN  
 KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6.

Original app. received date: 010829  
 Facility closed date: Not Reported  
 Mailing address: 12446 E. 224TH STREET  
 Mailing city: HAWAIIAN GARDENS  
 Mailing state: CA  
 Mailing zip: 90716  
 Contact person: "MACIAS, MARICELA"  
 Facility capacity: 14  
 Type of clients served: 960  
 Facility phone: 5624292920

EL751		SRDCCA200726080
NNW	EDR ID: SRDCCA200726080	Daycare
4-6 mi	Facility number: 198010976	
23388	Facility name: CALDERON FAMILY CHILD CARE	
Higher	Facility eval. code: 8140	
	Facility office number: 33	
	Facility county number: 19	
	Facility type code: 810	
	Facility status code: 03	
	Address: 5325 E. HARCO STREET	
	City: LONG BEACH	
	State: CA	
	Zip: 90808	
	Alt. address: 5325 E. HARCO STREET	
	City: LONG BEACH	
	State: CA	
	Zip: 90808	
	Facility investor: "CALDERON, JESSICA"	
	Licensee type: A	
	License effective date: 41005	
	License expiration date: Not Reported	
	License issue date: 041005	
	Program type: "MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY. CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6."	
	Original app. received date: 040907	
	Facility closed date: Not Reported	
	Mailing address: 5325 E. HARCO STREET	
	Mailing city: LONG BEACH	
	Mailing state: CA	
	Mailing zip: 90808	
	Contact person: "CALDERON, JESSICA"	
	Facility capacity: 8	
	Type of clients served: 960	
	Facility phone: 5626273969	

EP752		SRHO20070158268
North	Hospital type: 01	AHA Hospitals
4-6 mi	Num of times COO: 00	
23407	Owner date: Not Reported	
Higher		

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

City: LAKEWOOD  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: VANGUARD MEDICAL CENTER INC  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 20040823  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D1029756  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 11401 CARSON ST UNIT # J  
 Phone num: 5628094646  
 Termination reason: 08  
 Term Date: 20050222  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90715  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070158268

EP753  
 North  
 4-6 mi  
 23407  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LAKEWOOD  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: VANGUARD MEDICAL CENTER INC  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported

SRHO20070157158  
 AHA Hospitals

# MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Participation date: 20040817  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D1029466  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: M1  
 street address: 11401 CARSON ST UNIT #J  
 Phone num: 5628094646  
 Termination reason: 01  
 Term Date: 20050606  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90715  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070157158

754  
 ESE  
 4-6 mi  
 23437  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: HUNTINGTON BEACH  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 400  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: EMERGENCY MEDICAL GROUP  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19980522  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0946363  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 5772 BOLSA AVENUE SUITE 230

SRHO20070150728  
 AHA Hospitals

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Phone num: 5628093507  
 Termination reason: 08  
 Term Date: 20040521  
 Purpose of action: Not Reported  
 Provider control: 03  
 Zip: 92649  
 Fips state: 06  
 Fips cnty: 059  
 SSA MSA: 033  
 SSA MSA size code: B  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070150728

EQ755  
 NNW  
 4-6 mi  
 23472  
 Higher

EDR ID: SRDCCA200705927  
 Facility number: 198000721  
 Facility name: "REBELLON, EDILMA FAMILY DAY CARE" "  
 Facility eval. code: 7110  
 Facility office number: 33  
 Facility county number: 19  
 Facility type code: 810  
 Facility status code: 03  
 Address: 5806 PARKCREST ST.  
 City: LONG BEACH  
 State: CA  
 Zip: 90808  
 Alt. address: 5806 PARKCREST ST.  
 City: LONG BEACH  
 State: CA  
 Zip: 90808  
 Facility investor: "REBELLON, EDILMA" "  
 Licensee type: A  
 License effective date: 941108  
 License expiration date: Not Reported  
 License issue date: 941108  
 Program type: "MAXIMUM CAPACITY: 12 CHILDREN, WITH NO MORE THAN 4 INFANTS, OR CAPACITY 14 CHILDREN WHEN 2 CHILDREN ARE AT LEAST 6 YEARS OF AGE WITH A MAXIMUM OF 3 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED" "  
 Original app. received date: 941003  
 Facility closed date: Not Reported  
 Mailing address: 5806 PARKCREST ST.  
 Mailing city: LONG BEACH  
 Mailing state: CA  
 Mailing zip: 90808  
 Contact person: "REBELLON, EDILMA" "  
 Facility capacity: 14  
 Type of clients served: 960  
 Facility phone: 5624255473

SRDCCA200705927  
 Daycare

## MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site	EDR ID Database
ER756 WNW 4-6 mi 23483 Higher	Hospital type: 01 Num of times COO: 00 Owner date: Not Reported City: LONG BEACH Has plan of corr: Not Reported Compliance status: Not Reported SSA county code: 200 Cross ref number: Not Reported FMS survey date: Not Reported Current survey date: Not Reported Medicare/Medicaid: Not Reported Facility name: VU HONG CUNG MD Intermediary/Carrier: Not Reported Medicaid number: Not Reported Participation date: 19930326 Prior COO date: Not Reported Prior carrier: Not Reported Provider ID: 05D0554859 Record Status: A Region code: 09 Is Partial Record: Y state abbrev: CA ssa state: 05 state region cd: LAB street address: 1269 E ANAHEIM Phone num: 3105910050 Termination reason: 00 Term Date: 20080831 Purpose of action: Not Reported Provider control: 04 Zip: 90813 Fips state: 06 Fips cnty: 037 SSA MSA: 328 SSA MSA size code: A Date accredited: Not Reported Accred expire date: Not Reported Accred Org: Not Reported Num beds: 0000 Num cert beds: 0000 Source: US_HOSPITAL_POSCLIA Edr id: SRHO20070131387	SRHO20070131387 AHA Hospitals
EK757 East 4-6 mi 23515 Higher	EDR ID: SRDCCA200724519 Facility number: 304300705 Facility name: "MONTROYA, LORENA" Facility eval. code: 3406 Facility office number: 06 Facility county number: 30 Facility type code: 810 Facility status code: 03 Address: 6101 APACHE ROAD City: WESTMINSTER	SRDCCA200724519 Daycare

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

State: CA  
 Zip: 92683  
 Alt. address: 6101 APACHE ROAD  
 City: WESTMINSTER  
 State: CA  
 Zip: 92683  
 Facility investor: "MONTROYA, LORENA"  
 Licensee type: A  
 License effective date: 40614  
 License expiration date: Not Reported  
 License issue date: 040614  
 Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4  
 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE  
 WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED  
 "  
 Original app. received date: 040420  
 Facility closed date: Not Reported  
 Mailing address: 6101 APACHE ROAD  
 Mailing city: WESTMINSTER  
 Mailing state: CA  
 Mailing zip: 92683  
 Contact person: "MONTROYA, LORENA"  
 Facility capacity: 8  
 Type of clients served: 960  
 Facility phone: 7148910310

EC758  
 NW  
 4-6 mi  
 23550  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: SIGNAL HILL  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: LOS ANGELES HAVEN HOSPICE INC  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 20021101  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D1005889  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 2895 TEMPLE AVENUE  
 Phone num: 5624267500  
 Termination reason: 00  
 Term Date: 20081031

SRHO20070156741  
 AHA Hospitals

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Purpose of action:	Not Reported
Provider control:	04
Zip:	90755
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070156741

EC759  
 NW  
 4-6 mi  
 23550  
 Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	SIGNAL HILL
Has plan of corr:	Not Reported
Compliance status:	A
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	20030510
Medicare/Medicaid:	1
Facility name:	HAVEN HOSPICE
Intermediary/Carrier:	00454
Medicaid number:	Not Reported
Participation date:	20030510
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	051760
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	L2
street address:	2895 TEMPLE AVENUE
Phone num:	5624262500
Termination reason:	00
Term Date:	Not Reported
Purpose of action:	1
Provider control:	06
Zip:	90755
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	1
Num beds:	0000

SRHO20070008985  
 AHA Hospitals

# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSOTHER  
 Edr id: SRHO20070008985

ES760 East EDR ID: SRDCCA200747747 SRDCCA200747747  
 Daycare

4-6 mi Facility number: 300601652  
 23552 Facility name: TEMPLE BETH DAVID PRE SCHOOL  
 Higher Facility eval. code: 1207  
 Facility office number: 06  
 Facility county number: 30  
 Facility type code: 850  
 Facility status code: 03  
 Address: 6100 HEFLEY ST  
 City: WESTMINSTER  
 State: CA  
 Zip: 92683  
 Alt. address: 6100 HEFLEY ST  
 City: WESTMINSTER  
 State: CA  
 Zip: 92683  
 Facility investor: TEMPLE BETH DAVID  
 Licensee type: C  
 License effective date: 930912  
 License expiration date: Not Reported  
 License issue date: Not Reported  
 Program type: "63 AMBULATORY CHILDREN. AGES 2 THRU 6 YEARS OF AGE. HOURS: 7:15 AM TO 6:15 PM. MONDAY THRU FRIDAY. ROOMS 1, 2, 3, 5, 6, 12 & 13 ONLY. ROOM 6 NOT AVAILABLE AFTER 4:15 PM. AT WHICH TIME CAP. NOT EXCEED 55."  
 "

Original app. received date: 750619  
 Facility closed date: Not Reported  
 Mailing address: 6100 HEFLEY ST  
 Mailing city: WESTMINSTER  
 Mailing state: CA  
 Mailing zip: 92683  
 Contact person: STELLA HAYNES  
 Facility capacity: 63  
 Type of clients served: 950  
 Facility phone: 7148933091

ED761 NNE EDR ID: SRDCCA200715166 SRDCCA200715166  
 Daycare

4-6 mi Facility number: 192006656  
 23562 Facility name: VARELA FAMILY CHILD CARE  
 Higher Facility eval. code: 6150  
 Facility office number: 33  
 Facility county number: 19  
 Facility type code: 810  
 Facility status code: 03  
 Address: 11960 CIVIC CENTER DRIVE  
 City: HAWAIIAN GARDENS  
 State: CA  
 Zip: 90716

# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Alt. address: 11960 CIVIC CENTER DRIVE  
 City: HAWAIIAN GARDENS  
 State: CA  
 Zip: 90716  
 Facility investor: "VARELA, MARIA"  
 Licensee type: A  
 License effective date: 10619  
 License expiration date: Not Reported  
 License issue date: 010619  
 Program type: "MAXIMUM CAPACITY: 12 CHILDREN WITH NO MORE THAN 4 INFANTS, OR  
 CAPACITY14 CHILDREN WHEN 2 CHILDREN ARE AT LEAST 6 YEARS OF AGE WITH A  
 MAXIMUM OF 3 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED."  
 " "

Original app. received date: 010314  
 Facility closed date: Not Reported  
 Mailing address: 11960 CIVIC CENTER DRIVE  
 Mailing city: HAWAIIAN GARDENS  
 Mailing state: CA  
 Mailing zip: 90716  
 Contact person: "VARELA, MARIA"  
 Facility capacity: 14  
 Type of clients served: 960  
 Facility phone: 5624207367

ED762		SRDCCA200713093
NNE	EDR ID:	SRDCCA200713093
4-6 mi	Facility number:	192001714
23574	Facility name:	JIMENEZ FAMILY CHILD CARE
Higher	Facility eval. code:	6150
	Facility office number:	33
	Facility county number:	19
	Facility type code:	810
	Facility status code:	03
	Address:	21916 ELAINE
	City:	HAWAIIAN GARDENS
	State:	CA
	Zip:	90716
	Alt. address:	21916 ELAINE
	City:	HAWAIIAN GARDENS
	State:	CA
	Zip:	90716
	Facility investor:	"JIMENEZ, TRINIDAD"
	Licensee type:	A
	License effective date:	20522
	License expiration date:	Not Reported
	License issue date:	020522
	Program type:	MAXIMUM CAPACITY: 12 CHILDREN WITH NO MORE THAN 4 INFANTS OR CAPACITY 14 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH A MAXIMUM OF 3 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED.
	Original app. received date:	000313
	Facility closed date:	Not Reported
	Mailing address:	21916 ELAINE
	Mailing city:	HAWAIIAN GARDENS
	Mailing state:	CA
	Mailing zip:	90716

# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Contact person: "JIMENEZ, TRINIDAD "  
 Facility capacity: 14  
 Type of clients served: 960  
 Facility phone: 5624297744

763		SRHO20070133708
ENE	Hospital type: 01	AHA Hospitals
4-6 mi	Num of times COO: 00	
23588	Owner date: Not Reported	
Higher	City: CYPRESS	
	Has plan of corr: 1	
	Compliance status: A	
	SSA county code: 400	
	Cross ref number: Not Reported	
	FMS survey date: Not Reported	
	Current survey date: 19981002	
	Medicare/Medicaid: 1	
	Facility name: EASTGATE MEDICAL CENTER	
	Intermediary/Carrier: 02050	
	Medicaid number: Not Reported	
	Participation date: 19920901	
	Prior COO date: Not Reported	
	Prior carrier: Not Reported	
	Provider ID: 05D0577251	
	Record Status: A	
	Region code: 09	
	Is Partial Record: Not Reported	
	state abbrev: CA	
	ssa state: 05	
	state region cd: M1	
	street address: 11741 VALLEY VIEW STREET	
	Phone num: 7148971071	
	Termination reason: 00	
	Term Date: 20071216	
	Purpose of action: 2	
	Provider control: 04	
	Zip: 90630	
	Fips state: 06	
	Fips cnty: 059	
	SSA MSA: 033	
	SSA MSA size code: B	
	Date accredited: Not Reported	
	Accred expire date: Not Reported	
	Accred Org: Not Reported	
	Num beds: 0000	
	Num cert beds: 0000	
	Source: US_HOSPITAL_POSCLIA	
	Edr id: SRHO20070133708	

ET764		SRPR20051023582
NE	Pss school id: A9300091	Private Schools
4-6 mi	Pss inst: GRACE CHRISTIAN SCHOOL	
23622	Lograde: K	
Higher	Higrade: 6	

# MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Pss address:	5100 CERRITOS AVE BLDG A
Pss city:	CYPRESS
Pss county no:	059
Pss county fips:	06059
Pss stabb:	CA
Pss fips:	06
Pss zip5:	90630
Pss phone:	7147615200
Pss sch days:	179
Pss stu day hrs:	6
Pss library:	Yes
Pss enroll ug:	Not Reported
Pss enroll pk:	Not Reported
Pss enroll k:	77
Pss enroll 1:	59
Pss enroll 2:	59
Pss enroll 3:	49
Pss enroll 4:	60
Pss enroll 5:	53
Pss enroll 6:	52
Pss enroll 7:	Not Reported
Pss enroll 8:	Not Reported
Pss enroll 9:	Not Reported
Pss enroll 10:	Not Reported
Pss enroll 11:	Not Reported
Pss enroll 12:	Not Reported
Pss enroll t:	409
Pss enroll tk12:	409
Pss race ai:	Not Reported
Pss race as:	38
Pss race h:	15
Pss race b:	5
Pss race w:	351
Pss fte teach:	32.1
Pss locale:	3
Pss coed:	1
Pss type:	1
Pss level:	1
Pss relig:	2
Pss comm type:	2
Pss indian pct:	Not Reported
Pss asian pct:	9.29
Pss hisp pct:	3.67
Pss black pct:	1.22
Pss white pct:	85.82
Pss stdtch rt:	12.74
Pss orient:	8
Pss county name:	ORANGE
Pss assoc 1:	Association of Christian Schools International (ACSI)
Pss assoc 2:	Not Reported
Pss assoc 3:	Not Reported
Pss assoc 4:	Not Reported
Pss assoc 5:	Not Reported
Pss assoc 6:	Not Reported
Pss assoc 7:	Not Reported
Source:	NCESDATA_E72D09B4

# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Edr id: SRPR20051023582

EO765		SRPU20071014004
West	Necessch: 062250002713	Public Schools
4-6 mi	Schname05: FRANKLIN CLASSICAL MIDDLE	
23717	Mstreet05: 540 CERRITOS AVE.	
Higher	Mcity05: LONG BEACH	
	Mstate05: CA	
	Mzip05: 90802	
	Mzip405: 1623	
	Member05: 1279	
	Phone05: (562) 435-4952	
	Locale05: 1	
	Type05: 1	
	Level05: 2	
	Gslo05: 06	
	Gshi05: 08	
	Edr id: SRPU20071014004	

EF766		SRDCCA200746894
WNW	EDR ID: SRDCCA200746894	Daycare
4-6 mi	Facility number: 191670908	
23718	Facility name: WHITTIER CHILD DEVELOPMENT CENTER	
Higher	Facility eval. code: 8160	
	Facility office number: 33	
	Facility county number: 19	
	Facility type code: 850	
	Facility status code: 03	
	Address: 1424 EAST ESTHER STREET	
	City: LONG BEACH	
	State: CA	
	Zip: 90813	
	Alt. address: 2209 SEA BRIGHT AVE.	
	City: LONG BEACH	
	State: CA	
	Zip: 90810	
	Facility investor: LONG BEACH UNITED SCHOOL DISTRICT	
	Licensee type: F	
	License effective date: 940227	
	License expiration date: Not Reported	
	License issue date: Not Reported	
	Program type: AMBULATORY CHILDREN AGES 2 UNTIL ENTRY INTO KINDERGARTEN.	
	Original app. received date: 870619	
	Facility closed date: Not Reported	
	Mailing address: 2209 SEABRIGHT	
	Mailing city: LONG BEACH	
	Mailing state: CA	
	Mailing zip: 90810	
	Contact person: "ROBBINS, CAROLYN"	
	Facility capacity: 39	
	Type of clients served: 950	
	Facility phone: 5625912518	

## MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site	EDR ID Database
EO767 West 4-6 mi 23758 Higher	EDR ID: SRDCCA200734826 Facility number: 198012524 Facility name: LENNEAR FAMILY CHILD CARE Facility eval. code: 8150 Facility office number: 33 Facility county number: 19 Facility type code: 810 Facility status code: 03 Address: 629 CERRITOS AVENUE City: LONG BEACH State: CA Zip: 90802 Alt. address: 629 CERRITOS AVENUE City: LONG BEACH State: CA Zip: 90802 Facility investor: "LENNEAR, REGIKA" Licensee type: A License effective date: 60620 License expiration date: Not Reported License issue date: 060620 Program type: "MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY. CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6." Original app. received date: 060405 Facility closed date: Not Reported Mailing address: 629 CERRITOS AVENUE Mailing city: LONG BEACH Mailing state: CA Mailing zip: 90802 Contact person: "LENNEAR, REGIKA" Facility capacity: 8 Type of clients served: 960 Facility phone: 5624357918	SRDCCA200734826 Daycare
EO768 West 4-6 mi 23773 Higher	Hospital type: 01 Num of times COO: 00 Owner date: Not Reported City: LONG BEACH Has plan of corr: Not Reported Compliance status: Not Reported SSA county code: 200 Cross ref number: Not Reported FMS survey date: Not Reported Current survey date: Not Reported Medicare/Medicaid: Not Reported Facility name: SUWAT SUWANICH MD Intermediary/Carrier: Not Reported Medicaid number: Not Reported Participation date: 19930510 Prior COO date: Not Reported Prior carrier: Not Reported Provider ID: 05D0554866	SRHO20070131400 AHA Hospitals

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 1101 E 7TH ST  
 Phone num: 3105919837  
 Termination reason: 00  
 Term Date: 20080831  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90813  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070131400

EJ769  
 NNE  
 4-6 mi  
 23781  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: HAWAIIAN GARDENS  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: HAWAIIAN GARDENS HEALTH CENTER  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 20060731  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D1057012  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: M1  
 street address: 22310 WARDHAM AVENUE  
 Phone num: 5624202433  
 Termination reason: 00  
 Term Date: 20080730  
 Purpose of action: Not Reported

SRHO20070164779  
 AHA Hospitals

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Provider control: 03  
 Zip: 90716  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070164779

ER770 WNW 4-6 mi 23804 Higher	EDR ID: SRDCCA200750716 Facility number: 191605034 Facility name: LINCOLN CHILD DEVELOPMENT CENTER Facility eval. code: 9130 Facility office number: 33 Facility county number: 19 Facility type code: 850 Facility status code: 03 Address: 1175 E. 11TH STREET City: LONG BEACH State: CA Zip: 90813 Alt. address: 2209 SEABRIGHT AVE. City: LONG BEACH State: CA Zip: 90810 Facility investor: LONG BEACH UNIFIED SCHOOL DISTRICT Licensee type: F License effective date: 931106 License expiration date: Not Reported License issue date: 900806 Program type: CALIFORNIA STATE PRESCHOOL AGES 2 YEARS OLD UNTIL ENTRY INTO KINDERGARTEN. Original app. received date: 900420 Facility closed date: Not Reported Mailing address: 2209 SEABRIGHT AVE. Mailing city: LONG BEACH Mailing state: CA Mailing zip: 90810 Contact person: BETTIE FOSTER Facility capacity: 44 Type of clients served: 950 Facility phone: 2135917121	SRDCCA200750716 Daycare
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ER771 WNW 4-6 mi 23804 Higher	Hospital type: 01 Num of times COO: 00 Owner date: Not Reported City: LONG BEACH	SRHO20070154231 AHA Hospitals
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# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: HEALTHY KIDS COALITION CLINIC AT  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19980225  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0941470  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: M1  
 street address: 1175 EAST 11TH STREET  
 Phone num: 5625995005  
 Termination reason: 01  
 Term Date: 20051223  
 Purpose of action: Not Reported  
 Provider control: 02  
 Zip: 90813  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070154231

ER772  
 WNW  
 4-6 mi  
 23804  
 Higher

Ncessch: 062250002735  
 Schname05: LINCOLN ELEMENTARY  
 Mstreet05: 1175 EAST 11TH ST.  
 Mcity05: LONG BEACH  
 Mstate05: CA  
 Mzip05: 90813  
 Mzip405: 3659  
 Member05: 1339  
 Phone05: (562) 599-5005  
 Locale05: 1  
 Type05: 1  
 Level05: 1  
 Gslo05: KG  
 Gshi05: 05  
 Edr id: SRPU20071014026

SRPU20071014026  
 Public Schools

## MAP FINDINGS

Map ID	Direction	Distance	Distance (ft.)	Elevation	Site	EDR ID	Database
EU773	NE	4-6 mi	23844	Higher	Ncessch: 061044002336 Schname05: MARGARET LANDELL ELEMENTARY Mstreet05: 9739 DENNI ST. Mcity05: CYPRESS Mstate05: CA Mzip05: 90630 Mzip405: 3447 Member05: 546 Phone05: (714) 220-6960 Locale05: 3 Type05: 1 Level05: 1 Gslo05: KG Gshi05: 06 Edr id: SRPU20071014141	SRPU20071014141	Public Schools
774	North	4-6 mi	23846	Higher	EDR ID: SRDCCA200700890 Facility number: 197803159 Facility name: PENNACLE FOUNDATION GROUP HOME Facility eval. code: 2001 Facility office number: 32 Facility county number: 19 Facility type code: 730 Facility status code: 03 Address: 6133 E. CARSON ST. City: LAKEWOOD State: CA Zip: 90713 Alt. address: 8119 MAITLAND AVE City: INGLEWOOD State: CA Zip: 90305 Facility investor: "PENNACLE FOUNDATION, INC.       " Licensee type: C License effective date: 711 License expiration date: Not Reported License issue date: 000711 Program type: LICENSEE WILL SERVE AMBULATORY CHILDREN WITH DEVELOPMENTAL DISABILITIES AGES 10-17. Original app. received date: 000225 Facility closed date: Not Reported Mailing address: 8119 MAITLAND AVE Mailing city: INGLEWOOD Mailing state: CA Mailing zip: 90305 Contact person: "DAVIS, GREER YVONNE       " Facility capacity: 4 Type of clients served: 950 Facility phone: 5624293433	SRDCCA200700890	Daycare

## MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site	EDR ID Database
EV775 NW 4-6 mi 23872 Higher	Hospital type: 01 Num of times COO: 00 Owner date: Not Reported City: SIGNAL HILL Has plan of corr: Not Reported Compliance status: Not Reported SSA county code: 200 Cross ref number: Not Reported FMS survey date: Not Reported Current survey date: Not Reported Medicare/Medicaid: Not Reported Facility name: COSTCO #242-PATIENT CARE CENTER Intermediary/Carrier: Not Reported Medicaid number: Not Reported Participation date: 19990326 Prior COO date: Not Reported Prior carrier: Not Reported Provider ID: 05D0958817 Record Status: A Region code: 09 Is Partial Record: Y state abbrev: CA ssa state: 05 state region cd: LAB street address: 2200 E WILLOW ST Phone num: 5624242838 Termination reason: 08 Term Date: 20010325 Purpose of action: Not Reported Provider control: 04 Zip: 90806 Fips state: 06 Fips cnty: 037 SSA MSA: 328 SSA MSA size code: A Date accredited: Not Reported Accred expire date: Not Reported Accred Org: Not Reported Num beds: 0000 Num cert beds: 0000 Source: US_HOSPITAL_POSCLIA Edr id: SRHO20070152378	SRHO20070152378 AHA Hospitals
776 NW 4-6 mi 23876 Higher	Hospital type: 01 Num of times COO: 00 Owner date: Not Reported City: SIGNAL HILL Has plan of corr: 1 Compliance status: A SSA county code: 200 Cross ref number: Not Reported FMS survey date: Not Reported Current survey date: 19971024	SRHO20070142597 AHA Hospitals

# MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Medicare/Medicaid: 1  
 Facility name: PHYSICIAN'S LABORATORY INSTITUTE  
 Intermediary/Carrier: 02050  
 Medicaid number: Not Reported  
 Participation date: 19920901  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0857970  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Not Reported  
 state abbrev: CA  
 ssa state: 05  
 state region cd: M1  
 street address: 2501 E 28TH ST STE 106  
 Phone num: 3109882048  
 Termination reason: 10  
 Term Date: 19991011  
 Purpose of action: 2  
 Provider control: 02  
 Zip: 90806  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070142597

EI777  
 WNW  
 4-6 mi  
 23891  
 Higher

EDR ID: SRDCCA200745835  
 Facility number: 192006084  
 Facility name: SIGNAL HILL YOUTH CENTER  
 Facility eval. code: 8160  
 Facility office number: 33  
 Facility county number: 19  
 Facility type code: 840  
 Facility status code: 03  
 Address: 1780 E. HILL STREET  
 City: SIGNAL HILL  
 State: CA  
 Zip: 90755  
 Alt. address: 2175 CHERRY AVENUE  
 City: SIGNAL HILL  
 State: CA  
 Zip: 90755  
 Facility investor: CITY OF SIGNAL HILL  
 Licensee type: F  
 License effective date: 10510  
 License expiration date: Not Reported  
 License issue date: 010510

SRDCCA200745835  
 Daycare

# MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Program type: MAXIMUM CAPACITY - 50 SCHOOL AGE CHILDREN AGES 4 YEARS NINE MONTHS TO 12 YEARS OLD. WAIVER ON FILE.  
 Original app. received date: 010109  
 Facility closed date: Not Reported  
 Mailing address: 2175 CHERRY AVENUE  
 Mailing city: SIGNAL HILL  
 Mailing state: CA  
 Mailing zip: 90806  
 Contact person: MARTHA BAEZ  
 Facility capacity: 50  
 Type of clients served: 950  
 Facility phone: 5629897329

EW778  
 NNE  
 4-6 mi  
 23910  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: HAWAIIAN GARDENS  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: ALOHA MEDICAL - MAY WANG  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19940715  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0888891  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 11803 CARSON STREET  
 Phone num: 3109244455  
 Termination reason: 00  
 Term Date: 20080714  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90716  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA

SRHO20070145038  
 AHA Hospitals

# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Edr id: SRHO20070145038

<p>779          SE          4-6 mi          23922          Higher</p>	<p>Hospital type: 01          Num of times COO: 00          Owner date: Not Reported          City: HUNTINGTON BEACH          Has plan of corr: Not Reported          Compliance status: A          SSA county code: 400          Cross ref number: Not Reported          FMS survey date: Not Reported          Current survey date: 20060721          Medicare/Medicaid: 1          Facility name: DONALD J GRECO MD INC          Intermediary/Carrier: 02050          Medicaid number: Not Reported          Participation date: 19920901          Prior COO date: Not Reported          Prior carrier: Not Reported          Provider ID: 05D0686346          Record Status: A          Region code: 09          Is Partial Record: Not Reported          state abbrev: CA          ssa state: 05          state region cd: M1          street address: 16899-A ALGONQUIN STREET          Phone num: 7148402447          Termination reason: 00          Term Date: 20070331          Purpose of action: 2          Provider control: 04          Zip: 92649          Fips state: 06          Fips cnty: 059          SSA MSA: 033          SSA MSA size code: B          Date accredited: Not Reported          Accred expire date: Not Reported          Accred Org: Not Reported          Num beds: 0000          Num cert beds: 0000          Source: US_HOSPITAL_POSCLIA          Edr id: SRHO20070139318</p>	<p>SRHO20070139318          AHA Hospitals</p>
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<p>EX780          North          4-6 mi          23954          Higher</p>	<p>EDR ID: SRDCCA200707578          Facility number: 198003106          Facility name: MC LAUGHLIN FAMILY CHILD CARE          Facility eval. code: 7110          Facility office number: 33          Facility county number: 19          Facility type code: 810</p>	<p>SRDCCA200707578          Daycare</p>
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## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Original app. received date: 040719  
 Facility closed date: Not Reported  
 Mailing address: 12401 221ST STREET  
 Mailing city: HAWAIIAN GARDEN  
 Mailing state: CA  
 Mailing zip: 90716  
 Contact person: "WILLIAMS, VETRICE       "  
 Facility capacity: 8  
 Type of clients served: 960  
 Facility phone: 5624211467

EU782		SRDCCA200743031
NE	EDR ID: SRDCCA200743031	Daycare

4-6 mi	Facility number: 300614144	
23979	Facility name: A CHILD'S ADVENTURE - LANDELL	
Higher	Facility eval. code: 1207	
	Facility office number: 06	
	Facility county number: 30	
	Facility type code: 840	
	Facility status code: 03	
	Address: 9705 DENNI STREET	
	City: CYPRESS	
	State: CA	
	Zip: 90630	
	Alt. address: 3811 HOLDEN CIRCLE	
	City: LOS ALAMITOS	
	State: CA	
	Zip: 90720	
	Facility investor: "ROBERT A. MORRIS, INC.       "	
	Licensee type: D	
	License effective date: 930803	
	License expiration date: Not Reported	
	License issue date: 930803	
	Program type: 64 AMBULATORY CHILDREN. AGES 5-12 YEARS. MONDAY-FRIDAY 6:00 A.M.-6:00 P.M. ROOMS A & B	
	Original app. received date: 930716	
	Facility closed date: Not Reported	
	Mailing address: 3811 HOLDEN CIRCLE	
	Mailing city: LOS ALAMITOS	
	Mailing state: CA	
	Mailing zip: 90720	
	Contact person: NICOLE PURCELL	
	Facility capacity: 64	
	Type of clients served: 950	
	Facility phone: 7142206916	

EO783		SRDCCA200730034
West	EDR ID: SRDCCA200730034	Daycare

4-6 mi	Facility number: 198011702	
23985	Facility name: ENCLADE FAMILY CHILD CARE	
Higher	Facility eval. code: 8160	
	Facility office number: 33	
	Facility county number: 19	
	Facility type code: 810	

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Facility status code: 03  
 Address: 1066 HELLMAN STREET  
 City: LONG BEACH  
 State: CA  
 Zip: 90813  
 Alt. address: 1066 HELLMAN STREET  
 City: LONG BEACH  
 State: CA  
 Zip: 90813  
 Facility investor: "ENCLADE, TONI M. "  
 Licensee type: A  
 License effective date: 50615  
 License expiration date: Not Reported  
 License issue date: 050615  
 Program type: "MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY.  
 CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY  
 SCHOOL AND 1 CHILD AT LEAST AGE 6. "  
 Original app. received date: 050429  
 Facility closed date: Not Reported  
 Mailing address: 1066 HELLMAN STREET  
 Mailing city: LONG BEACH  
 Mailing state: CA  
 Mailing zip: 90813  
 Contact person: "ENCLADE, TONI M. "  
 Facility capacity: 8  
 Type of clients served: 960  
 Facility phone: 5625997880

EW784  
 NNE  
 4-6 mi  
 24060  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: HAWAIIAN GARDENS  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: UNICARE FAMILY MEDICAL GROUP INC  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 20050426  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D1039939  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: M1  
 street address: 11904 E CARSON ST SUITE 101  
 Phone num: 5623770670

SRHO20070159560  
 AHA Hospitals

# MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Termination reason: 00  
 Term Date: 20070425  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90716  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070159560

EH785  
 NE  
 4-6 mi  
 24062  
 Higher

EDR ID: SRDCCA200725272  
 Facility number: 304300587  
 Facility name: "REDMAN, BRIGITT"  
 Facility eval. code: 3404  
 Facility office number: 06  
 Facility county number: 30  
 Facility type code: 810  
 Facility status code: 03  
 Address: 10001 ST FRANCIS  
 City: CYPRESS  
 State: CA  
 Zip: 90630  
 Alt. address: 10001 ST FRANCIS  
 City: CYPRESS  
 State: CA  
 Zip: 90630  
 Facility investor: "REDMAN, BRIGITT"  
 Licensee type: A  
 License effective date: 40127  
 License expiration date: Not Reported  
 License issue date: 040127  
 Program type: "MAXIMUM CAPACITY: 12 CHILDREN, WITH NO MORE THAN 4 INFANTS, OR  
 CAPACITY 14 CHILDREN WHEN 2 CHILDREN ARE AT LEAST 6 YEARS OF AGE WITH A  
 MAXIMUM OF 3 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED"  
 Original app. received date: 040114  
 Facility closed date: Not Reported  
 Mailing address: 10001 ST FRANCIS  
 Mailing city: CYPRESS  
 Mailing state: CA  
 Mailing zip: 90630  
 Contact person: "REDMAN, BRIGITT"  
 Facility capacity: 14  
 Type of clients served: 960  
 Facility phone: 7149522372

SRDCCA200725272  
 Daycare

## MAP FINDINGS

Map ID	Direction	Distance	Distance (ft.)	Elevation	Site	EDR ID	Database
786	WNW	4-6 mi	24087	Higher	Ncessch: 062250002708 Schname05: MARY BUTLER ELEMENTARY Mstreet05: 1400 EAST 20TH ST. Mcity05: LONG BEACH Mstate05: CA Mzip05: 90806 Mzip405: 5757 Member05: 1009 Phone05: (562) 591-7477 Locale05: 1 Type05: 1 Level05: 1 Gslo05: KG Gshi05: 08 Edr id: SRPU20071013999	SRPU20071013999	Public Schools
EQ787	NNW	4-6 mi	24125	Higher	EDR ID: SRDCCA200743230 Facility number: 198000062 Facility name: YMCA GLB WEINGART-LAKEWOOD YMCA SITE Facility eval. code: 6150 Facility office number: 33 Facility county number: 19 Facility type code: 840 Facility status code: 03 Address: 5835 E. CARSON ST. City: LAKEWOOD State: CA Zip: 90713 Alt. address: 5835 E. CARSON ST. City: LAKEWOOD State: CA Zip: 90713 Facility investor: YMCA OF GREATER LONG BEACH Licensee type: C License effective date: 960411 License expiration date: Not Reported License issue date: 960411 Program type: FACILITY AUTHORIZED TO CARE FOR 60 SCHOOL AGE CHILDREN. HOURS OF OPERATION: A.M. HOURS 7:00 A.M. TO 9:00 A.M. P.M. HOURS 11:30 A.M. TO 6:00 P.M. Original app. received date: 940201 Facility closed date: Not Reported Mailing address: 5835 E. CARSON ST. Mailing city: LAKEWOOD Mailing state: CA Mailing zip: 90713 Contact person: JOLENE GUTIERREZ-MARK Facility capacity: 60 Type of clients served: 950 Facility phone: 5624257431	SRDCCA200743230	Daycare

## MAP FINDINGS

Map ID	Direction	Distance	Distance (ft.)	Elevation	Site	EDR ID	Database
EY788	NNW	4-6 mi	24175	Higher	EDR ID: SRDCCA200750424 Facility number: 191602044 Facility name: LONG BEACH DAY NURSERY - EAST BRANCH Facility eval. code: 8070 Facility office number: 33 Facility county number: 19 Facility type code: 850 Facility status code: 03 Address: 3965 BELLFLOWER BLVD. City: LONG BEACH State: CA Zip: 90808 Alt. address: 3965 BELLFLOWER BLVD. City: LONG BEACH State: CA Zip: 90808 Facility investor: "LONG BEACH DAY NURSERY, INC" " Licensee type: D License effective date: 930727 License expiration date: Not Reported License issue date: Not Reported Program type: LAUP FACILITY AGE 2 UNTIL ENTRY INTO FIRST GRADE. Original app. received date: 770822 Facility closed date: Not Reported Mailing address: 1548 CHESTNUT AVE. Mailing city: LONG BEACH Mailing state: CA Mailing zip: 90813 Contact person: "BUCHANON, ROBIN" " Facility capacity: 91 Type of clients served: 950 Facility phone: 5624211488	SRDCCA200750424	Daycare
EY789	NNW	4-6 mi	24175	Higher	EDR ID: SRDCCA200741299 Facility number: 198006682 Facility name: LONG BEACH DAY NURSERY - EAST BRANCH Facility eval. code: 8140 Facility office number: 33 Facility county number: 19 Facility type code: 830 Facility status code: 03 Address: 3965 BELLFLOWER BOULEVARD City: LONG BEACH State: CA Zip: 90808 Alt. address: 1548 CHESTNUT AVENUE City: LONG BEACH State: CA Zip: 90813 Facility investor: "LONG BEACH DAY NURSERY, INC." " Licensee type: C License effective date: 10508	SRDCCA200741299	Daycare

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

License expiration date: Not Reported  
 License issue date: 010508  
 Program type: "57 INFANTS (6 WEEKS TO 18 MONTHS OLD) USING ROOMS #1,2,3,4,5, AND 6;  
 38 TODDLERS (18 TO 36 MONTHS OLD) USING ROOMS #5 AND 6.  
 COMBINATION CENTER: PRESCHOOL PROGRAM #191602044.  
 "

Original app. received date: 010402  
 Facility closed date: Not Reported  
 Mailing address: 1548 CHESTNUT AVENUE  
 Mailing city: LONG BEACH  
 Mailing state: CA  
 Mailing zip: 90813  
 Contact person: "BIGELOW, AMY"  
 Facility capacity: 95  
 Type of clients served: 955  
 Facility phone: 5624211488

EZ790  
 WNW  
 4-6 mi  
 24178  
 Higher

EDR ID: SRDCCA200749044  
 Facility number: 198004998  
 Facility name: LONG BEACH CITY COLLEGE CHILD DEVELOPMENT-PCC  
 Facility eval. code: 8160  
 Facility office number: 33  
 Facility county number: 19  
 Facility type code: 850  
 Facility status code: 03  
 Address: 1305 E. PACIFIC COAST HWY.  
 City: LONG BEACH  
 State: CA  
 Zip: 90806  
 Alt. address: 1305 E. PACIFIC COAST HWY.  
 City: LONG BEACH  
 State: CA  
 Zip: 90806  
 Facility investor: LONG BEACH CITY COLLEGE  
 Licensee type: F  
 License effective date: 990506  
 License expiration date: Not Reported  
 License issue date: 990506  
 Program type: "LICENSED TO PORVIDE CARE FOR CHILDREN: AGES 2 UNTIL ENTRY INTO FIRST  
 GRADE IN BUILDING ""H"". MONDAY - THURSDAY: 7:00 A.M. - 5:30 P.M.;  
 FRIDAY: 7:00 A.M. - 11:30 A.M. PROGRAM LOCATED ON N. PCH OFF ORANGE.  
 "ENTER OFF OF ORANGE AVE.  
 Original app. received date: 980304  
 Facility closed date: Not Reported  
 Mailing address: 1305 E. PACIFIC COAST HWY.  
 Mailing city: LONG BEACH  
 Mailing state: CA  
 Mailing zip: 90806  
 Contact person: STACEY SMITH  
 Facility capacity: 106  
 Type of clients served: 950  
 Facility phone: 5629383079

SRDCCA200749044  
 Daycare

## MAP FINDINGS

Map ID	Direction	Distance	Distance (ft.)	Elevation	Site	EDR ID	Database
ES791	East	4-6 mi	24181	Higher	EDR ID: SRDCCA200744166 Facility number: 300607019 Facility name: WESTMINSTER LUTHERAN CHURCH Facility eval. code: 1207 Facility office number: 06 Facility county number: 30 Facility type code: 840 Facility status code: 03 Address: 13841 MILTON AVENUE City: WESTMINSTER State: CA Zip: 92683 Alt. address: 13841 MILTON AVENUE City: WESTMINSTER State: CA Zip: 92683 Facility investor: WESTMINSTER LUTHERAN CHURCH Licensee type: C License effective date: 941012 License expiration date: Not Reported License issue date: 900124 Program type: 45 AMBULATORY CHILDREN AGES 6-12 YEARS OLD. MONDAY - FRIDAY 06:30 AM TO 6:00 PM. Original app. received date: 890310 Facility closed date: Not Reported Mailing address: 13841 MILTON AVENUE Mailing city: WESTMINSTER Mailing state: CA Mailing zip: 92683 Contact person: IRIS MC CRAY Facility capacity: 45 Type of clients served: 950 Facility phone: 7148938289	SRDCCA200744166	Daycare
ES792	East	4-6 mi	24181	Higher	EDR ID: SRDCCA200747743 Facility number: 300601052 Facility name: WESTMINSTER LUTHERAN CHURCH PRE SCHOOL Facility eval. code: 1207 Facility office number: 06 Facility county number: 30 Facility type code: 850 Facility status code: 03 Address: 13841 MILTON AVENUE City: WESTMINSTER State: CA Zip: 92683 Alt. address: 13841 MILTON AVENUE City: WESTMINSTER State: CA Zip: 92683 Facility investor: WESTMINSTER LUTHERAN CHURCH Licensee type: C License effective date: 941012	SRDCCA200747743	Daycare

# MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

License expiration date: Not Reported  
 License issue date: Not Reported  
 Program type: "AMBULATORY. AGES 2 YRS TO 6 YRS. OLD.  
 MONDAY THRU FRIDAY, 6:30 A.M. TO 6:00 P.M.  
 "

Original app. received date: Not Reported  
 Facility closed date: Not Reported  
 Mailing address: 13841 MILTON AVENUE  
 Mailing city: WESTMINSTER  
 Mailing state: CA  
 Mailing zip: 92683  
 Contact person: IRIS MC CRAY  
 Facility capacity: 79  
 Type of clients served: 950  
 Facility phone: 7148938289

ES793  
 East  
 4-6 mi  
 24181  
 Higher

Pss school id: K9300602  
 Pss inst: WESTMINSTER LUTH PRESCH/DAY CA  
 Lograde: K  
 Higrade: K  
 Pss address: 13841 MILTON AVE  
 Pss city: WESTMINSTER  
 Pss county no: 059  
 Pss county fips: 06059  
 Pss stabb: CA  
 Pss fips: 06  
 Pss zip5: 92683  
 Pss phone: 7148938289  
 Pss sch days: Not Reported  
 Pss stu day hrs: Not Reported  
 Pss library: Yes  
 Pss enroll ug: Not Reported  
 Pss enroll pk: Not Reported  
 Pss enroll k: 10  
 Pss enroll 1: Not Reported  
 Pss enroll 2: Not Reported  
 Pss enroll 3: Not Reported  
 Pss enroll 4: Not Reported  
 Pss enroll 5: Not Reported  
 Pss enroll 6: Not Reported  
 Pss enroll 7: Not Reported  
 Pss enroll 8: Not Reported  
 Pss enroll 9: Not Reported  
 Pss enroll 10: Not Reported  
 Pss enroll 11: Not Reported  
 Pss enroll 12: Not Reported  
 Pss enroll t: 10  
 Pss enroll tk12: 10  
 Pss race ai: 0  
 Pss race as: 1  
 Pss race h: 2  
 Pss race b: 0  
 Pss race w: 7  
 Pss fte teach: Not Reported

SRPR20051027722  
 Private Schools

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Pss locale: 3  
 Pss coed: NR  
 Pss type: 7  
 Pss level: 1  
 Pss relig: 2  
 Pss comm type: 2  
 Pss indian pct: 0  
 Pss asian pct: 10  
 Pss hisp pct: 20  
 Pss black pct: 0  
 Pss white pct: 70  
 Pss stdtch rt: Not Reported  
 Pss orient: 20  
 Pss county name: ORANGE  
 Pss assoc 1: No Membership Association  
 Pss assoc 2: Not Reported  
 Pss assoc 3: Not Reported  
 Pss assoc 4: Not Reported  
 Pss assoc 5: Not Reported  
 Pss assoc 6: Not Reported  
 Pss assoc 7: Not Reported  
 Source: NCESDATA\_E72D09B4  
 Edr id: SRPR20051027722

EZ794  
 WNW  
 4-6 mi  
 24187  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: SAV ON DRUGS #9557  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 20050309  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D1038028  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: M1  
 street address: 1250 PACIFIC COAST HIGHWAY  
 Phone num: 5622180080  
 Termination reason: 00  
 Term Date: 20070308  
 Purpose of action: Not Reported  
 Provider control: 04

SRHO20070161225  
 AHA Hospitals

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Zip: 90806  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070161225

795  
 ENE  
 4-6 mi  
 24205  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: CYPRESS  
 Has plan of corr: 1  
 Compliance status: A  
 SSA county code: 400  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: 19950411  
 Medicare/Medicaid: 1  
 Facility name: PACIFICARE WELLNESS COMPANY  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19920901  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0594086  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: M1  
 street address: 5701 KATELLA AVENUE MAILSTOP 6200  
 Phone num: 7142365200  
 Termination reason: 08  
 Term Date: 20010719  
 Purpose of action: 1  
 Provider control: 04  
 Zip: 90630  
 Fips state: 06  
 Fips cnty: 059  
 SSA MSA: 033  
 SSA MSA size code: B  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA

SRHO20070133921  
 AHA Hospitals

# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Edr id: SRHO20070133921

FA796		SRDCCA200747129
NNE	EDR ID: SRDCCA200747129	Daycare
4-6 mi	Facility number: 191602406	
24218	Facility name: HAWAIIAN GARDENS HEAD START	
Higher	Facility eval. code: 6150	
	Facility office number: 33	
	Facility county number: 19	
	Facility type code: 850	
	Facility status code: 03	
	Address: 22150 WARDHAM AVENUE	
	City: HAWAIIAN GARDENS	
	State: CA	
	Zip: 90716	
	Alt. address: "2900 S. HARBOR BLVD, SUITE 101"	
	City: SANTA ANA	
	State: CA	
	Zip: 92704	
	Facility investor: ORANGE COUNTY HEAD START	
	Licensee type: C	
	License effective date: 940517	
	License expiration date: Not Reported	
	License issue date: 880517	
	Program type: AMBULATORY; INCLUSIVE TWO NONAMBULATORY CLIENTS. LICENSEE SERVES CHILDREN AGES 3 TO 5 YEARS. FACILITY OPERATES HALF DAY PROGRAM IN CLASSROOMS #1 & 2 AND FULL DAY IN CLASSROOM #3.	
	Original app. received date: 880211	
	Facility closed date: Not Reported	
	Mailing address: "2900 S. HARBOR BLVD, SUITE 101"	
	Mailing city: SANTA ANA	
	Mailing state: CA	
	Mailing zip: 92704	
	Contact person: "ROSAS, HELEN"	
	Facility capacity: 65	
	Type of clients served: 950	
	Facility phone: 5624211843	

FB797		SRDCCA200712952
ENE	EDR ID: SRDCCA200712952	Daycare
4-6 mi	Facility number: 304205656	
24226	Facility name: "ANDREYKA, LORI"	
Higher	Facility eval. code: 3404	
	Facility office number: 06	
	Facility county number: 30	
	Facility type code: 810	
	Facility status code: 03	
	Address: 6241 VANGUARD AVE.	
	City: GARDEN GROVE	
	State: CA	
	Zip: 92845	
	Alt. address: 6241 VANGUARD AVE.	
	City: GARDEN GROVE	
	State: CA	

## MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site	EDR ID Database
	Zip: 92845 Facility investor: "ANDREYKA, LORI" Licensee type: A License effective date: 10126 License expiration date: Not Reported License issue date: 010126 Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED" Original app. received date: 000719 Facility closed date: Not Reported Mailing address: 6241 VANGUARD AVE. Mailing city: GARDEN GROVE Mailing state: CA Mailing zip: 92845 Contact person: "ANDREYKA, LORI" Facility capacity: 8 Type of clients served: 960 Facility phone: 7148945177	
ET798 NE 4-6 mi 24231 Higher	EDR ID: SRDCCA200704495 Facility number: 300612858 Facility name: "MC NEELY, ALICE" Facility eval. code: 3404 Facility office number: 06 Facility county number: 30 Facility type code: 810 Facility status code: 03 Address: 10412 WHIRLAWAY City: CYPRESS State: CA Zip: 90630 Alt. address: 10412 WHIRLAWAY City: CYPRESS State: CA Zip: 90630 Facility investor: "MC NEELY, ALICE" Licensee type: A License effective date: 950624 License expiration date: Not Reported License issue date: 920624 Program type: "MAXIMUM CAPACITY: 6 CHILDREN, INCLUDING LICENSEE'S CHILDREN UNDER 10 YEARS OF AGE WHO RESIDE IN THE HOME, WITH NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY (INFANT MEANS A CHILD UNDER 2 YEARS OLD)." Original app. received date: 920403 Facility closed date: Not Reported Mailing address: 10412 WHIRLAWAY Mailing city: CYPRESS Mailing state: CA Mailing zip: 90630 Contact person: "MC NEELY, ALICE" Facility capacity: 6 Type of clients served: 960	SRDCCA200704495 Daycare

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Facility phone: 7142202392

<p>FC799          WNW          4-6 mi          24252          Higher</p>	<p>Hospital type: 01          Num of times COO: 00          Owner date: Not Reported          City: LONG BEACH          Has plan of corr: Not Reported          Compliance status: Not Reported          SSA county code: 200          Cross ref number: Not Reported          FMS survey date: Not Reported          Current survey date: Not Reported          Medicare/Medicaid: Not Reported          Facility name: KHEMARA FAMILY MEDICAL CLINIC INC          Intermediary/Carrier: Not Reported          Medicaid number: Not Reported          Participation date: 19991005          Prior COO date: Not Reported          Prior carrier: Not Reported          Provider ID: 05D0966008          Record Status: A          Region code: 09          Is Partial Record: Y          state abbrev: CA          ssa state: 05          state region cd: M1          street address: 1533 ALAMITOS AVENUE, SUITE B          Phone num: 5622185350          Termination reason: 00          Term Date: 20071004          Purpose of action: Not Reported          Provider control: 04          Zip: 90813          Fips state: 06          Fips cnty: 037          SSA MSA: 328          SSA MSA size code: A          Date accredited: Not Reported          Accred expire date: Not Reported          Accred Org: Not Reported          Num beds: 0000          Num cert beds: 0000          Source: US_HOSPITAL_POSCLIA          Edr id: SRHO20070152554</p>	<p>SRHO20070152554          AHA Hospitals</p>
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<p>EJ800          NNE          4-6 mi          24285          Higher</p>	<p>EDR ID: SRDCCA200714288          Facility number: 192007750          Facility name: PEREZ FAMILY CHILD CARE          Facility eval. code: 6150          Facility office number: 33          Facility county number: 19          Facility type code: 810</p>	<p>SRDCCA200714288          Daycare</p>
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# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Facility status code: 03  
 Address: 22010 CLARETTA AVENUE  
 City: HAWAIIN GARDENS  
 State: CA  
 Zip: 90716  
 Alt. address: 22010 CLARETTA AVENUE  
 City: HAWAIIN GARDENS  
 State: CA  
 Zip: 90716  
 Facility investor: "PEREZ, NOEMI"

Licensee type: A  
 License effective date: 10830  
 License expiration date: Not Reported  
 License issue date: 010830  
 Program type: MAX. CAP (WHEN THERE IS AN ASSISTANT PRESENT): 12 - NO MORE THAN 4 INFANTS. CAP 14 - NO MORE THAN 3 INFANTS. 1 CHILD IN KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6.

Original app. received date: 010531  
 Facility closed date: Not Reported  
 Mailing address: 22010 CLARETTA AVENUE  
 Mailing city: HAWAIIN GARDENS  
 Mailing state: CA  
 Mailing zip: 90716  
 Contact person: "PEREZ, NOEMI"

Facility capacity: 14  
 Type of clients served: 960  
 Facility phone: 5624210129

EI801		SRDCCA200713555
WNW	EDR ID: SRDCCA200713555	Daycare
4-6 mi	Facility number: 192002470	
24314	Facility name: HUOT FAMILY CHILD CARE	
Higher	Facility eval. code: 8160	
	Facility office number: 33	
	Facility county number: 19	
	Facility type code: 810	
	Facility status code: 03	
	Address: 2204 WALNUT AVENUE	
	City: SIGNAL HILL	
	State: CA	
	Zip: 90755	
	Alt. address: 2204 WALNUT AVENUE	
	City: SIGNAL HILL	
	State: CA	
	Zip: 90806	
	Facility investor: "HUOT, SARIEM"	
	Licensee type: A	
	License effective date: 713	
	License expiration date: Not Reported	
	License issue date: 000713	
	Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED"	
	Original app. received date: 000508	

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Facility closed date: Not Reported  
 Mailing address: 2204 WALNUT AVENUE  
 Mailing city: SIGNAL HILL  
 Mailing state: CA  
 Mailing zip: 90806  
 Contact person: "HUOT, SARIEM"  
 Facility capacity: 8  
 Type of clients served: 960  
 Facility phone: 5624263056

FD802  
 NNW  
 4-6 mi  
 24362  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LAKEWOOD  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: SAV ON DRUGS #9463  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 20050310  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D1038095  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: M1  
 street address: 4141 WOODRUFF AVE  
 Phone num: 5624201403  
 Termination reason: 00  
 Term Date: 20070309  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90714  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070159294

SRHO20070159294  
 AHA Hospitals

## MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site	EDR ID Database
FD803 NNW 4-6 mi 24389 Higher	Hospital type: 01 Num of times COO: 00 Owner date: Not Reported City: LAKEWOOD Has plan of corr: Not Reported Compliance status: Not Reported SSA county code: 200 Cross ref number: Not Reported FMS survey date: Not Reported Current survey date: Not Reported Medicare/Medicaid: Not Reported Facility name: MULLIKIN MEDICAL CENTER-LAKEWOOD Intermediary/Carrier: Not Reported Medicaid number: Not Reported Participation date: 19930806 Prior COO date: Not Reported Prior carrier: Not Reported Provider ID: 05D0874425 Record Status: A Region code: 09 Is Partial Record: Not Reported state abbrev: CA ssa state: 05 state region cd: LAB street address: 4144 S WOODRUFF AVENUE Phone num: 3104206901 Termination reason: 12 Term Date: 19941121 Purpose of action: Not Reported Provider control: 04 Zip: 90713 Fips state: 06 Fips cnty: 037 SSA MSA: 328 SSA MSA size code: A Date accredited: Not Reported Accred expire date: Not Reported Accred Org: Not Reported Num beds: 0000 Num cert beds: 0000 Source: US_HOSPITAL_POSCLIA Edr id: SRHO20070141864	SRHO20070141864 AHA Hospitals
EO804 West 4-6 mi 24438 Higher	Hospital type: 01 Num of times COO: 00 Owner date: Not Reported City: LONG BEACH Has plan of corr: Not Reported Compliance status: Not Reported SSA county code: 200 Cross ref number: Not Reported FMS survey date: Not Reported Current survey date: Not Reported	SRHO20070131371 AHA Hospitals

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Medicare/Medicaid: Not Reported  
 Facility name: MARIO O LOPEZ MD INC  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19930329  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0554828  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 720 ALAMITOS AVE  
 Phone num: 3104364933  
 Termination reason: 00  
 Term Date: 20071031  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90813  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070131371

FE805  
 NNE  
 4-6 mi  
 24457  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: HAWAIIAN GARDENS  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: NICHOLAS A DIKIO MD  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 20040419  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D1024660  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y

SRHO20070158223  
 AHA Hospitals

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

state abbrev: CA  
 ssa state: 05  
 state region cd: M1  
 street address: 12090 CARSON STREET SUITE H-2  
 Phone num: 5624215124  
 Termination reason: 00  
 Term Date: 20080418  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90716  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070158223

FD806  
 NNW  
 4-6 mi  
 24484  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LAKEWOOD  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: PETER T HAN MD  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19970522  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0928647  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Not Reported  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 4156 WOODRUFF AVENUE-SEE MAILING ADDR  
 Phone num: 5625994334  
 Termination reason: 01  
 Term Date: 19981030  
 Purpose of action: Not Reported  
 Provider control: 10  
 Zip: 90713  
 Fips state: 06

SRHO20070147972  
 AHA Hospitals

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070147972

FF807  
 NE  
 4-6 mi  
 24531  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: CYPRESS  
 Has plan of corr: 1  
 Compliance status: A  
 SSA county code: 400  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: 19971229  
 Medicare/Medicaid: 1  
 Facility name: QUALITY REFERENCE LABORATORY  
 Intermediary/Carrier: 02050  
 Medicaid number: Not Reported  
 Participation date: 19970929  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0934072  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Not Reported  
 state abbrev: CA  
 ssa state: 05  
 state region cd: M1  
 street address: 5555 CORPORATE AVENUE SUITE 105  
 Phone num: 7142295906  
 Termination reason: 08  
 Term Date: 19980428  
 Purpose of action: 1  
 Provider control: 04  
 Zip: 90630  
 Fips state: 06  
 Fips cnty: 059  
 SSA MSA: 033  
 SSA MSA size code: B  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070149879

SRHO20070149879  
 AHA Hospitals

## MAP FINDINGS

Map ID	Direction	Distance	Distance (ft.)	Elevation	Site	EDR ID	Database
808	NNE	4-6 mi	24541	Higher	Ncessch: 060263000179 Schname05: LEXINGTON JUNIOR HIGH Mstreet05: 4351 ORANGE AVE. Mcity05: CYPRESS Mstate05: CA Mzip05: 90630 Mzip405: 2799 Member05: 1136 Phone05: (714) 220-4201 Locale05: 3 Type05: 1 Level05: 2 Gslo05: 07 Gshi05: 08 Edr id: SRPU20071006346	SRPU20071006346	Public Schools
809	WNW	4-6 mi	24548	Higher	EDR ID: SRDCCA200749952 Facility number: 191605720 Facility name: SIGNAL HILL HEAD START Facility eval. code: 9070 Facility office number: 33 Facility county number: 19 Facility type code: 850 Facility status code: 03 Address: 2285 WALNUT AVENUE City: SIGNAL HILL State: CA Zip: 90806 Alt. address: 2898 ORANGE AVE. City: SIGNAL HILL State: CA Zip: 90806 Facility investor: LONG BEACH UNIFIED SCHOOL DISTRICT Licensee type: F License effective date: 940115 License expiration date: Not Reported License issue date: 910115 Program type: "AMBULATORY, CHILDREN AGES 3-5 YEARS. BUNGLOW #21 & 22." Original app. received date: 901019 Facility closed date: Not Reported Mailing address: 2898 ORANGE AVE. Mailing city: SIGNAL HILL Mailing state: CA Mailing zip: 90806 Contact person: "WILLIAMS, PAT" " Facility capacity: 39 Type of clients served: 950 Facility phone: 3104275901	SRDCCA200749952	Daycare

## MAP FINDINGS

Map ID	Direction	Distance	Distance (ft.)	Elevation	Site	EDR ID Database
EV810	NW	4-6 mi	24556	Higher	Hospital type: 01 Num of times COO: 00 Owner date: Not Reported City: SIGNAL HILL Has plan of corr: Not Reported Compliance status: B SSA county code: 200 Cross ref number: Not Reported FMS survey date: Not Reported Current survey date: 20001107 Medicare/Medicaid: 1 Facility name: UNITED CLINICAL LABORATORY Intermediary/Carrier: Not Reported Medicaid number: Not Reported Participation date: 20000814 Prior COO date: Not Reported Prior carrier: Not Reported Provider ID: 05D0976779 Record Status: A Region code: 09 Is Partial Record: Y state abbrev: CA ssa state: 05 state region cd: M1 street address: 2099 EAST 27TH STREET Phone num: 5629971494 Termination reason: 10 Term Date: 20010614 Purpose of action: 1 Provider control: 04 Zip: 90806 Fips state: 06 Fips cnty: 037 SSA MSA: 328 SSA MSA size code: A Date accredited: Not Reported Accred expire date: Not Reported Accred Org: Not Reported Num beds: 0000 Num cert beds: 0000 Source: US_HOSPITAL_POSCLIA Edr id: SRHO20070155168	SRHO20070155168 AHA Hospitals
FE811	NNE	4-6 mi	24560	Higher	Hospital type: 01 Num of times COO: 00 Owner date: Not Reported City: HAWAIIAN GARDENS Has plan of corr: Not Reported Compliance status: Not Reported SSA county code: 200 Cross ref number: Not Reported FMS survey date: Not Reported Current survey date: Not Reported	SRHO20070130952 AHA Hospitals

# MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Medicare/Medicaid: Not Reported  
 Facility name: CHUNG MIN LEE MD  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19930419  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0553202  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 12121 E CARSON ST  
 Phone num: 3104021449  
 Termination reason: 00  
 Term Date: 20080831  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90716  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070130952

FG812  
 SE  
 4-6 mi  
 24568  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: HUNTINGTON BEACH  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 400  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: SAV ON PHARMACY #6102  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 20050328  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D1038797  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y

SRHO20070160130  
 AHA Hospitals

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

state abbrev: CA  
ssa state: 05  
state region cd: M1  
street address: 16600 BOLSA CHICA STREET  
Phone num: 7148461381  
Termination reason: 00  
Term Date: 20070327  
Purpose of action: Not Reported  
Provider control: 04  
Zip: 92649  
Fips state: 06  
Fips cnty: 059  
SSA MSA: 033  
SSA MSA size code: B  
Date accredited: Not Reported  
Accred expire date: Not Reported  
Accred Org: Not Reported  
Num beds: 0000  
Num cert beds: 0000  
Source: US\_HOSPITAL\_POSCLIA  
Edr id: SRHO20070160130

ES813  
East  
4-6 mi  
24572  
Higher

Hospital type: 01  
Num of times COO: 00  
Owner date: Not Reported  
City: WESTMINSTER  
Has plan of corr: Not Reported  
Compliance status: Not Reported  
SSA county code: 400  
Cross ref number: Not Reported  
FMS survey date: Not Reported  
Current survey date: Not Reported  
Medicare/Medicaid: Not Reported  
Facility name: B RIFAT MD INC  
Intermediary/Carrier: Not Reported  
Medicaid number: Not Reported  
Participation date: 19921230  
Prior COO date: Not Reported  
Prior carrier: Not Reported  
Provider ID: 05D0663207  
Record Status: A  
Region code: 09  
Is Partial Record: Y  
state abbrev: CA  
ssa state: 05  
state region cd: LAB  
street address: 13950 MILTON AVE, SUITE 404  
Phone num: 7148957944  
Termination reason: 00  
Term Date: 20071222  
Purpose of action: Not Reported  
Provider control: 04  
Zip: 92683  
Fips state: 06

SRHO20070135832  
AHA Hospitals

## MAP FINDINGS

Map ID	Direction	Distance	Distance (ft.)	Elevation	Site	EDR ID Database
					Fips cnty: 059 SSA MSA: 033 SSA MSA size code: B Date accredited: Not Reported Accred expire date: Not Reported Accred Org: Not Reported Num beds: 0000 Num cert beds: 0000 Source: US_HOSPITAL_POSCLIA Edr id: SRHO20070135832	
ES814	East	4-6 mi	24572	Higher	Hospital type: 01 Num of times COO: 00 Owner date: Not Reported City: WESTMINSTER Has plan of corr: Not Reported Compliance status: Not Reported SSA county code: 400 Cross ref number: Not Reported FMS survey date: Not Reported Current survey date: Not Reported Medicare/Medicaid: Not Reported Facility name: BRISTOL PARK MEDICAL INC Intermediary/Carrier: Not Reported Medicaid number: Not Reported Participation date: 19970829 Prior COO date: Not Reported Prior carrier: Not Reported Provider ID: 05D0932854 Record Status: A Region code: 09 Is Partial Record: Y state abbrev: CA ssa state: 05 state region cd: LAB street address: 13950 MILTON AVE STE 100 Phone num: 9494379000 Termination reason: 08 Term Date: 20010828 Purpose of action: Not Reported Provider control: 04 Zip: 92683 Fips state: 06 Fips cnty: 059 SSA MSA: 033 SSA MSA size code: B Date accredited: Not Reported Accred expire date: Not Reported Accred Org: Not Reported Num beds: 0000 Num cert beds: 0000 Source: US_HOSPITAL_POSCLIA Edr id: SRHO20070148380	SRHO20070148380 AHA Hospitals

## MAP FINDINGS

Map ID	Direction	Distance	Distance (ft.)	Elevation	Site	EDR ID Database
ES815	East	4-6 mi	24572	Higher	Hospital type: 01 Num of times COO: 00 Owner date: Not Reported City: WESTMINSTER Has plan of corr: Not Reported Compliance status: Not Reported SSA county code: 400 Cross ref number: Not Reported FMS survey date: Not Reported Current survey date: Not Reported Medicare/Medicaid: Not Reported Facility name: MULLIKIN MEDICAL CENTER - MILTON Intermediary/Carrier: Not Reported Medicaid number: Not Reported Participation date: 19930204 Prior COO date: Not Reported Prior carrier: Not Reported Provider ID: 05D0580218 Record Status: A Region code: 09 Is Partial Record: Y state abbrev: CA ssa state: 05 state region cd: LAB street address: 13950 MILTON Phone num: 7148920622 Termination reason: 12 Term Date: 19970905 Purpose of action: Not Reported Provider control: 04 Zip: 92683 Fips state: 06 Fips cnty: 059 SSA MSA: 033 SSA MSA size code: B Date accredited: Not Reported Accred expire date: Not Reported Accred Org: Not Reported Num beds: 0000 Num cert beds: 0000 Source: US_HOSPITAL_POSCLIA Edr id: SRHO20070137363	SRHO20070137363 AHA Hospitals
FE816	NNE	4-6 mi	24583	Higher	Hospital type: 01 Num of times COO: 00 Owner date: Not Reported City: HAWAIIAN GARDENS Has plan of corr: Not Reported Compliance status: Not Reported SSA county code: 200 Cross ref number: Not Reported FMS survey date: Not Reported Current survey date: Not Reported	SRHO20070155083 AHA Hospitals

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Medicare/Medicaid: Not Reported  
 Facility name: HEALTH CENTER  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 20011205  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0994148  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 12131 CARSON STREET  
 Phone num: 5628090299  
 Termination reason: 00  
 Term Date: 20071204  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90716  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070155083

FA817  
 NNE  
 4-6 mi  
 24586  
 Higher

EDR ID: SRDCCA200723154  
 Facility number: 198009629  
 Facility name: RIVAS FAMILY CHILD CARE  
 Facility eval. code: 6150  
 Facility office number: 33  
 Facility county number: 19  
 Facility type code: 810  
 Facility status code: 03  
 Address: 21922 CLARETTA AVENUE  
 City: HAWAIIAN GARDENS  
 State: CA  
 Zip: 90716  
 Alt. address: 21922 CLARETTA AVENUE  
 City: HAWAIIAN GARDENS  
 State: CA  
 Zip: 90716  
 Facility investor: "RIVAS, GUADALUPE"  
 Licensee type: A  
 License effective date: 31231  
 License expiration date: Not Reported  
 License issue date: 031231

SRDCCA200723154  
 Daycare

# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Program type: MAX. CAP (WHEN THERE IS AN ASSISTANT PRESENT): 12 - NO MORE THAN 4  
 INFANTS. CAP 14 - NO MORE THAN 3 INFANTS. 1 CHILD IN  
 KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6.

Original app. received date: 030904  
 Facility closed date: Not Reported  
 Mailing address: 21922 CLARETTA AVENUE  
 Mailing city: HAWAIIAN GARDENS  
 Mailing state: CA  
 Mailing zip: 90716  
 Contact person: "RIVAS, GUADALUPE "

Facility capacity: 14  
 Type of clients served: 960  
 Facility phone: 5624962059

<p>EW818          NNE          4-6 mi          24590          Higher</p>	<p>Hospital type: 01          Num of times COO: 00          Owner date: Not Reported          City: HAWAIIAN GARDENS          Has plan of corr: 1          Compliance status: A          SSA county code: 200          Cross ref number: Not Reported          FMS survey date: Not Reported          Current survey date: 19940630          Medicare/Medicaid: 1          Facility name: TRI-CITY REGIONAL MEDICAL CENTER          Intermediary/Carrier: 00040          Medicaid number: Not Reported          Participation date: 19720128          Prior COO date: Not Reported          Prior carrier: Not Reported          Provider ID: 050575          Record Status: A          Region code: 09          Is Partial Record: Not Reported          state abbrev: CA          ssa state: 05          state region cd: L4          street address: 21530 S PIONEER BLVD          Phone num: 5628600401          Termination reason: 00          Term Date: Not Reported          Purpose of action: 2          Provider control: 08          Zip: 90716          Fips state: 06          Fips cnty: 037          SSA MSA: 328          SSA MSA size code: A          Date accredited: 19910501          Accred expire date: 19940501          Accred Org: 1          Num beds: 0150          Num cert beds: 0150</p>	<p>SRHO20070007217          AHA Hospitals</p>
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# MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Source: US\_HOSPITAL\_POSOTHER  
 Edr id: SRHO20070007217

EW819		SRHO20070136260
NNE	Hospital type: 01	AHA Hospitals
4-6 mi	Num of times COO: 00	
24590	Owner date: Not Reported	
Higher	City: HAWAIIAN GARDENS	
	Has plan of corr: Not Reported	
	Compliance status: Not Reported	
	SSA county code: 200	
	Cross ref number: Not Reported	
	FMS survey date: Not Reported	
	Current survey date: Not Reported	
	Medicare/Medicaid: Not Reported	
	Facility name: TRI-CITY REG MED CTR PULMONARY LAB	
	Intermediary/Carrier: Not Reported	
	Medicaid number: Not Reported	
	Participation date: 19930111	
	Prior COO date: Not Reported	
	Prior carrier: Not Reported	
	Provider ID: 05D0665952	
	Record Status: A	
	Region code: 09	
	Is Partial Record: Y	
	state abbrev: CA	
	ssa state: 05	
	state region cd: LAB	
	street address: 21530 SOUTH PIONEER BLVD	
	Phone num: 5628600401	
	Termination reason: 00	
	Term Date: 20070227	
	Purpose of action: Not Reported	
	Provider control: 02	
	Zip: 90716	
	Fips state: 06	
	Fips cnty: 037	
	SSA MSA: 328	
	SSA MSA size code: A	
	Date accredited: Not Reported	
	Accred expire date: Not Reported	
	Accred Org: Not Reported	
	Num beds: 0000	
	Num cert beds: 0000	
	Source: US_HOSPITAL_POSCLIA	
	Edr id: SRHO20070136260	

EW820		SRHO20070130261
NNE	Hospital type: 01	AHA Hospitals
4-6 mi	Num of times COO: 00	
24590	Owner date: Not Reported	
Higher	City: HAWAIIAN GARDENS	
	Has plan of corr: Not Reported	
	Compliance status: Not Reported	

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: TRI-CITY REGIONAL MEDICAL CENTER  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19921218  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0059575  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 21530 SOUTH PIONEER BOULEVARD  
 Phone num: 5628600401  
 Termination reason: 00  
 Term Date: 20070227  
 Purpose of action: Not Reported  
 Provider control: 02  
 Zip: 90716  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070130261

FH821  
 West  
 4-6 mi  
 24592  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: Not Reported  
 Compliance status: A  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: 19970626  
 Medicare/Medicaid: 1  
 Facility name: TALBERT MEDICAL GROUP INC/TALBERT MED  
 Intermediary/Carrier: 02050  
 Medicaid number: Not Reported  
 Participation date: 19920901  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported

SRHO20070130549  
 AHA Hospitals

# MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Provider ID: 05D0553866  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Not Reported  
 state abbrev: CA  
 ssa state: 05  
 state region cd: M1  
 street address: 500 ALAMITOS AVENUE  
 Phone num: 5624325661  
 Termination reason: 00  
 Term Date: 20071010  
 Purpose of action: 2  
 Provider control: 04  
 Zip: 90802  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070130549

FH822  
 West  
 4-6 mi  
 24592  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: FHP LONG BEACH MEDICAL  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19940131  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0882221  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Not Reported  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 500 ALAMITOS  
 Phone num: 3104325661  
 Termination reason: 08  
 Term Date: 19980130

SRHO20070142676  
 AHA Hospitals

# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90802  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070142676

FI823		SRDCCA200748660
NE	EDR ID:	SRDCCA200748660
4-6 mi	Facility number:	300606141
24600	Facility name:	LITTLE SCHOOL OF THE WEST OF CYPRESS PARK COMM CH
Higher	Facility eval. code:	1205
	Facility office number:	06
	Facility county number:	30
	Facility type code:	850
	Facility status code:	03
	Address:	5471 CERRITOS AVE
	City:	CYPRESS
	State:	CA
	Zip:	90630
	Alt. address:	5471 CERRITOS AVE
	City:	CYPRESS
	State:	CA
	Zip:	90630
	Facility investor:	CYPRESS PARK COMMUNITY CHURCH
	Licensee type:	C
	License effective date:	950806
	License expiration date:	Not Reported
	License issue date:	Not Reported
	Program type:	"94 AMB CHILDREN, AGES 24 MONTHS THROUGH 6 YRS OLD. MON-FRI 06:30 AM TO 6:00 PM ROOMS 101,102,103,104,105,106,107. "
	Original app. received date:	860604
	Facility closed date:	Not Reported
	Mailing address:	5471 CERRITOS AVENUE
	Mailing city:	CYPRESS
	Mailing state:	CA
	Mailing zip:	90630
	Contact person:	DEBORAH HAGEN
	Facility capacity:	94
	Type of clients served:	950
	Facility phone:	7148281484

824		SRPU20071009699
SE	Ncessch:	062814004349
4-6 mi	Schname05:	VILLAGE VIEW ELEMENTARY
24603		
Higher		

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Mstreet05: 5361 SISSON DR.  
 Mcity05: HUNTINGTON BEACH  
 Mstate05: CA  
 Mzip05: 92649  
 Mzip405: 2442  
 Member05: 624  
 Phone05: (714) 846-2801  
 Locale05: 3  
 Type05: 1  
 Level05: 1  
 Gslo05: KG  
 Gshi05: 05  
 Edr id: SRPU20071009699

825  
 ESE  
 4-6 mi  
 24617  
 Higher

Pss school id: A9900593  
 Pss inst: PETRA CHRISTIAN ACADEMY  
 Lograde: K  
 Higrade: 11  
 Pss address: 5772 MC FADDEN AVE.  
 Pss city: HUNTINGTON BEACH  
 Pss county no: 059  
 Pss county fips: 06059  
 Pss stabb: CA  
 Pss fips: 06  
 Pss zip5: 92649  
 Pss phone: 7148919495  
 Pss sch days: 180  
 Pss stu day hrs: 7  
 Pss library: Yes  
 Pss enroll ug: Not Reported  
 Pss enroll pk: Not Reported  
 Pss enroll k: 1  
 Pss enroll 1: 1  
 Pss enroll 2: 9  
 Pss enroll 3: 2  
 Pss enroll 4: 8  
 Pss enroll 5: 3  
 Pss enroll 6: 5  
 Pss enroll 7: 6  
 Pss enroll 8: 1  
 Pss enroll 9: 8  
 Pss enroll 10: 3  
 Pss enroll 11: 3  
 Pss enroll 12: Not Reported  
 Pss enroll t: 50  
 Pss enroll tk12: 50  
 Pss race ai: Not Reported  
 Pss race as: Not Reported  
 Pss race h: Not Reported  
 Pss race b: Not Reported  
 Pss race w: Not Reported  
 Pss fte teach: 26  
 Pss locale: 3  
 Pss coed: 1

SRPR20051022298  
 Private Schools

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Pss type: 6  
 Pss level: 3  
 Pss relig: 2  
 Pss comm type: 2  
 Pss indian pct: Not Reported  
 Pss asian pct: Not Reported  
 Pss hisp pct: Not Reported  
 Pss black pct: Not Reported  
 Pss white pct: Not Reported  
 Pss stdtch rt: 1.92  
 Pss orient: 8  
 Pss county name: ORANGE  
 Pss assoc 1: No Membership Association  
 Pss assoc 2: Not Reported  
 Pss assoc 3: Not Reported  
 Pss assoc 4: Not Reported  
 Pss assoc 5: Not Reported  
 Pss assoc 6: Not Reported  
 Pss assoc 7: Not Reported  
 Source: NCESDATA\_E72D09B4  
 Edr id: SRPR20051022298

EW826  
 NNE  
 4-6 mi  
 24623  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: HAWAIIAN GARDENS  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: NEW HORIZON MEDICAL CORPORATION  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19970619  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0929617  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Not Reported  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 21520 S PIONEER BLVD SUITE 202  
 Phone num: 5624022811  
 Termination reason: 12  
 Term Date: 19990507  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90716  
 Fips state: 06

SRHO20070149200  
 AHA Hospitals

## MAP FINDINGS

Map ID	Direction	Distance	Distance (ft.)	Elevation	Site	EDR ID Database
					Fips cnty: 037 SSA MSA: 328 SSA MSA size code: A Date accredited: Not Reported Accred expire date: Not Reported Accred Org: Not Reported Num beds: 0000 Num cert beds: 0000 Source: US_HOSPITAL_POSCLIA Edr id: SRHO20070149200	
EW827	NNE	4-6 mi	24623	Higher	Hospital type: 01 Num of times COO: 00 Owner date: Not Reported City: HAWAIIAN GARDENS Has plan of corr: Not Reported Compliance status: Not Reported SSA county code: 200 Cross ref number: Not Reported FMS survey date: Not Reported Current survey date: Not Reported Medicare/Medicaid: Not Reported Facility name: JOHN MAGRANN MD Intermediary/Carrier: Not Reported Medicaid number: Not Reported Participation date: 19990824 Prior COO date: Not Reported Prior carrier: Not Reported Provider ID: 05D0964399 Record Status: A Region code: 09 Is Partial Record: Y state abbrev: CA ssa state: 05 state region cd: LAB street address: 21520 S PIONEER BLVD Phone num: 5628098100 Termination reason: 08 Term Date: 20010823 Purpose of action: Not Reported Provider control: 02 Zip: 90716 Fips state: 06 Fips cnty: 037 SSA MSA: 328 SSA MSA size code: A Date accredited: Not Reported Accred expire date: Not Reported Accred Org: Not Reported Num beds: 0000 Num cert beds: 0000 Source: US_HOSPITAL_POSCLIA Edr id: SRHO20070151351	SRHO20070151351 AHA Hospitals

## MAP FINDINGS

Map ID	Direction	Distance	Distance (ft.)	Elevation	Site	EDR ID Database
EW828						SRHO20070163966
NNE					Hospital type: 01	AHA Hospitals
4-6 mi					Num of times COO: 00	
24623					Owner date: Not Reported	
Higher					City: HAWAIIAN GARDENS	
					Has plan of corr: Not Reported	
					Compliance status: Not Reported	
					SSA county code: 200	
					Cross ref number: Not Reported	
					FMS survey date: Not Reported	
					Current survey date: Not Reported	
					Medicare/Medicaid: Not Reported	
					Facility name: VLADIMIR SAMONTE MD	
					Intermediary/Carrier: Not Reported	
					Medicaid number: Not Reported	
					Participation date: 20060717	
					Prior COO date: Not Reported	
					Prior carrier: Not Reported	
					Provider ID: 05D1056433	
					Record Status: A	
					Region code: 09	
					Is Partial Record: Y	
					state abbrev: CA	
					ssa state: 05	
					state region cd: M1	
					street address: 21520 S PIONEER BLVD SUITE 203	
					Phone num: 5628602001	
					Termination reason: 00	
					Term Date: 20080716	
					Purpose of action: Not Reported	
					Provider control: 04	
					Zip: 90716	
					Fips state: 06	
					Fips cnty: 037	
					SSA MSA: 328	
					SSA MSA size code: A	
					Date accredited: Not Reported	
					Accred expire date: Not Reported	
					Accred Org: Not Reported	
					Num beds: 0000	
					Num cert beds: 0000	
					Source: US_HOSPITAL_POSCLIA	
					Edr id: SRHO20070163966	
EW829						SRHO20070144350
NNE					Hospital type: 01	AHA Hospitals
4-6 mi					Num of times COO: 00	
24623					Owner date: Not Reported	
Higher					City: HAWAIIAN GARDENS	
					Has plan of corr: Not Reported	
					Compliance status: Not Reported	
					SSA county code: 200	
					Cross ref number: Not Reported	
					FMS survey date: Not Reported	
					Current survey date: Not Reported	

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Medicare/Medicaid: Not Reported  
 Facility name: FHP CHARTER MEDICAL CENTER  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19940714  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0888807  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Not Reported  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 21520 SOUTH PIONEER BOULEVARD  
 Phone num: 3108094411  
 Termination reason: 08  
 Term Date: 19980713  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90716  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070144350

FJ830  
 ESE  
 4-6 mi  
 24663  
 Higher

EDR ID: SRDCCA200725168  
 Facility number: 304300566  
 Facility name: "BREMER, CHARLENE"  
 Facility eval. code: 3406  
 Facility office number: 06  
 Facility county number: 30  
 Facility type code: 810  
 Facility status code: 03  
 Address: 6212 CHINOOK AVENUE  
 City: WESTMINSTER  
 State: CA  
 Zip: 92683  
 Alt. address: 6212 CHINOOK AVENUE  
 City: WESTMINSTER  
 State: CA  
 Zip: 92683  
 Facility investor: "BREMER, CHARLENE"  
 Licensee type: A  
 License effective date: 40529  
 License expiration date: Not Reported  
 License issue date: 040529

SRDCCA200725168  
 Daycare

# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED"

Original app. received date: 031231  
 Facility closed date: Not Reported  
 Mailing address: 6212 CHINOOK AVENUE  
 Mailing city: WESTMINSTER  
 Mailing state: CA  
 Mailing zip: 92683  
 Contact person: "BREMER, CHARLENE"  
 Facility capacity: 8  
 Type of clients served: 960  
 Facility phone: 7148922802

EU831 SRDCCA200702209  
 NE EDR ID: SRDCCA200702209  
 4-6 mi Facility number: 300611178  
 24669 Facility name: "KHAMIS, NAJWA JOSEPH"  
 Higher Facility eval. code: 3404

Facility office number: 06  
 Facility county number: 30  
 Facility type code: 810  
 Facility status code: 03  
 Address: 4574 SHERINGTON COURT  
 City: CYPRESS  
 State: CA  
 Zip: 90630  
 Alt. address: 4574 SHERINGTON COURT  
 City: CYPRESS  
 State: CA  
 Zip: 90630  
 Facility investor: "KHAMIS, NAJWA JOSEPH"  
 Licensee type: A  
 License effective date: 941218  
 License expiration date: Not Reported  
 License issue date: 901004  
 Program type: "LICENSE INACTIVE AS OF FEBRUARY 15, 2007"

Original app. received date: 900823  
 Facility closed date: Not Reported  
 Mailing address: 4574 SHERINGTON COURT  
 Mailing city: CYPRESS  
 Mailing state: CA  
 Mailing zip: 90630  
 Contact person: "KHAMIS, NAJWA JOSEPH"  
 Facility capacity: 12  
 Type of clients served: 960  
 Facility phone: 7148218350

EW832 SRHO20070154084  
 NNE Hospital type: 01  
 4-6 mi Num of times COO: 00  
 24689 Owner date: Not Reported  
 Higher

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

City: HAWAIIAN GARDENS  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: AMABLE MEDICAL CLINIC  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19980331  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0943650  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 21500 PIONEER BOULEVARD SUITE 108  
 Phone num: 5628093038  
 Termination reason: 08  
 Term Date: 20000330  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90716  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070154084

EW833  
 NNE  
 4-6 mi  
 24689  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: HAWAIIAN GARDENS  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: MICHAEL C CHAN MD  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported

SRHO20070147935  
 AHA Hospitals

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Participation date: 19970312  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0926017  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: M1  
 street address: 21500 SOUTH PIONEER BOULEVARD, #208  
 Phone num: 5628603120  
 Termination reason: 08  
 Term Date: 20060327  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90716  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070147935

EW834  
 NNE  
 4-6 mi  
 24689  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: HAWAIIAN GARDENS  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: LOWELL SY ERENSTOFT, MD  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19980611  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0947252  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 21500 SO PIONEER BLVD STE 207

SRHO20070152604  
 AHA Hospitals

# MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Phone num: 5628086585  
 Termination reason: 08  
 Term Date: 20060610  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90716  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070152604

EW835  
 NNE  
 4-6 mi  
 24689  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: HAWAIIAN GARDENS  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: TRI-CITY WOMENS CENTER  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19990622  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0962017  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 21500 PIONEER BLVD STE 102  
 Phone num: 5628609981  
 Termination reason: 08  
 Term Date: 20010621  
 Purpose of action: Not Reported  
 Provider control: 02  
 Zip: 90716  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported

SRHO20070150519  
 AHA Hospitals

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070150519

EW836  
 NNE  
 4-6 mi  
 24689  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: HAWAIIAN GARDENS  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: HANAA N HANNA MD  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19971224  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0937935  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 21500 SOUTH PIONEER BLVD, #103  
 Phone num: 5628652090  
 Termination reason: 08  
 Term Date: 19991223  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90716  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070153722

SRHO20070153722  
 AHA Hospitals

EW837  
 NNE  
 4-6 mi  
 24689  
 Higher

Hospital type: 01  
 Num of times COO: 00

SRHO20070145161  
 AHA Hospitals

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Owner date: Not Reported  
 City: HAWAIIAN GARDENS  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: NICHOLAS S C LEE MD INC  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19941104  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0894032  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 21500 S PIONEER BLVD #104  
 Phone num: 3104255155  
 Termination reason: 08  
 Term Date: 20041103  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90716  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070145161

FK838  
 WNW  
 4-6 mi  
 24749  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: NEHA MEDICAL GROUP  
 Intermediary/Carrier: Not Reported

SRHO20070157131  
 AHA Hospitals

# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Medicaid number: Not Reported  
 Participation date: 20040121  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D1021366  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 1045 E ANAHEIM ST  
 Phone num: 5629021033  
 Termination reason: 00  
 Term Date: 20080120  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90813  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070157131

FH839  
 West  
 4-6 mi  
 24761  
 Higher

EDR ID: SRDCCA200752247  
 Facility number: 198001941  
 Facility name: ST. ANTHONY PRESCHOOL  
 Facility eval. code: 8140  
 Facility office number: 33  
 Facility county number: 19  
 Facility type code: 850  
 Facility status code: 03  
 Address: 855 EAST 5TH ST.  
 City: LONG BEACH  
 State: CA  
 Zip: 90802  
 Alt. address: 855 EAST 5TH ST.  
 City: LONG BEACH  
 State: CA  
 Zip: 90802  
 Facility investor: ST. ANTHONY PRESCHOOL  
 Licensee type: C  
 License effective date: 961015  
 License expiration date: Not Reported  
 License issue date: 961015  
 Program type: FACILITY CLOSSES DURING SUMMER RECESS. LICENSED FOR PRESCHOOL AGES 2-START OF 1ST GRADE. AMBULATORY ONL.  
 Original app. received date: 960220

SRDCCA200752247  
 Daycare

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Facility closed date: Not Reported  
 Mailing address: 855 EAST 5TH ST.  
 Mailing city: LONG BEACH  
 Mailing state: CA  
 Mailing zip: 90802  
 Contact person: BARBARA LEARY  
 Facility capacity: 20  
 Type of clients served: 950  
 Facility phone: 5624325946

FH840  
 West  
 4-6 mi  
 24761  
 Higher

Pss school id: 00068943  
 Pss inst: ST ANTHONY ELEMENTARY SCHOOL  
 Lograde: PK  
 Higrade: 8  
 Pss address: 855 EAST 5TH STREET  
 Pss city: LONG BEACH  
 Pss county no: 037  
 Pss county fips: 06037  
 Pss stabb: CA  
 Pss fips: 06  
 Pss zip5: 90802  
 Pss phone: 5624325946  
 Pss sch days: 184  
 Pss stu day hrs: 6.08  
 Pss library: Yes  
 Pss enroll ug: Not Reported  
 Pss enroll pk: 15  
 Pss enroll k: 28  
 Pss enroll 1: 28  
 Pss enroll 2: 25  
 Pss enroll 3: 25  
 Pss enroll 4: 27  
 Pss enroll 5: 27  
 Pss enroll 6: 32  
 Pss enroll 7: 30  
 Pss enroll 8: 35  
 Pss enroll 9: Not Reported  
 Pss enroll 10: Not Reported  
 Pss enroll 11: Not Reported  
 Pss enroll 12: Not Reported  
 Pss enroll t: 272  
 Pss enroll tk12: 257  
 Pss race ai: 3  
 Pss race as: 29  
 Pss race h: 131  
 Pss race b: 30  
 Pss race w: 64  
 Pss fte teach: 10  
 Pss locale: 1  
 Pss coed: 1  
 Pss type: 1  
 Pss level: 1  
 Pss relig: 1  
 Pss comm type: 1

SRPR20051023294  
 Private Schools

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Pss indian pct: 1.17  
 Pss asian pct: 11.28  
 Pss hisp pct: 50.97  
 Pss black pct: 11.67  
 Pss white pct: 24.9  
 Pss stdtch rt: 25.7  
 Pss orient: 1  
 Pss county name: LOS ANGELES  
 Pss assoc 1: National Catholic Educational Association (NCEA)  
 Pss assoc 2: Not Reported  
 Pss assoc 3: Not Reported  
 Pss assoc 4: Not Reported  
 Pss assoc 5: Not Reported  
 Pss assoc 6: Not Reported  
 Pss assoc 7: Not Reported  
 Source: NCESDATA\_E72D09B4  
 Edr id: SRPR20051023294

FF841  
 NE  
 4-6 mi  
 24769  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: CYPRESS  
 Has plan of corr: Not Reported  
 Compliance status: A  
 SSA county code: 400  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: 19960906  
 Medicare/Medicaid: 1  
 Facility name: CENTRAL MEDICAL DIAGNOSTIC LABORATORY INC  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19920901  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0664072  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Not Reported  
 state abbrev: CA  
 ssa state: 05  
 state region cd: M1  
 street address: 10554 PROGRESS WAY SUITE J  
 Phone num: 7148266830  
 Termination reason: 00  
 Term Date: 20080415  
 Purpose of action: 1  
 Provider control: 04  
 Zip: 90630  
 Fips state: 06  
 Fips cnty: 059  
 SSA MSA: 033  
 SSA MSA size code: B  
 Date accredited: Not Reported

SRHO20070136836  
 AHA Hospitals

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070136836

FL842 East 4-6 mi 24773 Higher	Ncessch: 061488001825 Schname05: LOYAL BARKER ELEMENTARY Mstreet05: 12565 SPRINGDALE ST. Mcity05: GARDEN GROVE Mstate05: CA Mzip05: 92845 Mzip405: 2841 Member05: 296 Phone05: (714) 663-6164 Locale05: 3 Type05: 1 Level05: 1 Gslo05: KG Gshi05: 06 Edr id: SRPU20071013702	SRPU20071013702 Public Schools
--------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------

FM843 ESE 4-6 mi 24788 Higher	Hospital type: 01 Num of times COO: 00 Owner date: Not Reported City: HUNTINGTON BEACH Has plan of corr: 1 Compliance status: A SSA county code: 400 Cross ref number: Not Reported FMS survey date: 20010823 Current survey date: 20010823 Medicare/Medicaid: 1 Facility name: MEMORIAL PEDIATRICS Intermediary/Carrier: 02050 Medicaid number: Not Reported Participation date: 19950607 Prior COO date: Not Reported Prior carrier: Not Reported Provider ID: 05D0901849 Record Status: A Region code: 09 Is Partial Record: Not Reported state abbrev: CA ssa state: 05 state region cd: M1 street address: 6042 BOLSA AVENUE Phone num: 7148981448 Termination reason: 00 Term Date: 20071130 Purpose of action: 2	SRHO20070145731 AHA Hospitals
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# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Provider control: 04  
 Zip: 92647  
 Fips state: 06  
 Fips cnty: 059  
 SSA MSA: 033  
 SSA MSA size code: B  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070145731

FN844  
 NE  
 4-6 mi  
 24795  
 Higher

EDR ID: SRDCCA200730120  
 Facility number: 304310100  
 Facility name: "CHAMANARA, FATEMEH"  
 Facility eval. code: 3404  
 Facility office number: 06  
 Facility county number: 30  
 Facility type code: 810  
 Facility status code: 03  
 Address: 5162 BELLE AVE  
 City: CYPRESS  
 State: CA  
 Zip: 90630  
 Alt. address: 5162 BELLE AVE  
 City: CYPRESS  
 State: CA  
 Zip: 90630  
 Facility investor: "CHAMANARA, FATEMEH"  
 Licensee type: A  
 License effective date: 50511  
 License expiration date: Not Reported  
 License issue date: 050511  
 Program type: "MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY.  
 CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY  
 SCHOOL AND 1 CHILD AT LEAST AGE 6."  
 Original app. received date: 050317  
 Facility closed date: Not Reported  
 Mailing address: 5162 BELLE AVE  
 Mailing city: CYPRESS  
 Mailing state: CA  
 Mailing zip: 90630  
 Contact person: "CHAMANARA, FATEMEH"  
 Facility capacity: 8  
 Type of clients served: 960  
 Facility phone: 7149955917

SRDCCA200730120  
 Daycare

FE845  
 NNE  
 4-6 mi  
 24820  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported

SRHO20070159708  
 AHA Hospitals

# MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

City: HAWAIIAN GARDENS  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: SAV-ON DRUGS #9589  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 20050411  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D1039319  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: M1  
 street address: 12221 CARSON STREET  
 Phone num: 5624687011  
 Termination reason: 00  
 Term Date: 20070410  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90716  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070159708

FO846  
 West  
 4-6 mi  
 24900  
 Higher

EDR ID: SRDCCA200734324  
 Facility number: 198012570  
 Facility name: BRIDGES FAMILY CHILD CARE  
 Facility eval. code: 8160  
 Facility office number: 33  
 Facility county number: 19  
 Facility type code: 810  
 Facility status code: 03  
 Address: 907 E. 9TH STREET  
 City: LONG BEACH  
 State: CA  
 Zip: 90813  
 Alt. address: 907 E. 9TH STREET  
 City: LONG BEACH

SRDCCA200734324  
 Daycare

# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

State: CA  
 Zip: 90813  
 Facility investor: "BRIDGES, GINA"  
 Licensee type: A  
 License effective date: 60530  
 License expiration date: Not Reported  
 License issue date: 060530  
 Program type: "MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY.  
 CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY  
 SCHOOL AND 1 CHILD AT LEAST AGE 6."  
 Original app. received date: 060426  
 Facility closed date: Not Reported  
 Mailing address: 907 E. 9TH STREET  
 Mailing city: LONG BEACH  
 Mailing state: CA  
 Mailing zip: 90813  
 Contact person: "BRIDGES, GINA"  
 Facility capacity: 8  
 Type of clients served: 960  
 Facility phone: 5624327673

EZ847  
 WNW  
 4-6 mi  
 24916  
 Higher

EDR ID: SRDCCA200720288  
 Facility number: 198008295  
 Facility name: GRAVES FAMILY CHILD CARE  
 Facility eval. code: 8160  
 Facility office number: 33  
 Facility county number: 19  
 Facility type code: 810  
 Facility status code: 03  
 Address: 1700 LEMON AVENUE  
 City: LONG BEACH  
 State: CA  
 Zip: 90813  
 Alt. address: 1700 LEMON AVENUE  
 City: LONG BEACH  
 State: CA  
 Zip: 90813  
 Facility investor: "GRAVES, TONNETTE"  
 Licensee type: A  
 License effective date: 21126  
 License expiration date: Not Reported  
 License issue date: 021126  
 Program type: MAX. CAP (WHEN THERE IS AN ASSISTANT PRESENT): 12 - NO MORE THAN 4  
 INFANTS. CAP 14 - NO MORE THAN 3 INFANTS. 1 CHILD IN  
 KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6.  
 Original app. received date: 021010  
 Facility closed date: Not Reported  
 Mailing address: 1700 LEMON AVENUE  
 Mailing city: LONG BEACH  
 Mailing state: CA  
 Mailing zip: 90813  
 Contact person: "GRAVES, TONNETTE"  
 Facility capacity: 14  
 Type of clients served: 960

SRDCCA200720288  
 Daycare

# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Facility phone: 5625992121

FP848		SRDCCA200703621
North	EDR ID: SRDCCA200703621	Daycare
4-6 mi	Facility number: 191608935	
24996	Facility name: COHEN FAMILY DAY CARE	
Higher	Facility eval. code: 7110	
	Facility office number: 33	
	Facility county number: 19	
	Facility type code: 810	
	Facility status code: 03	
	Address: 4319 PETALUMA AVENUE	
	City: LAKEWOOD	
	State: CA	
	Zip: 90713	
	Alt. address: 4319 PETALUMA AVENUE	
	City: LAKEWOOD	
	State: CA	
	Zip: 90713	
	Facility investor: "COHEN, HARRY & ANGELA"	
	Licensee type: A	
	License effective date: 930702	
	License expiration date: Not Reported	
	License issue date: Not Reported	
	Program type: "MAXIMUM CAPACITY: 6 CHILDREN, INCLUDING LICENSEE'S CHILDREN UNDER 10 YEARS OF AGE WHO RESIDE IN THE HOME, WITH NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY (INFANT MEANS A CHILD UNDER 2 YEARS OLD)."	
	Original app. received date: 811203	
	Facility closed date: Not Reported	
	Mailing address: 4319 PETALUMA AVENUE	
	Mailing city: LAKEWOOD	
	Mailing state: CA	
	Mailing zip: 90713	
	Contact person: "COHEN, ANGELA"	
	Facility capacity: 6	
	Type of clients served: 960	
	Facility phone: 5624291718	

FL849		SRDCCA200749945
ENE	EDR ID: SRDCCA200749945	Daycare
4-6 mi	Facility number: 300611708	
25015	Facility name: CHILDTIME CHILDREN'S CENTER INC.	
Higher	Facility eval. code: 1206	
	Facility office number: 06	
	Facility county number: 30	
	Facility type code: 850	
	Facility status code: 03	
	Address: 12421 SPRINGDALE STREET	
	City: GARDEN GROVE	
	State: CA	
	Zip: 92645	
	Alt. address: 151 CANYON CREST DRIVE	
	City: ANAHEIM HILLS	
	State: CA	

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Zip: 92808  
 Facility investor: "CHILDTIME CHILDCARE, INC. "  
 Licensee type: D  
 License effective date: 940104  
 License expiration date: Not Reported  
 License issue date: 910104  
 Program type: AMBULATORY CHILDREN. AGES 2 YEARS THRU 5 YEARS OLD.  
 MONDAY THROUGH FRIDAY. HOURS: 6:00A.M. TO 6:00P.M.  
 Original app. received date: 901101  
 Facility closed date: Not Reported  
 Mailing address: "21333 HAGGERTY ROAD, STE. 300 "  
 Mailing city: NORI  
 Mailing state: MI  
 Mailing zip: 48375  
 Contact person: "DURAN, CATHY "  
 Facility capacity: 65  
 Type of clients served: 950  
 Facility phone: 7148944250

FL850  
 ENE  
 4-6 mi  
 25015  
 Higher

EDR ID: SRDCCA200743559  
 Facility number: 300611706  
 Facility name: CHILDTIME CHILDREN'S CENTER INC.  
 Facility eval. code: 1206  
 Facility office number: 06  
 Facility county number: 30  
 Facility type code: 840  
 Facility status code: 03  
 Address: 12421 SPRINGDALE ST  
 City: GARDEN GROVE  
 State: CA  
 Zip: 92645  
 Alt. address: 151 CANYON CREST DRIVE  
 City: ANAHEIM HILLS  
 State: CA  
 Zip: 92808  
 Facility investor: "CHILDTIME CHILDCARE, INC. "  
 Licensee type: D  
 License effective date: 940104  
 License expiration date: Not Reported  
 License issue date: 910104  
 Program type: "CHILDREN SCHOOL AGES 5 YRS. TO 12 YRS. OLD. MONDAY THRU FRIDAY.  
 HOURS: 6:00AM TO 6:00PM, ROOMS 3,4,9,10 & ROOM 6 IN THE PM ONLY. 1  
 NON AMBULATORY. "  
 Original app. received date: 901101  
 Facility closed date: Not Reported  
 Mailing address: "21333 HAGGERTY ROAD, STE. 300 "  
 Mailing city: NORI  
 Mailing state: MI  
 Mailing zip: 48375  
 Contact person: "DURAN, CATHY "  
 Facility capacity: 75  
 Type of clients served: 950  
 Facility phone: 7148944250

SRDCCA200743559  
 Daycare

## MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site	EDR ID Database
FL851 ENE 4-6 mi 25015 Higher	EDR ID: SRDCCA200742150 Facility number: 300611707 Facility name: CHILDTIME CHILDREN'S CENTER INC. Facility eval. code: 1206 Facility office number: 06 Facility county number: 30 Facility type code: 830 Facility status code: 03 Address: 12421 SPRINGDALE ST City: GARDEN GROVE State: CA Zip: 92645 Alt. address: 151 CANYON CREST DRIVE City: ANAHEIM HILLS State: CA Zip: 92808 Facility investor: "CHILDTIME CHILDCARE, INC. " Licensee type: D License effective date: 940104 License expiration date: Not Reported License issue date: 910104 Program type: "MONDAY THRU FRIDAY, 6:00AM TO 6:00PM. 6 WEEKS TO 2 YEARS OF AGE. ROOMS 11 & 12 ONLY." " Original app. received date: 901101 Facility closed date: Not Reported Mailing address: "21333 HAGGERTY ROAD, STE. 300 " Mailing city: NORI Mailing state: MI Mailing zip: 48375 Contact person: "DURAN, CATHY " Facility capacity: 20 Type of clients served: 955 Facility phone: 7148944250	SRDCCA200742150 Daycare
FB852 ENE 4-6 mi 25023 Higher	EDR ID: SRDCCA200731224 Facility number: 304310315 Facility name: "FARIAS, MISAILDA " Facility eval. code: 3404 Facility office number: 06 Facility county number: 30 Facility type code: 810 Facility status code: 06 Address: 6362 SANTA RITA City: GARDEN GROVE State: CA Zip: 92845 Alt. address: 6362 SANTA RITA City: GARDEN GROVE State: CA Zip: 92845 Facility investor: "FARIAS, MISAILDA " Licensee type: A	SRDCCA200731224 Daycare

# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

License effective date: 51006  
 License expiration date: Not Reported  
 License issue date: 051006  
 Program type: "MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY.  
 CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY  
 SCHOOL AND 1 CHILD AT LEAST AGE 6. "  
 Original app. received date: 050928  
 Facility closed date: Not Reported  
 Mailing address: 6362 SANTA RITA  
 Mailing city: GARDEN GROVE  
 Mailing state: CA  
 Mailing zip: 92845  
 Contact person: "FARIAS, MISAILDA "  
 Facility capacity: 8  
 Type of clients served: 960  
 Facility phone: 7143795059

FL853  
 East  
 4-6 mi  
 25024  
 Higher

Pss school id: 01899423  
 Pss inst: ROSSIER PARK ELEMENTARY SCHOOL  
 Lograde: K  
 Higrade: 6  
 Pss address: 6562 STANFORD AVE  
 Pss city: GARDEN GROVE  
 Pss county no: 059  
 Pss county fips: 06059  
 Pss stabb: CA  
 Pss fips: 06  
 Pss zip5: 92845  
 Pss phone: 7145163370  
 Pss sch days: 180  
 Pss stu day hrs: 5  
 Pss library: Yes  
 Pss enroll ug: Not Reported  
 Pss enroll pk: Not Reported  
 Pss enroll k: 1  
 Pss enroll 1: 2  
 Pss enroll 2: 8  
 Pss enroll 3: 7  
 Pss enroll 4: 15  
 Pss enroll 5: 24  
 Pss enroll 6: 36  
 Pss enroll 7: Not Reported  
 Pss enroll 8: Not Reported  
 Pss enroll 9: Not Reported  
 Pss enroll 10: Not Reported  
 Pss enroll 11: Not Reported  
 Pss enroll 12: Not Reported  
 Pss enroll t: 93  
 Pss enroll tk12: 93  
 Pss race ai: 2  
 Pss race as: 5  
 Pss race h: 35  
 Pss race b: 10  
 Pss race w: 41

SRPR20051023010  
 Private Schools

# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Pss fte teach: 9  
 Pss locale: 3  
 Pss coed: 1  
 Pss type: 4  
 Pss level: 1  
 Pss relig: 3  
 Pss comm type: 2  
 Pss indian pct: 2.15  
 Pss asian pct: 5.38  
 Pss hisp pct: 37.63  
 Pss black pct: 10.75  
 Pss white pct: 44.09  
 Pss stdtch rt: 10.33  
 Pss orient: 29  
 Pss county name: ORANGE  
 Pss assoc 1: No Membership Association  
 Pss assoc 2: Not Reported  
 Pss assoc 3: Not Reported  
 Pss assoc 4: Not Reported  
 Pss assoc 5: Not Reported  
 Pss assoc 6: Not Reported  
 Pss assoc 7: Not Reported  
 Source: NCESDATA\_E72D09B4  
 Edr id: SRPR20051023010

FL854 East 4-6 mi 25024 Higher	Ncessch: 061488010570 Schname05: GARDEN PARK ELEMENTARY Mstreet05: 6562 STANFORD AVE. Mcity05: GARDEN GROVE Mstate05: CA Mzip05: 92645 Mzip405: Not Reported Member05: 268 Phone05: (714) 663-6074 Locale05: 3 Type05: 1 Level05: 1 Gslo05: KG Gshi05: 06 Edr id: SRPU20071013960	SRPU20071013960 Public Schools
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FJ855 East 4-6 mi 25025 Higher	EDR ID: SRDCCA200747744 Facility number: 300601063 Facility name: WILLOW LANE PRE SCHOOL Facility eval. code: 1202 Facility office number: 06 Facility county number: 30 Facility type code: 850 Facility status code: 03 Address: 14205 WILLOW LN. City: WESTMINSTER State: CA	SRDCCA200747744 Daycare
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## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Zip: 92683  
 Alt. address: 4181 GREEN AVE  
 City: LOS ALAMITOS  
 State: CA  
 Zip: 90720  
 Facility investor: SMALL WORLD INC.  
 Licensee type: D  
 License effective date: 931031  
 License expiration date: Not Reported  
 License issue date: Not Reported  
 Program type: "AMBULATORY, LICENSEE PREFERS AGES 2 THRU 6 YEARS. HOURS: 6:30 A.M. TO 6:00 P.M."  
 "

Original app. received date: Not Reported  
 Facility closed date: Not Reported  
 Mailing address: 9181 GREEN AVENUE  
 Mailing city: LOS ALAMITOS  
 Mailing state: CA  
 Mailing zip: 90720  
 Contact person: "TRUSSELL, BONNIE"  
 Facility capacity: 44  
 Type of clients served: 950  
 Facility phone: 7148944036

FN856  
 NE  
 4-6 mi  
 25031  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: CYPRESS  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 400  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: MULLIKIN MEDICAL CENTER  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19930201  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0551866  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 5155 BALL ROAD  
 Phone num: 7148280110  
 Termination reason: 08  
 Term Date: 20000531  
 Purpose of action: Not Reported  
 Provider control: 04

SRHO20070130944  
 AHA Hospitals

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Zip: 90630  
 Fips state: 06  
 Fips cnty: 059  
 SSA MSA: 033  
 SSA MSA size code: B  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070130944

FH857			SRDCCA200713149
West	EDR ID:	SRDCCA200713149	Daycare
4-6 mi	Facility number:	198005900	
25037	Facility name:	CASEY FAMILY CHILD CARE	
Higher	Facility eval. code:	8140	
	Facility office number:	33	
	Facility county number:	19	
	Facility type code:	810	
	Facility status code:	03	
	Address:	439 OLIVE AVENUE	
	City:	LONG BEACH	
	State:	CA	
	Zip:	90802	
	Alt. address:	439 OLIVE AVENUE	
	City:	LONG BEACH	
	State:	CA	
	Zip:	90802	
	Facility investor:	"CASEY, CHARLOTTE"	
	Licensee type:	A	
	License effective date:	621	
	License expiration date:	Not Reported	
	License issue date:	000621	
	Program type:	"MAXIMUM CAPACITY: 12 CHILDREN, WITH NO MORE THAN 4 INFANTS, OR CAPACITY 14 CHILDREN WHEN 2 CHILDREN ARE AT LEAST 6 YEARS OF AGE WITH A MAXIMUM OF 3 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED"	
	Original app. received date:	000321	
	Facility closed date:	Not Reported	
	Mailing address:	439 OLIVE AVENUE	
	Mailing city:	LONG BEACH	
	Mailing state:	CA	
	Mailing zip:	90802	
	Contact person:	"CASEY, CHARLOTTE"	
	Facility capacity:	14	
	Type of clients served:	960	
	Facility phone:	5624365057	

EX858			SRDCCA200707016
North	EDR ID:	SRDCCA200707016	Daycare
4-6 mi	Facility number:	191610092	
25041	Facility name:	FIELD FAMILY DAY CARE	
Higher	Facility eval. code:	7110	

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Facility office number: 33  
 Facility county number: 19  
 Facility type code: 810  
 Facility status code: 03  
 Address: 4329 LADOGA  
 City: LAKEWOOD  
 State: CA  
 Zip: 90713  
 Alt. address: 4329 LADOGA  
 City: LAKEWOOD  
 State: CA  
 Zip: 90713  
 Facility investor: "FIELD, JANET L. "  
 Licensee type: A  
 License effective date: 940301  
 License expiration date: Not Reported  
 License issue date: 940301  
 Program type: "MAXIMUM CAPACITY: 6 CHILDREN, INCLUDING LICENSEE'S CHILDREN UNDER 10 YEARS OF AGE WHO RESIDE IN THE HOME, WITH NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY (INFANT MEANS A CHILD UNDER 2 YEARS OLD). "  
 Original app. received date: 931013  
 Facility closed date: Not Reported  
 Mailing address: 4329 LADOGA  
 Mailing city: LAKEWOOD  
 Mailing state: CA  
 Mailing zip: 90713  
 Contact person: JANET L. FIELD  
 Facility capacity: 6  
 Type of clients served: 960  
 Facility phone: 5624216428

FQ859  
 NNE  
 4-6 mi  
 25046  
 Higher

EDR ID: SRDCCA200750283  
 Facility number: 191606624  
 Facility name: ALOHA HEAD START/STATE PRESCHOOL  
 Facility eval. code: 9070  
 Facility office number: 33  
 Facility county number: 19  
 Facility type code: 850  
 Facility status code: 03  
 Address: 11737 E. 214TH STREET  
 City: LAKEWOOD  
 State: CA  
 Zip: 90715  
 Alt. address: 11737 E. 214TH STREET  
 City: LAKEWOOD  
 State: CA  
 Zip: 90715  
 Facility investor: ABC UNIFIED SCHOOL DISTRICT  
 Licensee type: F  
 License effective date: 950731  
 License expiration date: Not Reported  
 License issue date: 920731  
 Program type: HEAD START PROGRAM SERVING AMBULATORY CHILDREN AGE 3 UNTIL ENTRY INTO KINDERGARTEN. THE PROGRAM OPERATES FROM SEPTEMBER TO JUNE FROM 8:30AM TO NOON.

SRDCCA200750283  
 Daycare

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Original app. received date: 910708  
 Facility closed date: Not Reported  
 Mailing address: 16700 NORWALK BLVD.  
 Mailing city: CERRITOS  
 Mailing state: CA  
 Mailing zip: 90701  
 Contact person: VERA SPEAKE  
 Facility capacity: 20  
 Type of clients served: 950  
 Facility phone: 5629242076

FQ860  
 NNE  
 4-6 mi  
 25046  
 Higher

EDR ID: SRDCCA200745917  
 Facility number: 192006383  
 Facility name: YMCA OF GREATER LONG BEACH ALOHA SITE  
 Facility eval. code: 6150  
 Facility office number: 33  
 Facility county number: 19  
 Facility type code: 840  
 Facility status code: 03  
 Address: 11737 E. 214TH STREET  
 City: LAKEWOOD  
 State: CA  
 Zip: 90715  
 Alt. address: 11737 E. 214TH STREET  
 City: LAKEWOOD  
 State: CA  
 Zip: 90715  
 Facility investor: YMCA OF GREATER LONG BEACH  
 Licensee type: C  
 License effective date: 11102  
 License expiration date: Not Reported  
 License issue date: 011102  
 Program type: MAXIMUM CAPACITY - 90 SCHOOL AGE CHILDREN AGES 4 YRS. 9 MONTHS TO TWELVE YEARS. FACILITY OPERATES FROM 7:00-9:30 A.M. AND FROM 12:00-6:00 P.M..  
 Original app. received date: 010724  
 Facility closed date: Not Reported  
 Mailing address: 11737 E. 214TH STREET  
 Mailing city: LAKEWOOD  
 Mailing state: CA  
 Mailing zip: 90715  
 Contact person: KRISTY KINNEAR  
 Facility capacity: 90  
 Type of clients served: 950  
 Facility phone: 5629248329

SRDCCA200745917  
 Daycare

FQ861  
 NNE  
 4-6 mi  
 25046  
 Higher

Ncessch: 060162000001  
 Scname05: ALOHA ELEMENTARY  
 Mstreet05: 11737 EAST 214TH ST.  
 Mcity05: LAKEWOOD  
 Mstate05: CA  
 Mzip05: 90715

SRPU20071006126  
 Public Schools

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Mzip405: 2101  
 Member05: 453  
 Phone05: (310) 824-8329  
 Locale05: 3  
 Type05: 1  
 Level05: 1  
 Gslo05: KG  
 Gshi05: 06  
 Edr id: SRPU20071006126

FR862  
 NNE  
 4-6 mi  
 25058  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: HAWAIIAN GARDENS  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: CLINICA MERCED MEDICAL OFFICE INC  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 20021008  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D1004859  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: M1  
 street address: 12321 E CARSON STREET SUITE 2  
 Phone num: 5628609660  
 Termination reason: 08  
 Term Date: 20050422  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90716  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070155120

SRHO20070155120  
 AHA Hospitals

# MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site	EDR ID Database
863 North 4-6 mi 25066 Higher	EDR ID: SRDCCA200716034 Facility number: 192009768 Facility name: HALL FAMILY CHILD CARE Facility eval. code: 6150 Facility office number: 33 Facility county number: 19 Facility type code: 810 Facility status code: 03 Address: 11309 GRADWELL STREET City: LAKEWOOD State: CA Zip: 90715 Alt. address: 11309 GRADWELL STREET City: LAKEWOOD State: CA Zip: 90715 Facility investor: "HALL, LATONYA DENISE" Licensee type: A License effective date: 20210 License expiration date: Not Reported License issue date: 020210 Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED" Original app. received date: 011218 Facility closed date: Not Reported Mailing address: 11309 GRADWELL STREET Mailing city: LAKEWOOD Mailing state: CA Mailing zip: 90715 Contact person: "HALL, LATONYA" Facility capacity: 8 Type of clients served: 960 Facility phone: 5628604479	SRDCCA200716034 Daycare
FN864 NE 4-6 mi 25100 Higher	EDR ID: SRDCCA200755073 Facility number: 304370243 Facility name: VISTA SCHOOL Facility eval. code: 1205 Facility office number: 06 Facility county number: 30 Facility type code: 850 Facility status code: 03 Address: 5340 MYRA AVENUE City: CYPRESS State: CA Zip: 90630 Alt. address: 5340 MYRA AVENUE City: CYPRESS State: CA Zip: 90630 Facility investor: "VISTA SCHOOL, INC."	SRDCCA200755073 Daycare

# MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Licensee type: D  
 License effective date: 60710  
 License expiration date: Not Reported  
 License issue date: 060710  
 Program type: "AMBULATORY CHILDREN, AGES 2-6 YEARS OLD.HOURS: 8:00 AM TO 5:00 PM,  
 MONDAY THROUGH FRIDAY.  
 "

Original app. received date: 060315  
 Facility closed date: Not Reported  
 Mailing address: 5340 MYRA AVENUE  
 Mailing city: CYPRESS  
 Mailing state: CA  
 Mailing zip: 90630  
 Contact person: "KIESEL, PAMELLA"  
 Facility capacity: 24  
 Type of clients served: 950  
 Facility phone: 7148286400

FH865  
 West  
 4-6 mi  
 25102  
 Higher

Pss school id: 00070602  
 Pss inst: ST ANTHONY HIGH SCHOOL  
 Lograde: 9  
 Higrade: 12  
 Pss address: 620 OLIVE AVENUE  
 Pss city: LONG BEACH  
 Pss county no: 037  
 Pss county fips: 06037  
 Pss stabb: CA  
 Pss fips: 06  
 Pss zip5: 90802  
 Pss phone: 5624354496  
 Pss sch days: 180  
 Pss stu day hrs: 7.17  
 Pss library: Yes  
 Pss enroll ug: Not Reported  
 Pss enroll pk: Not Reported  
 Pss enroll k: Not Reported  
 Pss enroll 1: Not Reported  
 Pss enroll 2: Not Reported  
 Pss enroll 3: Not Reported  
 Pss enroll 4: Not Reported  
 Pss enroll 5: Not Reported  
 Pss enroll 6: Not Reported  
 Pss enroll 7: Not Reported  
 Pss enroll 8: Not Reported  
 Pss enroll 9: 50  
 Pss enroll 10: 55  
 Pss enroll 11: 75  
 Pss enroll 12: 60  
 Pss enroll t: 240  
 Pss enroll tk12: 240  
 Pss race ai: 1  
 Pss race as: 58  
 Pss race h: 85  
 Pss race b: 35

SRPR20051023295  
 Private Schools

# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Pss race w: 61  
 Pss fte teach: 19  
 Pss locale: 1  
 Pss coed: 1  
 Pss type: 1  
 Pss level: 2  
 Pss relig: 1  
 Pss comm type: 1  
 Pss indian pct: 0.42  
 Pss asian pct: 24.17  
 Pss hisp pct: 35.42  
 Pss black pct: 14.58  
 Pss white pct: 25.42  
 Pss stdtch rt: 12.63  
 Pss orient: 1  
 Pss county name: LOS ANGELES  
 Pss assoc 1: National Catholic Educational Association (NCEA)  
 Pss assoc 2: Not Reported  
 Pss assoc 3: Not Reported  
 Pss assoc 4: Not Reported  
 Pss assoc 5: Not Reported  
 Pss assoc 6: Not Reported  
 Pss assoc 7: Not Reported  
 Source: NCESDATA\_E72D09B4  
 Edr id: SRPR20051023295

FC866  
 WNW  
 4-6 mi  
 25108  
 Higher

EDR ID: SRDCCA200738721  
 Facility number: 198012891  
 Facility name: HOY FAMILY CHILD CARE  
 Facility eval. code: 8160  
 Facility office number: 33  
 Facility county number: 19  
 Facility type code: 810  
 Facility status code: 03  
 Address: 1060 E. 17TH STREET  
 City: LONG BEACH  
 State: CA  
 Zip: 90813  
 Alt. address: 1060 E. 17TH STREET  
 City: LONG BEACH  
 State: CA  
 Zip: 90813  
 Facility investor: ROM HOY  
 Licensee type: A  
 License effective date: 61206  
 License expiration date: Not Reported  
 License issue date: 061206  
 Program type: "MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY.  
 CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY  
 SCHOOL AND 1 CHILD AT LEAST AGE 6."  
 Original app. received date: 060918  
 Facility closed date: Not Reported  
 Mailing address: 1060 E. 17TH STREET  
 Mailing city: LONG BEACH

SRDCCA200738721  
 Daycare

# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Mailing state: CA  
 Mailing zip: 90813  
 Contact person: "HOY, ROM"  
 Facility capacity: 8  
 Type of clients served: 960  
 Facility phone: 5622184594

FE867		SRDCCA200736790
NNE	EDR ID:	SRDCCA200736790
4-6 mi	Facility number:	198012683
25139	Facility name:	SMITH FAMILY CHILD CARE
Higher	Facility eval. code:	7110
	Facility office number:	33
	Facility county number:	19
	Facility type code:	810
	Facility status code:	03
	Address:	12102 E. 216TH ST.
	City:	HAWAIIAN GARDENS
	State:	CA
	Zip:	90716
	Alt. address:	12102 E. 216TH ST.
	City:	HAWAIIAN GARDENS
	State:	CA
	Zip:	90716
	Facility investor:	LANICE SMITH
	Licensee type:	A
	License effective date:	60905
	License expiration date:	Not Reported
	License issue date:	060905
	Program type:	"MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY. CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6." "
	Original app. received date:	060626
	Facility closed date:	Not Reported
	Mailing address:	12102 E. 216TH ST.
	Mailing city:	HAWAIIAN GARDENS
	Mailing state:	CA
	Mailing zip:	90716
	Contact person:	"SMITH, LANICE"
	Facility capacity:	8
	Type of clients served:	960
	Facility phone:	5624028083

FS868		SRPU20071013703
ENE	Ncessch:	061488001826
4-6 mi	Schname05:	HILTON D. BELL INTERMEDIATE
25144	Mstreet05:	12345 SPRINGDALE ST.
Higher	Mcity05:	GARDEN GROVE
	Mstate05:	CA
	Mzip05:	92845
	Mzip405:	2238
	Member05:	821
	Phone05:	(714) 663-6466
	Locale05:	3

# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Type05: 1  
 Level05: 2  
 Gslo05: 07  
 Gshi05: 08  
 Edr id: SRPU20071013703

869 North EDR ID: SRDCCA200726436 SRDCCA200726436  
 4-6 mi Facility number: 198010781 Daycare  
 25166 Facility name: CONNER FAMILY CHILD CARE  
 Higher Facility eval. code: 7110

Facility office number: 33  
 Facility county number: 19  
 Facility type code: 810  
 Facility status code: 03  
 Address: 4327 PALO VERDE AVENUE  
 City: LAKEWOOD  
 State: CA  
 Zip: 90713  
 Alt. address: 4327 PALO VERDE AVENUE  
 City: LAKEWOOD  
 State: CA  
 Zip: 90713  
 Facility investor: "CONNER, SHARON"  
 Licensee type: A  
 License effective date: 40907  
 License expiration date: Not Reported  
 License issue date: 040907  
 Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4  
 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE  
 WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED  
 "  
 Original app. received date: 040723  
 Facility closed date: Not Reported  
 Mailing address: 4327 PALO VERDE AVENUE  
 Mailing city: LAKEWOOD  
 Mailing state: CA  
 Mailing zip: 90713  
 Contact person: "CONNER, SHARON"  
 Facility capacity: 8  
 Type of clients served: 960  
 Facility phone: 5624210781

FN870 Hospital type: 01 SRHO20070157412  
 NE Num of times COO: 00 AHA Hospitals  
 4-6 mi Owner date: Not Reported  
 25181 City: CYPRESS  
 Higher Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 400  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Medicare/Medicaid: Not Reported  
 Facility name: ACACIA ADULT DAY SERVICES  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 20040317  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D1023493  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 5175 BALL ROAD  
 Phone num: 7145273686  
 Termination reason: 00  
 Term Date: 20080316  
 Purpose of action: Not Reported  
 Provider control: 02  
 Zip: 90630  
 Fips state: 06  
 Fips cnty: 059  
 SSA MSA: 033  
 SSA MSA size code: B  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070157412

EZ871  
 WNW  
 4-6 mi  
 25197  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: LONG BEACH HARBOR (UCLA)  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 20060922  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D1059130  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y

SRHO20070164632  
 AHA Hospitals

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

state abbrev: CA  
 ssa state: 05  
 state region cd: M1  
 street address: 1075 EAST PACIFIC COAST HIGHWAY  
 Phone num: 5625991511  
 Termination reason: 00  
 Term Date: 20080921  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90806  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070164632

FK872  
 West  
 4-6 mi  
 25205  
 Higher

EDR ID: SRDCCA200723150  
 Facility number: 198009677  
 Facility name: NGUON FAMILY CHILD CARE  
 Facility eval. code: 8160  
 Facility office number: 33  
 Facility county number: 19  
 Facility type code: 810  
 Facility status code: 03  
 Address: 1069 MYRTLE STREET  
 City: LONG BEACH  
 State: CA  
 Zip: 90813  
 Alt. address: 1069 MYRTLE STREET  
 City: LONG BEACH  
 State: CA  
 Zip: 90813  
 Facility investor: BONY NGUON  
 Licensee type: A  
 License effective date: 31003  
 License expiration date: Not Reported  
 License issue date: 031003  
 Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4  
 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE  
 WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED  
 "  
 Original app. received date: 030908  
 Facility closed date: Not Reported  
 Mailing address: 1069 MYRTLE STREET  
 Mailing city: LONG BEACH  
 Mailing state: CA  
 Mailing zip: 90813  
 Contact person: BONY NGUON

SRDCCA200723150  
 Daycare

## MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site	EDR ID Database
	Facility capacity: 8 Type of clients served: 960 Facility phone: 5624911775	
FT873 NE 4-6 mi 25215 Higher	EDR ID: SRDCCA200755735 Facility number: 304370190 Facility name: OC KIDS Facility eval. code: 1207 Facility office number: 06 Facility county number: 30 Facility type code: 850 Facility status code: 03 Address: 10191 SAINT ALBAN STREET City: CYPRESS State: CA Zip: 90630 Alt. address: 10191 SAINT ALBAN STREET City: CYPRESS State: CA Zip: 90630 Facility investor: "DEGENER, KARISSA & HOLLENBECK, CASIE" Licensee type: B License effective date: 50908 License expiration date: Not Reported License issue date: 050908 Program type: "AMB. 18 TOD OPTION KIDS, 18 TO 30 MONTHS. 24 P/S, AGES 24 MONTHS THROUGH 6 YRS OLD. MON-FRI. 06:00AM-6:00PM. WAIVERS FOR P/S & TOD OPT TO SHARE RESTROOMS WITH ELEM SCHOOL, COMBINE TOD ""OPT WITH P/S @ NAP, & TOD OPTION & P/S TO SHARE OUTDOOR SPACE." "	SRDCCA200755735 Daycare
	Original app. received date: 050815 Facility closed date: Not Reported Mailing address: 5182 CITATION AVENUE Mailing city: CYPRESS Mailing state: CA Mailing zip: 90630 Contact person: KARISSA DEGENER Facility capacity: 42 Type of clients served: 950 Facility phone: 7142260040	
FT874 NE 4-6 mi 25215 Higher	EDR ID: SRDCCA200744405 Facility number: 304370191 Facility name: OC KIDS Facility eval. code: 1207 Facility office number: 06 Facility county number: 30 Facility type code: 830 Facility status code: 03 Address: 10191 SAINT ALBAN STREET City: CYPRESS State: CA	SRDCCA200744405 Daycare

# MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Zip: 90630  
 Alt. address: 10191 SAINT ALBAN STREET  
 City: CYPRESS  
 State: CA  
 Zip: 90630  
 Facility investor: "DEGENER, KARISSA & HOLLENBECK, CASIE"  
 Licensee type: B  
 License effective date: 50908  
 License expiration date: Not Reported  
 License issue date: 050908  
 Program type: AMBULATORY. 6 WEEKS THROUGH 18 MONTHS OLD. MON-FRI.  
 06:00 AM TO 6:00 PM. WAIVERS TO SHARE RESTROOMS WITH ELEM  
 SCHOOL AND SHARE OUTDOOR ACTIVITY SPACE WITH THE P/S. INFANTSHAVE OWN  
 AREA WITHIN LG. FENCED OUTDOOR AREA.  
 Original app. received date: 050815  
 Facility closed date: Not Reported  
 Mailing address: 5182 CITATION AVENUE  
 Mailing city: CYPRESS  
 Mailing state: CA  
 Mailing zip: 90630  
 Contact person: KARISSA DEGENER  
 Facility capacity: 12  
 Type of clients served: 955  
 Facility phone: 7142260040

FS875 4-6 mi 25233 Higher	Ncessch: 061488001839 Schname05: ENDERS ELEMENTARY Mstreet05: 12302 SPRINGDALE ST. Mcity05: GARDEN GROVE Mstate05: CA Mzip05: 92845 Mzip405: 2239 Member05: 598 Phone05: (714) 663-6205 Locale05: 3 Type05: 1 Level05: 1 Gslo05: KG Gshi05: 06 Edr id: SRPU20071013712	SRPU20071013712 Public Schools
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FK876 WNW 4-6 mi 25233 Higher	EDR ID: SRDCCA200746225 Facility number: 198007960 Facility name: CHRIST SECOND BAPTIST CHURCH Facility eval. code: 8160 Facility office number: 33 Facility county number: 19 Facility type code: 840 Facility status code: 03 Address: 1471 MARTIN LUTHER KING AVE. City: LONG BEACH State: CA	SRDCCA200746225 Daycare
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## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Zip: 90813  
 Alt. address: 1471 MARTIN LUTHER KING AVE.  
 City: LONG BEACH  
 State: CA  
 Zip: 90813  
 Facility investor: CHRIST SECOND BAPTIST CHURCH  
 Licensee type: C  
 License effective date: 30606  
 License expiration date: Not Reported  
 License issue date: 030606  
 Program type: INACTIVE STATUS FOR PERIOD 08/14/06 TO 08/31/08.  
 Original app. received date: 030307  
 Facility closed date: Not Reported  
 Mailing address: 2850 EASY AVENUE  
 Mailing city: LONG BEACH  
 Mailing state: CA  
 Mailing zip: 90810  
 Contact person: "KIMBER, BARBARA"  
 Facility capacity: 48  
 Type of clients served: 950  
 Facility phone: 5625993421

EY877  
 NNW  
 4-6 mi  
 25259  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: 1  
 Compliance status: A  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: 19960223  
 Medicare/Medicaid: 1  
 Facility name: VILLAGE ROAD MEDICAL GRP  
 Intermediary/Carrier: 02050  
 Medicaid number: Not Reported  
 Participation date: 19920901  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0554762  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Not Reported  
 state abbrev: CA  
 ssa state: 05  
 state region cd: M1  
 street address: 5406 E VILLAGE RD  
 Phone num: 3104251209  
 Termination reason: 08  
 Term Date: 19981208  
 Purpose of action: 1  
 Provider control: 04  
 Zip: 90808  
 Fips state: 06

SRHO20070131112  
 AHA Hospitals

# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070131112

FG878  
 SE  
 4-6 mi  
 25307  
 Higher

EDR ID: SRDCCA200713603  
 Facility number: 304205366  
 Facility name: "KAPLAN, FLORENCE"  
 Facility eval. code: 3404  
 Facility office number: 06  
 Facility county number: 30  
 Facility type code: 810  
 Facility status code: 03  
 Address: 5152 STALLION CIRCLE  
 City: HUNTINGTON BEACH  
 State: CA  
 Zip: 92649  
 Alt. address: 5152 STALLION CIRCLE  
 City: HUNTINGTON BEACH  
 State: CA  
 Zip: 92649  
 Facility investor: "KAPLAN, FLORENCE"  
 Licensee type: A  
 License effective date: 825  
 License expiration date: Not Reported  
 License issue date: 000825  
 Program type: "INACTIVE STATUS: DECEMBER 1, 2006 - DECEMBER 1, 2008."  
 Original app. received date: 000119  
 Facility closed date: Not Reported  
 Mailing address: 5152 STALLION CIRCLE  
 Mailing city: HUNTINGTON BEACH  
 Mailing state: CA  
 Mailing zip: 92649  
 Contact person: "KAPLAN, FLORENCE"  
 Facility capacity: 8  
 Type of clients served: 960  
 Facility phone: 7148406611

SRDCCA200713603  
 Daycare

FU879  
 East  
 4-6 mi  
 25332  
 Higher

EDR ID: SRDCCA200753529  
 Facility number: 304270947  
 Facility name: CALVARY CHAPEL PACIFIC COAST-LITTLE LIGHT P/S  
 Facility eval. code: 1205  
 Facility office number: 06  
 Facility county number: 30  
 Facility type code: 850

SRDCCA200753529  
 Daycare

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Facility status code: 06  
 Address: 6400 WESTMINSTER BLVD.  
 City: WESTMINSTER  
 State: CA  
 Zip: 92683  
 Alt. address: 6400 WESTMINSTER BLVD.  
 City: WESTMINSTER  
 State: CA  
 Zip: 92683  
 Facility investor: CALVARY CHAPEL PACIFIC COAST  
 Licensee type: C  
 License effective date: 20909  
 License expiration date: Not Reported  
 License issue date: 020909  
 Program type: "30 AMBULATORY CHILDREN. AGES 24 MONTHS TO 6 YEARS OLD  
 MON-FRI. 07:00 AM TO 6:00 PM. ROOMS 1,2,3.  
 "

Original app. received date: 020813  
 Facility closed date: Not Reported  
 Mailing address: 6400 WESTMINSTER BLVD.  
 Mailing city: WESTMINSTER  
 Mailing state: CA  
 Mailing zip: 92683  
 Contact person: MOJAN GERSONDE  
 Facility capacity: 30  
 Type of clients served: 950  
 Facility phone: 7143192416

FD880  
 North  
 4-6 mi  
 25355  
 Higher

EDR ID: SRDCCA200729501  
 Facility number: 198011765  
 Facility name: ANTONINI FAMILY CHILD CARE  
 Facility eval. code: 8140  
 Facility office number: 33  
 Facility county number: 19  
 Facility type code: 810  
 Facility status code: 06  
 Address: 5903 HARVEY WAY  
 City: LAKEWOOD  
 State: CA  
 Zip: 90713  
 Alt. address: 5903 HARVEY WAY  
 City: LAKEWOOD  
 State: CA  
 Zip: 90713  
 Facility investor: "ANTONINI, MARLA"  
 Licensee type: A  
 License effective date: 50608  
 License expiration date: Not Reported  
 License issue date: 050608  
 Program type: "MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY.  
 CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY  
 SCHOOL AND 1 CHILD AT LEAST AGE 6."  
 Original app. received date: 050526  
 Facility closed date: Not Reported

SRDCCA200729501  
 Daycare

## MAP FINDINGS

Map ID	Direction	Distance	Distance (ft.)	Elevation	Site	EDR ID	Database
					Mailing address: 5903 HARVEY WAY Mailing city: LAKEWOOD Mailing state: CA Mailing zip: 90713 Contact person: "ANTONINI, MARLA" Facility capacity: 8 Type of clients served: 960 Facility phone: 5624202396		
FV881	ESE	4-6 mi	25369	Higher	EDR ID: SRDCCA200703118 Facility number: 300608376 Facility name: "TEDESCO, BLANCA" Facility eval. code: 3404 Facility office number: 06 Facility county number: 30 Facility type code: 810 Facility status code: 03 Address: 5652 EDINGER City: HUNTINGTON BEACH State: CA Zip: 92649 Alt. address: 5652 EDINGER City: HUNTINGTON BEACH State: CA Zip: 92649 Facility investor: "TEDESCO, BLANCA" Licensee type: A License effective date: 950408 License expiration date: Not Reported License issue date: 890701 Program type: "MAXIMUM CAPACITY: 12 CHILDREN, INCLUDING LICENSEE'S CHILDREN UNDER 10 YERARS OF AGE WHO RESIDE IN THE HOME, WITH NO MORE THAN 4 INFANTS. (INFANT MEANS A CHILD UNDER 2 YEARS OLD)." Original app. received date: 890630 Facility closed date: Not Reported Mailing address: 5652 EDINGER Mailing city: HUNTINGTON BEACH Mailing state: CA Mailing zip: 92649 Contact person: "TEDESCO, BLANCA" Facility capacity: 12 Type of clients served: 960 Facility phone: 7148404309	SRDCCA200703118	Daycare
FN882	NE	4-6 mi	25370	Higher	EDR ID: SRDCCA200704451 Facility number: 300612850 Facility name: "ZIEMER, NATALIE" Facility eval. code: 3404 Facility office number: 06 Facility county number: 30 Facility type code: 810	SRDCCA200704451	Daycare

# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Facility status code: 03  
 Address: 10012 SAINT MICHAEL CIR.  
 City: CYPRESS  
 State: CA  
 Zip: 90630  
 Alt. address: 10012 SAINT MICHAEL CIR.  
 City: CYPRESS  
 State: CA  
 Zip: 90630  
 Facility investor: "ZIEMER, NATALIE"  
 Licensee type: A  
 License effective date: 950414  
 License expiration date: Not Reported  
 License issue date: 920414  
 Program type: "MAXIMUM CAPACITY: 6 CHILDREN, INCLUDING LICENSEE'S CHILDREN UNDER 10 YEARS OF AGE WHO RESIDE IN THE HOME, WITH NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY (INFANT MEANS A CHILD UNDER 2 YEARS OLD)."  
 Original app. received date: 920310  
 Facility closed date: Not Reported  
 Mailing address: 10012 SAINT MICHAEL CIR.  
 Mailing city: CYPRESS  
 Mailing state: CA  
 Mailing zip: 90630  
 Contact person: "ZIEMER, NATALIE"  
 Facility capacity: 6  
 Type of clients served: 960  
 Facility phone: 7149954668

FH883		SRDCCA200710441
West	EDR ID: SRDCCA200710441	Daycare
4-6 mi	Facility number: 198003413	
25392	Facility name: PIERRE FAMILY CHILD CARE	
Higher	Facility eval. code: 8160	
	Facility office number: 33	
	Facility county number: 19	
	Facility type code: 810	
	Facility status code: 03	
	Address: 330 LIME AVE.	
	City: LONG BEACH	
	State: CA	
	Zip: 90802	
	Alt. address: 330 LIME AVE.	
	City: LONG BEACH	
	State: CA	
	Zip: 90802	
	Facility investor: "PIERRE, CONCEPCION"	
	Licensee type: A	
	License effective date: 980302	
	License expiration date: Not Reported	
	License issue date: 980302	
	Program type: "MAXIMUM CAPACITY: 12 CHILDREN WITH NO MORE THAN 4 INFANTS, OR CAPACITY14 CHILDREN WHEN 2 CHILDREN ARE AT LEAST 6 YEARS OF AGE WITH A MAXIMUMOF 3 INFANTS. PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED."	
	Original app. received date: 970829	

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Facility closed date: Not Reported  
 Mailing address: 330 LIME AVE.  
 Mailing city: LONG BEACH  
 Mailing state: CA  
 Mailing zip: 90802  
 Contact person: "PIERRE, CONCEPCION "
 Facility capacity: 14  
 Type of clients served: 960  
 Facility phone: 5629830525

FP884 North 4-6 mi 25393 Higher	Ncessch: Schname05: Mstreet05: Mcity05: Mstate05: Mzip05: Mzip405: Member05: Phone05: Locale05: Type05: Level05: Gslo05: Gshi05: Edr id:	062250002746 MONROE ELEMENTARY 4400 LADOGA AVE. LAKEWOOD CA 90713 2749 919 (562) 429-8911 3 1 1 KG 08 SRPU20071014037	SRPU20071014037 Public Schools
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FW885 WNW 4-6 mi 25444 Higher	EDR ID: Facility number: Facility name: Facility eval. code: Facility office number: Facility county number: Facility type code: Facility status code: Address: City: State: Zip: Alt. address: City: State: Zip: Facility investor: Licensee type: License effective date: License expiration date: License issue date: Program type:	SRDCCA200716122 192009960 TAYLOR FAMILY CHILD CARE 8160 33 19 810 03 1080 E. 19TH STREET LONG BEACH CA 90806 1080 E. 19TH STREET LONG BEACH CA 90806 "TAYLOR, SHARON LOUISE " A 20408 Not Reported 020408 "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "	SRDCCA200716122 Daycare
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Original app. received date: 020130

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Facility closed date: Not Reported  
 Mailing address: 1080 E. 19TH STREET  
 Mailing city: LONG BEACH  
 Mailing state: CA  
 Mailing zip: 90806  
 Contact person: "TAYLOR, SHARON LOUISE "  
 Facility capacity: 8  
 Type of clients served: 960  
 Facility phone: 5625991805

FH886 SRDCCA200749968  
 West EDR ID: SRDCCA200749968  
 4-6 mi Facility number: 191605040  
 25450 Facility name: STEVENSON CHILD DEVELOPMENT CENTERS/PRESCHOOL  
 Higher Facility eval. code: 9130  
 Daycare

Facility office number: 33  
 Facility county number: 19  
 Facility type code: 850  
 Facility status code: 03  
 Address: 515 LIME AVENUE  
 City: LONG BEACH  
 State: CA  
 Zip: 90802  
 Alt. address: 2209 SEABRIGHT AVE.  
 City: LONG BEACH  
 State: CA  
 Zip: 90810  
 Facility investor: LONG BEACH UNIFIED SCHOOL DISTRICT  
 Licensee type: F  
 License effective date: 931114  
 License expiration date: Not Reported  
 License issue date: 901114  
 Program type: AMBULATORY CHILDREN AGES 2 YEARS OLD UNTIL ENTRY INTO KINDERGARTEN.  
 NOT TO EXCEED 22 CHILDREN IN ROOMS 21 & 22. ROOMS RESTRICTED TO  
 SPECIFIED AGE RANGES. HALF DAY PROGRAM 8:30 AM TO 12:30 PM.  
 Original app. received date: 900423  
 Facility closed date: Not Reported  
 Mailing address: 2209 SEABRIGHT AVE.  
 Mailing city: LONG BEACH  
 Mailing state: CA  
 Mailing zip: 90810  
 Contact person: SANDRA ELLIOTT  
 Facility capacity: 22  
 Type of clients served: 950  
 Facility phone: 5624364500

FH887 SRPU20071014050  
 West Ncessch: 062250002760  
 4-6 mi Schname05: STEVENSON ELEMENTARY  
 25450 Mstreet05: 515 LIME AVE.  
 Higher Mcity05: LONG BEACH  
 Mstate05: CA  
 Mzip05: 90802  
 Mzip405: 2642  
 Public Schools

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Member05: 884  
 Phone05: (562) 437-0407  
 Locale05: 1  
 Type05: 1  
 Level05: 1  
 Gslo05: KG  
 Gshi05: 05  
 Edr id: SRPU20071014050

FO888  
 West  
 4-6 mi  
 25455  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: VILLA MARIA CARE CENTER  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19930413  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0554960  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 723 E 9TH ST  
 Phone num: 3104372797  
 Termination reason: 00  
 Term Date: 20080831  
 Purpose of action: Not Reported  
 Provider control: 02  
 Zip: 90813  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070131649

SRHO20070131649  
 AHA Hospitals

## MAP FINDINGS

Map ID	Direction	Distance	Distance (ft.)	Elevation	Site	EDR ID Database
FO889	West	4-6 mi	25455	Higher	Hospital type: 03 Num of times COO: 04 Owner date: Not Reported City: LONG BEACH Has plan of corr: 1 Compliance status: A SSA county code: 200 Cross ref number: Not Reported FMS survey date: 20021220 Current survey date: 20051129 Medicare/Medicaid: 1 Facility name: VILLA MARIA CARE CENTER Intermediary/Carrier: 52280 Medicaid number: 940000030 Participation date: 19690701 Prior COO date: 19890201 Prior carrier: 55280 Provider ID: 055329 Record Status: A Region code: 09 Is Partial Record: Not Reported state abbrev: CA ssa state: 05 state region cd: L4 street address: 723 E 9TH STREET Phone num: 5624372797 Termination reason: 00 Term Date: Not Reported Purpose of action: 2 Provider control: 03 Zip: 90813 Fips state: 06 Fips cnty: 037 SSA MSA: 328 SSA MSA size code: A Date accredited: Not Reported Accred expire date: Not Reported Accred Org: Not Reported Num beds: 0052 Num cert beds: 0052 Source: US_HOSPITAL_POSOTHER Edr id: SRHO20070010318	SRHO20070010318 AHA Hospitals
FO890	West	4-6 mi	25455	Higher	Provnum: 055329 Nursinghomename: VILLA MARIA CARE CENTER Street: 723 E 9TH STREET City: LONG BEACH State: CA Zipcode: 90813 Phonenumber: 5624372797 Dateoflastinspection: 20051123 Certifiednumberofbeds: 52 Totalnumberofresidents: 51	SRNH20060900761 Nursing Homes

# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Percofoccupiedbeds: 98  
 Categorydescription: Participating in Medicare and Medicaid  
 Typeofownership: For profit - Corporation  
 Locatedwithinahospital: NO  
 Multinursinghomeownership: NO  
 Residentandfamilycouncils: RESIDENT  
 Edr id: SRNH20060900761

FX891		SRDCCA200707636
ESE	EDR ID: SRDCCA200707636	Daycare
4-6 mi	Facility number: 304202741	
25469	Facility name: "POLENA, CHARLOTTE"	
Higher	Facility eval. code: 3404	
	Facility office number: 06	
	Facility county number: 30	
	Facility type code: 810	
	Facility status code: 03	
	Address: 14601 ASPEN CIRCLE	
	City: HUNTINGTON BEACH	
	State: CA	
	Zip: 92647	
	Alt. address: 14601 ASPEN CIRCLE	
	City: HUNTINGTON BEACH	
	State: CA	
	Zip: 92647	
	Facility investor: "POLENA, CHARLOTTE"	
	Licensee type: A	
	License effective date: 961031	
	License expiration date: Not Reported	
	License issue date: 961031	
	Program type: "MAXIMUM CAPACITY: 6 CHILDREN, INCLUDING LICENSEE'S CHILDREN UNDER 10 YEARS OF AGE WHO RESIDE IN THE HOME, WITH NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY (INFANT MEANS A CHILD UNDER 2 YEARS OLD)."	
	Original app. received date: 961001	
	Facility closed date: Not Reported	
	Mailing address: 14601 ASPEN CIRCLE	
	Mailing city: HUNTINGTON BEACH	
	Mailing state: CA	
	Mailing zip: 92647	
	Contact person: "POLENA, CHARLOTTE"	
	Facility capacity: 6	
	Type of clients served: 960	
	Facility phone: 7148988658	

FF892		SRHO20070135947
NE	Hospital type: 01	AHA Hospitals
4-6 mi	Num of times COO: 00	
25485	Owner date: Not Reported	
Higher	City: CYPRESS	
	Has plan of corr: Not Reported	
	Compliance status: Not Reported	
	SSA county code: 400	
	Cross ref number: Not Reported	
	FMS survey date: Not Reported	

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: FOCUS DIAGNOSTICS INC  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19930107  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0644251  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 5785 CORPORATE AVENUE SUITE 200  
 Phone num: 7142201900  
 Termination reason: 00  
 Term Date: 20070227  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90630  
 Fips state: 06  
 Fips cnty: 059  
 SSA MSA: 033  
 SSA MSA size code: B  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070135947

FY893  
 East  
 4-6 mi  
 25506  
 Higher

EDR ID: SRDCCA200727760  
 Facility number: 304310061  
 Facility name: "PARRA, ALMA"  
 Facility eval. code: 3406  
 Facility office number: 06  
 Facility county number: 30  
 Facility type code: 810  
 Facility status code: 03  
 Address: 6492 KIOWA ROAD  
 City: WESTMINSTER  
 State: CA  
 Zip: 92683  
 Alt. address: 6492 KIOWA ROAD  
 City: WESTMINSTER  
 State: CA  
 Zip: 92683  
 Facility investor: "PARRA, ALMA"  
 Licensee type: A  
 License effective date: 50516  
 License expiration date: Not Reported

SRDCCA200727760  
 Daycare

# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

License issue date: 050516  
 Program type: "MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY.  
 CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY  
 SCHOOL AND 1 CHILD AT LEAST AGE 6. "

Original app. received date: 050125  
 Facility closed date: Not Reported  
 Mailing address: 6492 KIOWA ROAD  
 Mailing city: WESTMINSTER  
 Mailing state: CA  
 Mailing zip: 92683  
 Contact person: "PARRA, ALMA "  
 Facility capacity: 8  
 Type of clients served: 960  
 Facility phone: 7143790268

FK894  
 WNW  
 4-6 mi  
 25508  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: MEDICAL CLINIC  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19921221  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0554926  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 855 E ANAHEIM  
 Phone num: 3105910840  
 Termination reason: 00  
 Term Date: 20080831  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90813  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000

SRHO20070131531  
 AHA Hospitals

# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070131531

FM895 EDR ID: SRDCCA200718122 SRDCCA200718122  
 ESE Daycare

4-6 mi Facility number: 304206684  
 25520 Facility name: "MISTOFSKY, JEANETTE"  
 Higher Facility eval. code: 3404  
 Facility office number: 06  
 Facility county number: 30  
 Facility type code: 810  
 Facility status code: 03  
 Address: 14932 OAKTREE CIRCLE  
 City: HUNTINGTON BEACH  
 State: CA  
 Zip: 92647  
 Alt. address: 14932 OAKTREE CIRCLE  
 City: HUNTINGTON BEACH  
 State: CA  
 Zip: 92647  
 Facility investor: "MISTOFSKY, JEANETTE"  
 Licensee type: A  
 License effective date: 20729  
 License expiration date: Not Reported  
 License issue date: 020729  
 Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4  
 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE  
 WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED  
 "  
 Original app. received date: 020528  
 Facility closed date: Not Reported  
 Mailing address: 14932 OAKTREE CIRCLE  
 Mailing city: HUNTINGTON BEACH  
 Mailing state: CA  
 Mailing zip: 92647  
 Contact person: "MISTOFSKY, JEANETTE"  
 Facility capacity: 8  
 Type of clients served: 960  
 Facility phone: 7148982329

FZ896 SRHO20070143689  
 NNE AHA Hospitals  
 4-6 mi Hospital type: 01  
 25537 Num of times COO: 00  
 Higher Owner date: Not Reported  
 City: HAWAIIAN GARDENS  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: ABC UNIFIED SCHOOL DIST-FEDDE JR HIGH

# MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19930302  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0862946  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 21409 SOUTH ELAINE AVENUE  
 Phone num: 3109265566  
 Termination reason: 08  
 Term Date: 20060831  
 Purpose of action: Not Reported  
 Provider control: 06  
 Zip: 90716  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070143689

FZ897		SRPU20071006143
NNE	Ncessch: 060162000020	Public Schools
4-6 mi	Schname05: PHARIS F. FEDDE MIDDLE	
25537	Mstreet05: 21409 SOUTH ELAINE AVE.	
Higher	Mcity05: HAWAIIAN GARDENS	
	Mstate05: CA	
	Mzip05: 90716	
	Mzip405: 1025	
	Member05: 578	
	Phone05: (562) 924-2309	
	Locale05: 3	
	Type05: 1	
	Level05: 2	
	Gslo05: 07	
	Gshi05: 08	
	Edr id: SRPU20071006143	

FE898		SRHO20070131207
NNE	Hospital type: 01	AHA Hospitals
4-6 mi	Num of times COO: 00	
25573	Owner date: Not Reported	
Higher	City: HAWAIIAN GARDENS	
	Has plan of corr: Not Reported	

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Compliance status: A  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: 19960116  
 Medicare/Medicaid: 1  
 Facility name: BURTON BRAND MD  
 Intermediary/Carrier: 02050  
 Medicaid number: Not Reported  
 Participation date: 19920901  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0553204  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: M1  
 street address: 21508 SOUTH NORWALK BOULEVARD  
 Phone num: 3108655214  
 Termination reason: 01  
 Term Date: 20030501  
 Purpose of action: 1  
 Provider control: 04  
 Zip: 90716  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070131207

FE899  
 NNE  
 4-6 mi  
 25573  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: HAWAIIAN GARDENS  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: JACQUELINE B AGUILUZ DO INC  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 20020313  
 Prior COO date: Not Reported

SRHO20070155218  
 AHA Hospitals

# MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Prior carrier: Not Reported  
 Provider ID: 05D0997345  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: M1  
 street address: 21508 SOUTH NORWALK BOULEVAERD  
 Phone num: 5624023141  
 Termination reason: 00  
 Term Date: 20080312  
 Purpose of action: Not Reported  
 Provider control: 02  
 Zip: 90716  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070155218

FY900  
 East  
 4-6 mi  
 25579  
 Higher

EDR ID: SRDCCA200749608  
 Facility number: 300614019  
 Facility name: BETHANY BIBLE FELLOWSHIP BETHANY CHRISTIAN PRE.  
 Facility eval. code: 1207  
 Facility office number: 06  
 Facility county number: 30  
 Facility type code: 850  
 Facility status code: 03  
 Address: 13431 EDWARDS STREET  
 City: WESTMINISTER  
 State: CA  
 Zip: 92683  
 Alt. address: 13431 EDWARDS STREET  
 City: WESTMINSTER  
 State: CA  
 Zip: 92683  
 Facility investor: BETHANY BIBLE FELLOWSHIP  
 Licensee type: C  
 License effective date: 950619  
 License expiration date: Not Reported  
 License issue date: 920619  
 Program type: "MONDAY THRU FRIDAY, HOURS: 6:30AM TO 6:00PM, AGES: 2 YRS. TO 5 YRS. ROOMS: 1, 2, 4, & B BLDG."  
 Original app. received date: 920225  
 Facility closed date: Not Reported  
 Mailing address: 13431 EDWARDS STREET

SRDCCA200749608  
 Daycare

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Mailing city: WESTMINSTER  
 Mailing state: CA  
 Mailing zip: 92683  
 Contact person: DEBRA WHITE  
 Facility capacity: 86  
 Type of clients served: 950  
 Facility phone: 7148940144

FY901  
 East  
 4-6 mi  
 25579  
 Higher

Pss school id: A9300142  
 Pss inst: BETHANY CHRISTIAN ACADEMY  
 Lograde: K  
 Higrade: 8  
 Pss address: 13431 EDWARDS STREET  
 Pss city: WESTMINSTER  
 Pss county no: 059  
 Pss county fips: 06059  
 Pss stabb: CA  
 Pss fips: 06  
 Pss zip5: 92683  
 Pss phone: 7148919783  
 Pss sch days: 175  
 Pss stu day hrs: 6.25  
 Pss library: No  
 Pss enroll ug: Not Reported  
 Pss enroll pk: Not Reported  
 Pss enroll k: 27  
 Pss enroll 1: 27  
 Pss enroll 2: 27  
 Pss enroll 3: 30  
 Pss enroll 4: 19  
 Pss enroll 5: 35  
 Pss enroll 6: 26  
 Pss enroll 7: 26  
 Pss enroll 8: 23  
 Pss enroll 9: Not Reported  
 Pss enroll 10: Not Reported  
 Pss enroll 11: Not Reported  
 Pss enroll 12: Not Reported  
 Pss enroll t: 240  
 Pss enroll tk12: 240  
 Pss race ai: 0  
 Pss race as: 21  
 Pss race h: 28  
 Pss race b: 6  
 Pss race w: 185  
 Pss fte teach: 14.5  
 Pss locale: 3  
 Pss coed: 1  
 Pss type: 1  
 Pss level: 1  
 Pss relig: 2  
 Pss comm type: 2  
 Pss indian pct: 0  
 Pss asian pct: 8.75

SRPR20051024846  
 Private Schools

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Pss hisp pct: 11.67  
 Pss black pct: 2.5  
 Pss white pct: 77.08  
 Pss stdtch rt: 16.55  
 Pss orient: 8  
 Pss county name: ORANGE  
 Pss assoc 1: Association of Christian Schools International (ACSI)  
 Pss assoc 2: Not Reported  
 Pss assoc 3: Not Reported  
 Pss assoc 4: Not Reported  
 Pss assoc 5: Not Reported  
 Pss assoc 6: Not Reported  
 Pss assoc 7: Not Reported  
 Source: NCESDATA\_E72D09B4  
 Edr id: SRPR20051024846

FW902  
 WNW  
 4-6 mi  
 25585  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: COAST HEALTH CARE MEDICAL CLINIC  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19960920  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0919983  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 1024 E PACIFIC COAST HWY  
 Phone num: 3102180131  
 Termination reason: 00  
 Term Date: 20080919  
 Purpose of action: Not Reported  
 Provider control: 02  
 Zip: 90806  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported

SRHO20070146416  
 AHA Hospitals

# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070146416

GA903 East 4-6 mi 25593 Higher	EDR ID: SRDCCA200749389 Facility number: 304270013 Facility name: WESTMINSTER SCHOOL DISTRICT-FINLEY STATE PRESCHOOL Facility eval. code: 1207 Facility office number: 06 Facility county number: 30 Facility type code: 850 Facility status code: 03 Address: 13521 EDWARDS ST. City: WESTMINSTER State: CA Zip: 92683 Alt. address: 15151 TEMPLE STREET City: WESTMINSTER State: CA Zip: 92683 Facility investor: WESTMINSTER SCH. DIST. STATE PRESCHOOL PROGRAM Licensee type: F License effective date: 941004 License expiration date: Not Reported License issue date: 941004 Program type: 3 NON-AMB. AGES 3-5 YRS. OLD. MON-FRI. 07:00 AM TO 5:00 PM. RM 31 & RM 32. PER FIRE DEPT. RM 31 MAXIMUM CAPACITY IS 24 RM 32 MAX. CAPACITY IS 25. APPROVED WAIVERS TO SHARE B/R & PLAY YD. WITH ELEM. SCHOOL. Original app. received date: 940330 Facility closed date: Not Reported Mailing address: 14121 CEDARWOOD AVENUE Mailing city: WESTMINSTER Mailing state: CA Mailing zip: 92683 Contact person: RICKI MORALES Facility capacity: 49 Type of clients served: 950 Facility phone: 7148957764	SRDCCA200749389 Daycare
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GA904 East 4-6 mi 25593 Higher	Ncessch: 064215010266 Schname05: FINLEY ELEMENTARY Mstreet05: 13521 EDWARDS ST. Mcity05: WESTMINSTER Mstate05: CA Mzip05: 92683 Mzip405: 2502 Member05: 521 Phone05: (714) 895-7764 Locale05: 3 Type05: 1	SRPU20071010659 Public Schools
--------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------

# MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Level05: 1  
 Gslo05: KG  
 Gshi05: 05  
 Edr id: SRPU20071010659

FF905  
 NE  
 4-6 mi  
 25594  
 Higher

EDR ID: SRDCCA200745592  
 Facility number: 304370287  
 Facility name: TUTOR TIME CHILD CARE/LEARNING CENTER  
 Facility eval. code: 1201  
 Facility office number: 06  
 Facility county number: 30  
 Facility type code: 840  
 Facility status code: 03  
 Address: 5805 CORPORATE AVENUE  
 City: CYPRESS  
 State: CA  
 Zip: 90630  
 Alt. address: "21333 HAGGERTY RD., SUITE #300"  
 City: NOVI  
 State: MI  
 Zip: 48375  
 Facility investor: TUTOR TIME LEARNING CENTERS. LLC.  
 Licensee type: G  
 License effective date: 61027  
 License expiration date: Not Reported  
 License issue date: 061027  
 Program type: AMBULATORY CHILDREN. 5 TO 12 YEARS OF AGE.  
 MONDAY THROUGH FRIDAY. 6:30 AM TO 6:30 PM.  
 Original app. received date: 060731  
 Facility closed date: Not Reported  
 Mailing address: "21333 HAGGERTY RD., SUITE #300"  
 Mailing city: NOVI  
 Mailing state: MI  
 Mailing zip: 48375  
 Contact person: "OLSEN, DENISE"  
 Facility capacity: 25  
 Type of clients served: 950  
 Facility phone: 7144841000

SRDCCA200745592  
 Daycare

FF906  
 NE  
 4-6 mi  
 25594  
 Higher

EDR ID: SRDCCA200755227  
 Facility number: 304370285  
 Facility name: TUTOR TIME CHILD CARE/LEARNING CENTER  
 Facility eval. code: 1201  
 Facility office number: 06  
 Facility county number: 30  
 Facility type code: 850  
 Facility status code: 03  
 Address: 5805 CORPORATE AVENUE  
 City: CYPRESS  
 State: CA  
 Zip: 90630  
 Alt. address: "21333 HAGGERTY RD., SUITE 300 "

SRDCCA200755227  
 Daycare

# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

City: NOVI  
 State: MI  
 Zip: 48375  
 Facility investor: "TUTOR TIME LEARNING CENTERS, LLC. "  
 Licensee type: G  
 License effective date: 61027  
 License expiration date: Not Reported  
 License issue date: 061027  
 Program type: AMBULATORY CHILDREN. 2 TO 6 YEARS OF AGE.  
 MONDAY THROUGH FRIDAY. 6:30 AM TO 6:30 PM.  
 Original app. received date: 060731  
 Facility closed date: Not Reported  
 Mailing address: "21333 HAGGERTY RD., SUITE 300 "  
 Mailing city: NOVI  
 Mailing state: MI  
 Mailing zip: 48375  
 Contact person: "OLSEN, DENISE "  
 Facility capacity: 95  
 Type of clients served: 950  
 Facility phone: 7144841000

FF907  
 NE  
 4-6 mi  
 25594  
 Higher

EDR ID: SRDCCA200744619  
 Facility number: 304370286  
 Facility name: TUTOR TIME CHILD CARE/LEARNING CENTER  
 Facility eval. code: 1201  
 Facility office number: 06  
 Facility county number: 30  
 Facility type code: 830  
 Facility status code: 03  
 Address: 5805 CORPORATE AVENUE  
 City: CYPRESS  
 State: CA  
 Zip: 90630  
 Alt. address: "21333 HAGGERTY RD., SUITE 300 "  
 City: NOVI  
 State: MI  
 Zip: 48375  
 Facility investor: "TUTOR TIME LEARNING CENTERS, LLC. "  
 Licensee type: G  
 License effective date: 61027  
 License expiration date: Not Reported  
 License issue date: 061027  
 Program type: AMBULATORY CHILDREN. BIRTH TO 2 YEARS OF AGE.  
 MONDAY THROUGH FRIDAY. 6:30 AM TO 6:30 PM.  
 Original app. received date: 060731  
 Facility closed date: Not Reported  
 Mailing address: "21333 HAGGERTY RD., SUITE 300 "  
 Mailing city: NOVI  
 Mailing state: MI  
 Mailing zip: 48375  
 Contact person: "OLSEN, DENISE "  
 Facility capacity: 41  
 Type of clients served: 955  
 Facility phone: 7144841000

SRDCCA200744619  
 Daycare

## MAP FINDINGS

Map ID	Direction	Distance	Distance (ft.)	Elevation	Site	EDR ID	Database
FW908							SRHO20070164635
WNW					Hospital type:	01	AHA Hospitals
4-6 mi					Num of times COO:	00	
25608					Owner date:	Not Reported	
Higher					City:	LONG BEACH	
					Has plan of corr:	Not Reported	
					Compliance status:	Not Reported	
					SSA county code:	200	
					Cross ref number:	Not Reported	
					FMS survey date:	Not Reported	
					Current survey date:	Not Reported	
					Medicare/Medicaid:	Not Reported	
					Facility name:	BIENESTAR HUMAN SERVICES INC	
					Intermediary/Carrier:	Not Reported	
					Medicaid number:	Not Reported	
					Participation date:	20061004	
					Prior COO date:	Not Reported	
					Prior carrier:	Not Reported	
					Provider ID:	05D1059703	
					Record Status:	A	
					Region code:	09	
					Is Partial Record:	Y	
					state abbrev:	CA	
					ssa state:	05	
					state region cd:	M1	
					street address:	1020 EAST PACIFIC COAST HIGHWAY	
					Phone num:	5625915191	
					Termination reason:	00	
					Term Date:	20081003	
					Purpose of action:	Not Reported	
					Provider control:	03	
					Zip:	90806	
					Fips state:	06	
					Fips cnty:	037	
					SSA MSA:	328	
					SSA MSA size code:	A	
					Date accredited:	Not Reported	
					Accred expire date:	Not Reported	
					Accred Org:	Not Reported	
					Num beds:	0000	
					Num cert beds:	0000	
					Source:	US_HOSPITAL_POSCLIA	
					Edr id:	SRHO20070164635	
GA909							SRPU20071010650
East					Ncessch:	064215006908	Public Schools
4-6 mi					Schname05:	JOHNSON MIDDLE	
25646					Mstreet05:	13603 EDWARDS ST.	
Higher					Mcity05:	WESTMINSTER	
					Mstate05:	CA	
					Mzip05:	92683	
					Mzip405:	3006	
					Member05:	969	
					Phone05:	(714) 894-7244	
					Locale05:	3	

# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Type05: 1  
 Level05: 2  
 Gslo05: 06  
 Gshi05: 08  
 Edr id: SRPU20071010650

FW910 WNW 4-6 mi 25668 Higher EDR ID: SRDCCA200714607 Daycare

Facility number: 192007070  
 Facility name: MOTLEY FAMILY CHILD CARE  
 Facility eval. code: 8160  
 Facility office number: 33  
 Facility county number: 19  
 Facility type code: 810  
 Facility status code: 03  
 Address: 2035 LEMON AVE  
 City: LONG BEACH  
 State: CA  
 Zip: 90806  
 Alt. address: 2035 LEMON AVE  
 City: LONG BEACH  
 State: CA  
 Zip: 90806  
 Facility investor: "MOTLEY, SHARI & SCOTT, LEONARD"  
 Licensee type: A  
 License effective date: 10518  
 License expiration date: Not Reported  
 License issue date: 010518  
 Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED"  
 Original app. received date: 010321  
 Facility closed date: Not Reported  
 Mailing address: 2035 LEMON AVE  
 Mailing city: LONG BEACH  
 Mailing state: CA  
 Mailing zip: 90806  
 Contact person: "MOTLEY, SHARI"  
 Facility capacity: 8  
 Type of clients served: 960  
 Facility phone: 5622182919

FS911 ENE 4-6 mi 25709 Higher EDR ID: SRDCCA200711453 Daycare

Facility number: 304204987  
 Facility name: "DICKERSON, CARLOITA"  
 Facility eval. code: 3404  
 Facility office number: 06  
 Facility county number: 30  
 Facility type code: 810  
 Facility status code: 03  
 Address: 12162 WUTZKE  
 City: GARDEN GROVE

# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

State: CA  
 Zip: 92845  
 Alt. address: 12162 WUTZKE  
 City: GARDEN GROVE  
 State: CA  
 Zip: 92845  
 Facility investor: "DICKERSON, CARLOITA"  
 Licensee type: A  
 License effective date: 990922  
 License expiration date: Not Reported  
 License issue date: 990922  
 Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED"  
 Original app. received date: 990416  
 Facility closed date: Not Reported  
 Mailing address: 12162 WUTZKE  
 Mailing city: GARDEN GROVE  
 Mailing state: CA  
 Mailing zip: 92845  
 Contact person: "DICKERSON, CARLOITA"  
 Facility capacity: 8  
 Type of clients served: 960  
 Facility phone: 7148946645

GB912		SRDCCA200751070
West	EDR ID: SRDCCA200751070	Daycare
4-6 mi	Facility number: 192001478	
25719	Facility name: YMCA GLB FAIRFIELD 3RD STREET PRESCHOOL	
Higher	Facility eval. code: 8160	
	Facility office number: 33	
	Facility county number: 19	
	Facility type code: 850	
	Facility status code: 03	
	Address: 607 E. 3RD STREET	
	City: LONG BEACH	
	State: CA	
	Zip: 90802	
	Alt. address: 4949 ATLANTIC AVENUE	
	City: LONG BEACH	
	State: CA	
	Zip: 90805	
	Facility investor: YMCA OF GREATER LONG BEACH	
	Licensee type: C	
	License effective date: 320	
	License expiration date: Not Reported	
	License issue date: 000320	
	Program type: MAXIMUM CAPACITY: 60 CHILDREN AGES 3-5 YEARS OLD: 8AM-4PM MONDAY THRU FRIDAY: AMBULATORY. FACILITY LOCATED INSIDE COVENANT PRESBYTERIAN CHURCH.	
	Original app. received date: 000120	
	Facility closed date: Not Reported	
	Mailing address: 4949 ATLANTIC AVENUE	
	Mailing city: LONG BEACH	

# MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Mailing state: CA  
 Mailing zip: 90805  
 Contact person: GABRIELA PEDROZA  
 Facility capacity: 60  
 Type of clients served: 950  
 Facility phone: 5629836165

FX913 ESE EDR ID: SRDCCA200709398 SRDCCA200709398  
 4-6 mi Facility number: 304204681 Daycare  
 25740 Facility name: "MORGAN, VICKIE"

Higher Facility eval. code: 3404  
 Facility office number: 06  
 Facility county number: 30  
 Facility type code: 810  
 Facility status code: 03  
 Address: 14622 ZANE CIRCLE  
 City: HUNTINGTON BEACH  
 State: CA  
 Zip: 92647  
 Alt. address: 14622 ZANE CIRCLE  
 City: HUNTINGTON BEACH  
 State: CA  
 Zip: 92647  
 Facility investor: "MORGAN, VICKIE"  
 Licensee type: A  
 License effective date: 980914  
 License expiration date: Not Reported  
 License issue date: 980914  
 Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4  
 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE  
 WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED"  
 Original app. received date: 980720  
 Facility closed date: Not Reported  
 Mailing address: 14622 ZANE CIRCLE  
 Mailing city: HUNTINGTON BEACH  
 Mailing state: CA  
 Mailing zip: 92647  
 Contact person: "MORGAN, VICKIE"  
 Facility capacity: 8  
 Type of clients served: 960  
 Facility phone: 7148931090

FP914 North EDR ID: SRDCCA200703780 SRDCCA200703780  
 4-6 mi Facility number: 191608314 Daycare  
 25742 Facility name: HOLLMAN FAMILY DAY CARE

Higher Facility eval. code: 7110  
 Facility office number: 33  
 Facility county number: 19  
 Facility type code: 810  
 Facility status code: 03  
 Address: 4492 PAULA AVENUE

# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

City: LAKEWOOD  
 State: CA  
 Zip: 90713  
 Alt. address: 4492 PAULA AVENUE  
 City: LAKEWOOD  
 State: CA  
 Zip: 90713  
 Facility investor: "HOLLMAN, CATHERINE & WILLIAM"  
 Licensee type: A  
 License effective date: 951016  
 License expiration date: Not Reported  
 License issue date: 921016  
 Program type: "MAXIMUM CAPACITY: 12 CHILDREN, INCLUDING LICENSEE'S CHILDREN UNDER 10YEARS OF AGE WHO RESIDE IN THE HOME, WITH NO MORE THAN 4 INFANTS (INFANT MEANS A CHILD UNDER 2 YEARS OLD)."

Original app. received date: 920729  
 Facility closed date: Not Reported  
 Mailing address: 4492 PAULA AVENUE  
 Mailing city: LAKEWOOD  
 Mailing state: CA  
 Mailing zip: 90713  
 Contact person: "HOLLMAN, CATHERINE"  
 Facility capacity: 12  
 Type of clients served: 960  
 Facility phone: 5624255030

GC915  
 NNE  
 4-6 mi  
 25745  
 Higher

EDR ID: SRDCCA200750953  
 Facility number: 304270045  
 Facility name: ABC DEVELOPMENT PRESCHOOL #4  
 Facility eval. code: 1207  
 Facility office number: 06  
 Facility county number: 30  
 Facility type code: 850  
 Facility status code: 03  
 Address: 4440 SURREY AVE.  
 City: CYPRESS  
 State: CA  
 Zip: 90630  
 Alt. address: 16633 E. BLACKBURN DR.  
 City: LA MIRADA  
 State: CA  
 Zip: 90638  
 Facility investor: "LEBRUN, JANICE & ABC 4 B & J INC."  
 Licensee type: D  
 License effective date: 940830  
 License expiration date: Not Reported  
 License issue date: 940830  
 Program type: "AMB. CHILDREN. AGES 24 MONTHS THROUGH 6 YEARS OLD. MON-FRI. 06:30AM TO 6:00PM, RM A AND 8:15AM TO 2:30PM, RMS B & C. WAIVER-COMBINE P/S AND SCH-AGE CHILDREN FIRST AND LAST HOUR OF THE DAY."  
 Original app. received date: 940623  
 Facility closed date: Not Reported

SRDCCA200750953  
 Daycare

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Mailing address: 16633 E. BLACKBURN DR.  
 Mailing city: LA MIRADA  
 Mailing state: CA  
 Mailing zip: 90638  
 Contact person: NIKKI BRZUSKA  
 Facility capacity: 60  
 Type of clients served: 950  
 Facility phone: 7148284222

GC916 SRDCCA200743318  
 NNE Daycare

EDR ID: SRDCCA200743318  
 Facility number: 304270046  
 Facility name: ABC DEVELOPMENT PRESCHOOL #4  
 Facility eval. code: 1207  
 Facility office number: 06  
 Facility county number: 30  
 Facility type code: 840  
 Facility status code: 03  
 Address: 4440 SURREY AVE.  
 City: CYPRESS  
 State: CA  
 Zip: 90630  
 Alt. address: 16633 E. BLACKBURN DR.  
 City: LA MIRADA  
 State: CA  
 Zip: 90638  
 Facility investor: "LEBRUN,JANICE & ABC 4 B & J INC. "  
 Licensee type: D  
 License effective date: 940830  
 License expiration date: Not Reported  
 License issue date: 940830  
 Program type: "AMB. CHILDREN. AGES 5 THROUGH 12 YRS OLD. MON-FRI.RM B & C.  
 06:30AM TO 8:15AM & 2:30PM TO 6:00PM. INCLUDES DAYSELEM SCHOOL  
 IS CLOSED-M-F, 06:30AM TO 6:00PM RM B & C. WAIVER-COMBINE P/S &  
 "SCH-AGE KIDS FIRST & LAST HR OF DAY.  
 Original app. received date: 940623  
 Facility closed date: Not Reported  
 Mailing address: 16633 E. BLACKBURN DR.  
 Mailing city: LA MIRADA  
 Mailing state: CA  
 Mailing zip: 90638  
 Contact person: NIKKI BRZUSKA  
 Facility capacity: 60  
 Type of clients served: 950  
 Facility phone: 7148284222

FI917 SRDCCA200703323  
 NE Daycare

EDR ID: SRDCCA200703323  
 Facility number: 300608968  
 Facility name: "WARDELL, DEBRA "  
 Facility eval. code: 3404  
 Facility office number: 06  
 Facility county number: 30  
 Facility type code: 810

# MAP FINDINGS

Map ID  
Direction  
Distance  
Distance (ft.)  
Elevation

Site

EDR ID  
Database

Facility status code: 03  
 Address: 5641 CATHY LANE  
 City: CYPRESS  
 State: CA  
 Zip: 90630  
 Alt. address: 5641 CATHY LANE  
 City: CYPRESS  
 State: CA  
 Zip: 90630  
 Facility investor: "WARDELL, DEBRA"  
 Licensee type: A  
 License effective date: 941130  
 License expiration date: Not Reported  
 License issue date: 890701  
 Program type: "MAXIMUM CAPACITY: 12 CHILDREN, INCLUDING LICENSEE'S CHILDREN UNDER 10 YEARS OF AGE WHO RESIDE IN THE HOME, WITH NO MORE THAN 4 INFANTS. (INFANT MEANS A CHILD UNDER 2 YEARS OLD)."  
 Original app. received date: 890630  
 Facility closed date: Not Reported  
 Mailing address: 5641 CATHY LANE  
 Mailing city: CYPRESS  
 Mailing state: CA  
 Mailing zip: 90630  
 Contact person: "WARDELL, DEBRA"  
 Facility capacity: 12  
 Type of clients served: 960  
 Facility phone: 7148281560

FX918  
ESE  
4-6 mi  
25774  
Higher

EDR ID: SRDCCA200755167  
 Facility number: 304370288  
 Facility name: CLEGG PRESCHOOL  
 Facility eval. code: 1207  
 Facility office number: 06  
 Facility county number: 30  
 Facility type code: 850  
 Facility status code: 03  
 Address: 6311 LARCHWOOD DRIVE  
 City: HUNTINGTON BEACH  
 State: CA  
 Zip: 92647  
 Alt. address: 6311 LARCHWOOD DRIVE  
 City: HUNTINGTON BEACH  
 State: CA  
 Zip: 92647  
 Facility investor: WESTMINSTER SCHOOL DISTRICT  
 Licensee type: F  
 License effective date: 60829  
 License expiration date: Not Reported  
 License issue date: 060829  
 Program type: "24 AMBULATORY CHILDREN, 3-5 YEARS OF AGE, 8:15 A.M. TO 11:15 A.M. ROOM A1.WAIVER TO SHARE ELEMENTARY SCHOOL PLAYGROUND."  
 Original app. received date: 060717

SRDCCA200755167  
Daycare

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Facility closed date: Not Reported  
 Mailing address: 1515 TEMPLE STREET  
 Mailing city: WESTMINSTER  
 Mailing state: CA  
 Mailing zip: 92683  
 Contact person: JENNIFER WOJTKIEWICZ  
 Facility capacity: 24  
 Type of clients served: 950  
 Facility phone: 7148947218

FX919		SRPU20071010646
ESE	Necessch: 064215006903	Public Schools
4-6 mi	Schname05: CLEGG ELEMENTARY	
25774	Mstreet05: 6311 LARCHWOOD DR.	
Higher	Mcity05: HUNTINGTON BEACH	
	Mstate05: CA	
	Mzip05: 92647	
	Mzip405: 2320	
	Member05: 1378	
	Phone05: (714) 894-7212	
	Locale05: 3	
	Type05: 1	
	Level05: 1	
	Gslo05: KG	
	Gshi05: 08	
	Edr id: SRPU20071010646	

FX920		SRPU20071010655
ESE	Necessch: 064215006915	Public Schools
4-6 mi	Schname05: STACEY MIDDLE	
25774	Mstreet05: 6311 LARCHWOOD DR.	
Higher	Mcity05: HUNTINGTON BEACH	
	Mstate05: CA	
	Mzip05: 92647	
	Mzip405: 2320	
	Member05: -2	
	Phone05: (714) 894-7212	
	Locale05: N	
	Type05: 1	
	Level05: 4	
	Gslo05: N	
	Gshi05: N	
	Edr id: SRPU20071010655	

GD921		SRHO20070156121
WNW	Hospital type: 01	AHA Hospitals
4-6 mi	Num of times COO: 00	
25776	Owner date: Not Reported	
Higher	City: SIGNAL HILL	
	Has plan of corr: Not Reported	
	Compliance status: Not Reported	
	SSA county code: 200	
	Cross ref number: Not Reported	

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: ORION HOME HEALTH AGENCY  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 20000426  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0973132  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: M1  
 street address: 1301 EAST BURNETT STREET  
 Phone num: 5624269155  
 Termination reason: 01  
 Term Date: 20060208  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90755  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070156121

GB922  
 West  
 4-6 mi  
 25790  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: 1  
 Compliance status: A  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: 20060817  
 Medicare/Medicaid: 1  
 Facility name: OXFORD HEALTH CARE  
 Intermediary/Carrier: 00040  
 Medicaid number: HHA70025F  
 Participation date: 19790801  
 Prior COO date: Not Reported  
 Prior carrier: 00041  
 Provider ID: 057246  
 Record Status: A

SRHO20070011151  
 AHA Hospitals

# MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Region code: 09  
 Is Partial Record: Not Reported  
 state abbrev: CA  
 ssa state: 05  
 state region cd: L4  
 street address: 280 ATLANTIC AVE  
 Phone num: 5624326441  
 Termination reason: 00  
 Term Date: Not Reported  
 Purpose of action: 2  
 Provider control: 04  
 Zip: 90802  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: 0  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSOTHER  
 Edr id: SRHO20070011151

GC923		SRPU20071014134
NNE	Ncessch: 061044001166	Public Schools
4-6 mi	Schname05: A. E. ARNOLD ELEMENTARY	
25795	Mstreet05: 9281 DENNI ST.	
Higher	Mcity05: CYPRESS	
	Mstate05: CA	
	Mzip05: 90630	
	Mzip405: 2724	
	Member05: 605	
	Phone05: (714) 220-6965	
	Locale05: 3	
	Type05: 1	
	Level05: 1	
	Gslo05: KG	
	Gshi05: 06	
	Edr id: SRPU20071014134	

FV924		SRDCCA200744803
SE	EDR ID: SRDCCA200744803	Daycare
4-6 mi	Facility number: 304370317	
25803	Facility name: "KELLIE'S ACADEMY FOR KIDS, CHILD DEV. CTR. "	
Higher	Facility eval. code: 1207	
	Facility office number: 06	
	Facility county number: 30	
	Facility type code: 840	
	Facility status code: 03	
	Address: 5702 CLARK DRIVE	
	City: HUNTINGTON BEACH	
	State: CA	
	Zip: 92649	

# MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site	EDR ID Database
	Alt. address: 5702 CLARK DRIVE City: HUNTINGTON BEACH State: CA Zip: 92649 Facility investor: "GILLESPIE, KELLIE" Licensee type: D License effective date: 70214 License expiration date: Not Reported License issue date: 070214 Program type: AMBULATORY - MONDAY THROUGH FRIDAY 6:30 AM TO 6:30 PM. SCHOOL-AGE TO 14 YEARS OF AGE. Original app. received date: 060926 Facility closed date: Not Reported Mailing address: 16311 NASSAU LANE Mailing city: HUNTINGTON BEACH Mailing state: CA Mailing zip: 92649 Contact person: "GILLESPIE, KELLIE" Facility capacity: 50 Type of clients served: 950 Facility phone: 7143770533	5
FV925 SE 4-6 mi 25803 Higher	EDR ID: SRDCCA200744740 Facility number: 304370316 Facility name: "KELLIE'S ACADEMY FOR KIDS, CHILD DEV. CTR." Facility eval. code: 1207 Facility office number: 06 Facility county number: 30 Facility type code: 830 Facility status code: 03 Address: 5702 CLARK DRIVE City: HUNTINGTON BEACH State: CA Zip: 92649 Alt. address: 5702 CLARK DRIVE City: HUNTINGTON BEACH State: CA Zip: 92649 Facility investor: "GILLESPIE, KELLIE" Licensee type: D License effective date: 70214 License expiration date: Not Reported License issue date: 070214 Program type: "AMBULATORY , MONDAY THROUGH FIRDAY, 6:30 AM TO 6:30 PM. INFANTS 0 TO 2 YEARS OLD." Original app. received date: 060926 Facility closed date: Not Reported Mailing address: 16311 NASSAU LANE Mailing city: HUNTINGTON BEACH Mailing state: CA Mailing zip: 92649 Contact person: "GILLESPIE, KELLIE" Facility capacity: 28	SRDCCA200744740 Daycare

# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Type of clients served: 955  
 Facility phone: 7143770533

FV926  
 SE  
 4-6 mi  
 25803  
 Higher

EDR ID: SRDCCA200752491  
 Facility number: 304270040  
 Facility name: CARDEN DEVELOPMENTAL PRESCHOOL  
 Facility eval. code: 1207  
 Facility office number: 06  
 Facility county number: 30  
 Facility type code: 850  
 Facility status code: 03  
 Address: 5702 CLARK DRIVE  
 City: HUNTINGTON BEACH  
 State: CA  
 Zip: 92649  
 Alt. address: 5702 CLARK DRIVE  
 City: HUNTINGTON BEACH  
 State: CA  
 Zip: 92649  
 Facility investor: "CARDEN CONSERVATORY, INC. "  
 Licensee type: D  
 License effective date: 940911  
 License expiration date: Not Reported  
 License issue date: 940911  
 Program type: "MONDAY-FRIDAY, 6:30 A.M.-6:00 P.M. ROOM 17,18,19.  
 AGES 2 YEARS THROUGH 6 YEARS OLD."  
 " "  
 Original app. received date: 940617  
 Facility closed date: Not Reported  
 Mailing address: 5702 CLARK DRIVE  
 Mailing city: HUNTINGTON BEACH  
 Mailing state: CA  
 Mailing zip: 92649  
 Contact person: "TCHAKALSKA, ROSSITZA "  
 Facility capacity: 60  
 Type of clients served: 950  
 Facility phone: 7148402197

SRDCCA200752491  
 Daycare

FV927  
 SE  
 4-6 mi  
 25803  
 Higher

EDR ID: SRDCCA200754851  
 Facility number: 304370315  
 Facility name: "KELLIE'S ACADEMY FOR KIDS, CHILD DEV. CTR. "  
 Facility eval. code: 1207  
 Facility office number: 06  
 Facility county number: 30  
 Facility type code: 850  
 Facility status code: 03  
 Address: 5702 CLARK DRIVE  
 City: HUNTINGTON BEACH  
 State: CA  
 Zip: 92649  
 Alt. address: 5702 CLARK DRIVE  
 City: HUNTINGTON BEACH

SRDCCA200754851  
 Daycare

# MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

State: CA  
 Zip: 92649  
 Facility investor: "GILLESPIE, KELLIE"  
 Licensee type: D  
 License effective date: 70214  
 License expiration date: Not Reported  
 License issue date: 070214  
 Program type: AMBULATORY - MONDAY THROUGH FRIDAY 6:30 AM TO 6:30 PM. PRESCHOOL PROGRAM 2 TO 6 YEARS OF AGE.  
 Original app. received date: 060926  
 Facility closed date: Not Reported  
 Mailing address: 16311 NASSAU LANE  
 Mailing city: HUNTINGTON BEACH  
 Mailing state: CA  
 Mailing zip: 92649  
 Contact person: "GILLESPIE, KELLIE"  
 Facility capacity: 84  
 Type of clients served: 950  
 Facility phone: 7143770533

FV928  
 SE  
 4-6 mi  
 25803  
 Higher

EDR ID: SRDCCA200748479  
 Facility number: 300604107  
 Facility name: NORTH HUNTINGTON BEACH COMMUNITY NURSERY SCHOOL  
 Facility eval. code: 1207  
 Facility office number: 06  
 Facility county number: 30  
 Facility type code: 850  
 Facility status code: 03  
 Address: 5702 CLARK DRIVE  
 City: HUNTINGTON BEACH  
 State: CA  
 Zip: 92649  
 Alt. address: 5702 CLARK DRIVE  
 City: HUNTINGTON BEACH  
 State: CA  
 Zip: 92649  
 Facility investor: NORTH HUNTINGTON BEACH COMMUNITY NURSERY SCHOOL  
 Licensee type: C  
 License effective date: 931102  
 License expiration date: Not Reported  
 License issue date: Not Reported  
 Program type: "AMBULATORY CHILDREN. AGES 24 MONTHS THROUGH 6 YEARS OLD. MON, WED, AND FRI 08:00 AM TO 4:00 PM; AND TUES AND THURS 8:30 AM TO 4:00 PM."  
 Original app. received date: 790731  
 Facility closed date: Not Reported  
 Mailing address: 5702 CLARK DRIVE  
 Mailing city: HUNTINGTON BEACH  
 Mailing state: CA  
 Mailing zip: 92649  
 Contact person: TRACY HOLLOWAY  
 Facility capacity: 25  
 Type of clients served: 950

SRDCCA200748479  
 Daycare

# MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Facility phone: 7148462713

FV929 SE 4-6 mi 25803 Higher	Pss school id: Pss inst: Lograde: Higrade: Pss address: Pss city: Pss county no: Pss county fips: Pss stabb: Pss fips: Pss zip5: Pss phone: Pss sch days: Pss stu day hrs: Pss library: Pss enroll ug: Pss enroll pk: Pss enroll k: Pss enroll 1: Pss enroll 2: Pss enroll 3: Pss enroll 4: Pss enroll 5: Pss enroll 6: Pss enroll 7: Pss enroll 8: Pss enroll 9: Pss enroll 10: Pss enroll 11: Pss enroll 12: Pss enroll t: Pss enroll tk12: Pss race ai: Pss race as: Pss race h: Pss race b: Pss race w: Pss fte teach: Pss locale: Pss coed: Pss type: Pss level: Pss relig: Pss comm type: Pss indian pct: Pss asian pct: Pss hisp pct: Pss black pct: Pss white pct: Pss stdtch rt: Pss orient: Pss county name:	02158359 CARDEN CONSERVATORY PK 8 5702 CLARK DR HUNTINGTON BEACH 059 06059 CA 06 92649 7148405127 168 7.25 Yes Not Reported 36 20 12 20 13 14 15 15 15 15 15 Not Reported Not Reported Not Reported Not Reported 175 139 0 27 0 1 111 15.9 3 1 1 1 3 2 0 19.42 0 0.72 79.86 8.74 29 ORANGE	SRPR20051023955 Private Schools
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## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Pss assoc 1: No Membership Association  
 Pss assoc 2: Not Reported  
 Pss assoc 3: Not Reported  
 Pss assoc 4: Not Reported  
 Pss assoc 5: Not Reported  
 Pss assoc 6: Not Reported  
 Pss assoc 7: Not Reported  
 Source: NCESDATA\_E72D09B4  
 Edr id: SRPR20051023955

GB930		SRPU20071008894
West	Ncessch: 069107808009	Public Schools
4-6 mi	Schname05: SOUTHERN PAU	
25812	Mstreet05: 325 ATLANTIC AVE.	
Higher	Mcity05: LONG BEACH	
	Mstate05: CA	
	Mzip05: 90802	
	Mzip405: Not Reported	
	Member05: 212	
	Phone05: (562) 983-9827	
	Locale05: 1	
	Type05: 4	
	Level05: 3	
	Gslo05: 07	
	Gshi05: 12	
	Edr id: SRPU20071008894	

GB931		SRHO20070146265
West	Hospital type: 01	AHA Hospitals
4-6 mi	Num of times COO: 00	
25836	Owner date: Not Reported	
Higher	City: LONG BEACH	
	Has plan of corr: Not Reported	
	Compliance status: Not Reported	
	SSA county code: 200	
	Cross ref number: Not Reported	
	FMS survey date: Not Reported	
	Current survey date: Not Reported	
	Medicare/Medicaid: Not Reported	
	Facility name: FHC MEDICAL CENTER	
	Intermediary/Carrier: Not Reported	
	Medicaid number: Not Reported	
	Participation date: 19961018	
	Prior COO date: Not Reported	
	Prior carrier: Not Reported	
	Provider ID: 05D0921083	
	Record Status: A	
	Region code: 09	
	Is Partial Record: Not Reported	
	state abbrev: CA	
	ssa state: 05	
	state region cd: LAB	
	street address: 427 ATLANTIC AVE	
	Phone num: 3109835766	

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Termination reason: 08  
 Term Date: 19981017  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90802  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070146265

GB932  
 West  
 4-6 mi  
 25836  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: WORLD MEDICAL CLINIC  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19960302  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0912428  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Not Reported  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 427 ATLANTIC AVENUE  
 Phone num: 3102184234  
 Termination reason: 08  
 Term Date: 19980301  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90802  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported

SRHO20070148558  
 AHA Hospitals

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070148558

GB933 West EDR ID: SRDCCA200741847 SRDCCA200741847  
 4-6 mi Facility number: 198000639 Daycare  
 25852 Facility name: YOUNG HORIZONS INFANT CHILD DEVELOPMENT CENTER  
 Higher Facility eval. code: 8160

Facility office number: 33  
 Facility county number: 19  
 Facility type code: 830  
 Facility status code: 03  
 Address: 501 ATLANTIC AVE  
 City: LONG BEACH  
 State: CA  
 Zip: 90802  
 Alt. address: 501 ATLANTIC AVENUE  
 City: LONG BEACH  
 State: CA  
 Zip: 90802  
 Facility investor: YOUNG HORIZONS CHILD DEVELOPMENT CENTER  
 Licensee type: A  
 License effective date: 941214  
 License expiration date: Not Reported  
 License issue date: 941214  
 Program type: "NON-AMBULATORY CHILDREN ONLY, AGES 0 THRU 2 YEARS OLD."

Original app. received date: 940914  
 Facility closed date: Not Reported  
 Mailing address: 501 ATLANTIC AVENUE  
 Mailing city: LONG BEACH  
 Mailing state: CA  
 Mailing zip: 90802  
 Contact person: DANIELLE TRIPLETT  
 Facility capacity: 35  
 Type of clients served: 955  
 Facility phone: 5624378991

GB934 West EDR ID: SRDCCA200752503 SRDCCA200752503  
 4-6 mi Facility number: 198000638 Daycare  
 25852 Facility name: YOUNG HORIZONS CHILD DEVELOPMENT CENTERS  
 Higher Facility eval. code: 8160

Facility office number: 33  
 Facility county number: 19  
 Facility type code: 850  
 Facility status code: 03  
 Address: 501 ATLANTIC AVE  
 City: LONG BEACH  
 State: CA  
 Zip: 90802

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Alt. address: 501 ATLANTIC AVENUE  
 City: LONG BEACH  
 State: CA  
 Zip: 90802  
 Facility investor: YOUNG HORIZONS CHILD DEVELOPMENT CENTER  
 Licensee type: C  
 License effective date: 941214  
 License expiration date: Not Reported  
 License issue date: 941214  
 Program type: "AMBULATORY CHILDREN ONLY, AGES 2 THRU 5 YEARS OLD.  
 "

Original app. received date: 940914  
 Facility closed date: Not Reported  
 Mailing address: 501 ATLANTIC AVE  
 Mailing city: LONG BEACH  
 Mailing state: CA  
 Mailing zip: 90802  
 Contact person: DANIELLE TRIPLETT  
 Facility capacity: 65  
 Type of clients served: 950  
 Facility phone: 5624378991

GE935  
 NNW  
 4-6 mi  
 25859  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: LONG BEACH CITY COLLEGE-HTECH  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19950606  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0901797  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: LAC 4901 E CARSON STREET  
 Phone num: 5625997992  
 Termination reason: 00  
 Term Date: 20070605  
 Purpose of action: Not Reported  
 Provider control: 09  
 Zip: 90808  
 Fips state: 06

SRHO20070144423  
 AHA Hospitals

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070144423

GE936  
 NNW  
 4-6 mi  
 25859  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: LONG BEACH CITY COLLEGE  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19950524  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0901461  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 4901 E CARSON STREET  
 Phone num: 5629384210  
 Termination reason: 08  
 Term Date: 20030131  
 Purpose of action: Not Reported  
 Provider control: 09  
 Zip: 90808  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070144515

SRHO20070144515  
 AHA Hospitals

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

GE937 NNW 4-6 mi 25859 Higher	Unitid: Instnm: Addr: City: Stabbr: Zip: Zip4: Unk: Fips: Oberge: Chfnm: Chftitle: Gentele: Fintele: Admtele: Ein: Duns: Opeid: Opeflag: Webaddr: Sector: Lclevel: Control: Hlofffer: Ugoffer: Groffer: Fpoffer: Hdegoffer: Deggrant: Hbcu: Hospital: Medical: Tribal: Carnegje: Locale: Openpubl: Act: Newid: Deathyr: Closedat: Cyactive: Postsec: Pseflag: Pset4flg: Rptmth: Fte: Enrtot: Edr id:	117645 LONG BEACH CITY COLLEGE 4901 E. CARSON ST. LONG BEACH CA 90808 1706 Not Reported 090808 8 E JAN KEHOE PRESIDENT SUPER'ENT 5629384206 5629384257 5629384136 -2 98729119 121900 1 www.lbcc.edu 4 2 1 4 1 2 2 2 2 2 2 2 40 1 1 A -2 -2 -2 1 1 1 1 1 12370 23177 SRCL20051000531	SRCL20051000531 Colleges
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GF938 North 4-6 mi 25910 Higher	EDR ID: Facility number: Facility name: Facility eval. code:	SRDCCA200725867 198010829 HARRISON-IMEL FAMILY CHILD CARE 7110	SRDCCA200725867 Daycare
---------------------------------------------	-----------------------------------------------------------------------	-------------------------------------------------------------------------	----------------------------

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Facility office number: 33  
 Facility county number: 19  
 Facility type code: 810  
 Facility status code: 03  
 Address: 11521 E. MASSINGER STREET  
 City: LAKEWOOD  
 State: CA  
 Zip: 90715  
 Alt. address: 11521 E. MASSINGER STREET  
 City: LAKEWOOD  
 State: CA  
 Zip: 90715  
 Facility investor: "HARRISON-IMEL, KATHY"  
 Licensee type: A  
 License effective date: 40813  
 License expiration date: Not Reported  
 License issue date: 040813  
 Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4  
 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE  
 WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED  
 "  
 Original app. received date: 040716  
 Facility closed date: Not Reported  
 Mailing address: 11521 E. MASSINGER STREET  
 Mailing city: LAKEWOOD  
 Mailing state: CA  
 Mailing zip: 90715  
 Contact person: "HARRISON-IMEL, KATHY"  
 Facility capacity: 8  
 Type of clients served: 960  
 Facility phone: 5628658832

GG939  
 SE  
 4-6 mi  
 25919  
 Higher

Hospital type: 01  
 Num of times COO: 01  
 Owner date: 19960601  
 City: HUNTINGTON BEACH  
 Has plan of corr: Not Reported  
 Compliance status: A  
 SSA county code: 400  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: 19960628  
 Medicare/Medicaid: 1  
 Facility name: ST JUDE HERITAGE HLTH FDNTN-BRISTOL PK  
 Intermediary/Carrier: 02050  
 Medicaid number: Not Reported  
 Participation date: 19920901  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0577727  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Not Reported  
 state abbrev: CA

SRHO20070133441  
 AHA Hospitals

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

ssa state: 05  
 state region cd: M1  
 street address: 4952 WARNER AVENUE 110  
 Phone num: 7148467702  
 Termination reason: 12  
 Term Date: 19990208  
 Purpose of action: 2  
 Provider control: 04  
 Zip: 92649  
 Fips state: 06  
 Fips cnty: 059  
 SSA MSA: 033  
 SSA MSA size code: B  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070133441

FW940  
 WNW  
 4-6 mi  
 25925  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: P C H WALK-IN MEDICAL CLINIC  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19941003  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0892558  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Not Reported  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 904 EAST PACIFIC COAST HIGHWAY  
 Phone num: 3105993443  
 Termination reason: 08  
 Term Date: 19981002  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90806  
 Fips state: 06  
 Fips cnty: 037

SRHO20070144890  
 AHA Hospitals

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070144890

FW941  
 WNW  
 4-6 mi  
 25925  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: CLINICA FAMILIAR DE GALVAN  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19970430  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0927841  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Not Reported  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 904 EAST PACIFIC COAST HIGHWAY  
 Phone num: 5622188840  
 Termination reason: 04  
 Term Date: 19990501  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90806  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070148771

SRHO20070148771  
 AHA Hospitals

## MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site	EDR ID Database
FW942 WNW 4-6 mi 25925 Higher	Hospital type: 01 Num of times COO: 00 Owner date: Not Reported City: LONG BEACH Has plan of corr: Not Reported Compliance status: Not Reported SSA county code: 200 Cross ref number: Not Reported FMS survey date: Not Reported Current survey date: Not Reported Medicare/Medicaid: Not Reported Facility name: SHORELINE FAMILY MEDICAL CLINIC Intermediary/Carrier: Not Reported Medicaid number: Not Reported Participation date: 19990727 Prior COO date: Not Reported Prior carrier: Not Reported Provider ID: 05D0963298 Record Status: A Region code: 09 Is Partial Record: Y state abbrev: CA ssa state: 05 state region cd: LAB street address: 904 E PACIFIC COAST HIGHWAY Phone num: 5625912785 Termination reason: 00 Term Date: 20070726 Purpose of action: Not Reported Provider control: 04 Zip: 90806 Fips state: 06 Fips cnty: 037 SSA MSA: 328 SSA MSA size code: A Date accredited: Not Reported Accred expire date: Not Reported Accred Org: Not Reported Num beds: 0000 Num cert beds: 0000 Source: US_HOSPITAL_POSCLIA Edr id: SRHO20070151344	SRHO20070151344 AHA Hospitals
FW943 WNW 4-6 mi 25929 Higher	EDR ID: SRDCCA200703777 Facility number: 191608286 Facility name: "MCCULLEY , JANET FAMILY DAY CARE" Facility eval. code: 8160 Facility office number: 33 Facility county number: 19 Facility type code: 810 Facility status code: 03 Address: 2018 LEWIS AVE City: LONG BEACH	SRDCCA200703777 Daycare

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

State: CA  
 Zip: 90806  
 Alt. address: 2018 LEWIS AVE  
 City: LONG BEACH  
 State: CA  
 Zip: 90806  
 Facility investor: "MCCULLEY, JANET E. "  
 Licensee type: A  
 License effective date: 950831  
 License expiration date: Not Reported  
 License issue date: 920831  
 Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4  
 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE  
 WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS  
 REQUIRED. "  
 Original app. received date: 920722  
 Facility closed date: Not Reported  
 Mailing address: 2018 LEWIS AVE  
 Mailing city: LONG BEACH  
 Mailing state: CA  
 Mailing zip: 90806  
 Contact person: JANET E. MCCULLEY  
 Facility capacity: 8  
 Type of clients served: 960  
 Facility phone: 5625918908

GG944  
 SE  
 4-6 mi  
 25933  
 Higher

Hospital type: 01  
 Num of times COO: 03  
 Owner date: Not Reported  
 City: HUNTINGTON BEACH  
 Has plan of corr: Not Reported  
 Compliance status: A  
 SSA county code: 400  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: 20040903  
 Medicare/Medicaid: 1  
 Facility name: HUNTINGTON BEACH DIALYSIS  
 Intermediary/Carrier: 00101  
 Medicaid number: 052641  
 Participation date: 19860206  
 Prior COO date: 20000101  
 Prior carrier: 00040  
 Provider ID: 052641  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Not Reported  
 state abbrev: CA  
 ssa state: 05  
 state region cd: SD  
 street address: 16892 BOLSA CHICA AVENUE  
 Phone num: 7148462102  
 Termination reason: 00  
 Term Date: Not Reported

SRHO20070008890  
 AHA Hospitals

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Purpose of action: 2  
 Provider control: 01  
 Zip: 92649  
 Fips state: 06  
 Fips cnty: 059  
 SSA MSA: 033  
 SSA MSA size code: B  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSOTHER  
 Edr id: SRHO20070008890

GG945  
 SE  
 4-6 mi  
 25933  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: HUNTINGTON BEACH  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 400  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: HUNTINGTON BEACH DIALYSIS  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19990623  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0962065  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: M1  
 street address: 16892 BOLSA CHICA AVENUE  
 Phone num: 7148462102  
 Termination reason: 00  
 Term Date: 20070622  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 92649  
 Fips state: 06  
 Fips cnty: 059  
 SSA MSA: 033  
 SSA MSA size code: B  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000

SRHO20070150939  
 AHA Hospitals

# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070150939

GH946 East 4-6 mi 25952 Higher	EDR ID: Facility number: Facility name: Facility eval. code: Facility office number: Facility county number: Facility type code: Facility status code: Address: City: State: Zip: Alt. address: City: State: Zip: Facility investor: Licensee type: License effective date: License expiration date: License issue date: Program type:  Original app. received date: Facility closed date: Mailing address: Mailing city: Mailing state: Mailing zip: Contact person: Facility capacity: Type of clients served: Facility phone:	SRDCCA200703278 300608712 "CLAPHAN, SHARON" 3404 06 30 810 03 6751 ANTHONY GARDEN GROVE CA 92845 6751 ANTHONY GARDEN GROVE CA 92845 "CLAPHAN, SHARON" A 960109 Not Reported 890701 "MAXIMUM CAPACITY: 6 CHILDREN, INCLUDING LICENSEE'S CHILDREN UNDER 10 YEARS OF AGE WHO RESIDE IN THE HOME, WITH NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY (INFANT MEANS A CHILD UNDER 2 YEARS OLD)." 890630 Not Reported 6751 ANTHONY GARDEN GROVE CA 92845 "CLAPHAN, SHARON" 6 960 7148935188	SRDCCA200703278 Daycare
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FO947 West 4-6 mi 25967 Higher	Ncessch: Schname05: Mstreet05: Mcity05: Mstate05: Mzip05: Mzip405: Member05: Phone05: Locale05: Type05: Level05: Gslo05:	062250008506 PACIFIC LEARNING CENTER CHARTER 780 ATLANTIC AVE. LONG BEACH CA 90813 Not Reported -2 (562) 437-0681 N 1 4 N	SRPU20071014260 Public Schools
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# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Gshi05: N  
 Edr id: SRPU20071014260

<p>948 SE 4-6 mi 25973 Higher</p>	<p>EDR ID: Facility number: Facility name: Facility eval. code: Facility office number: Facility county number: Facility type code: Facility status code: Address: City: State: Zip: Alt. address: City: State: Zip: Facility investor: Licensee type: License effective date: License expiration date: License issue date: Program type:</p>	<p>SRDCCA200755623 304370218 SURF CITY CHRISTIAN CHILD DEVELOPMENT PRESCHOOL 1207 06 30 850 03 5432 HEIL HUNTINGTON BEACH CA 92649 5432 HEIL HUNTINGTON BEACH CA 92649 SURF CITY CHRISTIAN CHILD DEVELOPMENT PRESCHOOL D 60223 Not Reported 060223 "MONDAY THRU FRIDAY, 7:00AM TO 6:00PM, AGES: 2 TO 6 YEARS OLD. " 051117 Not Reported 5432 HEIL HUNTINGTON BEACH CA 92649 "HOPKINS, TAMARA ANN" 63 960 7148126407</p>	<p>SRDCCA200755623 Daycare</p>
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<p>GC949 NNE 4-6 mi 25978 Higher</p>	<p>EDR ID: Facility number: Facility name: Facility eval. code: Facility office number: Facility county number: Facility type code: Facility status code: Address: City: State: Zip: Alt. address: City: State:</p>	<p>SRDCCA200740101 304310694 "GAGE, NICOLE" 3404 06 30 810 03 4442 CASA GRANDE CIRCLE #85 CYPRESS CA 90630 4442 CASA GRANDE CIRCLE #85 CYPRESS CA</p>	<p>SRDCCA200740101 Daycare</p>
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# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Zip: 90630  
 Facility investor: "GAGE, NICOLE"  
 Licensee type: A  
 License effective date: 61226  
 License expiration date: Not Reported  
 License issue date: 061226  
 Program type: "MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY.  
 CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY  
 SCHOOL AND 1 CHILD AT LEAST AGE 6."  
 Original app. received date: 061204  
 Facility closed date: Not Reported  
 Mailing address: 4442 CASA GRANDE CIRCLE #85  
 Mailing city: CYPRESS  
 Mailing state: CA  
 Mailing zip: 90630  
 Contact person: "GAGE, NICOLE"  
 Facility capacity: 8  
 Type of clients served: 960  
 Facility phone: 7148284363

FU950  
 East  
 4-6 mi  
 25992  
 Higher

EDR ID: SRDCCA200752241  
 Facility number: 304270282  
 Facility name: MONTESSORI CHILDREN'S WORLD  
 Facility eval. code: 1207  
 Facility office number: 06  
 Facility county number: 30  
 Facility type code: 850  
 Facility status code: 03  
 Address: 14212 EDWARDS BLVD.  
 City: WESTMINSTER  
 State: CA  
 Zip: 92683  
 Alt. address: 14212 EDWARDS BLVD.  
 City: WESTMINSTER  
 State: CA  
 Zip: 92683  
 Facility investor: A & L ENTERPRISES  
 Licensee type: B  
 License effective date: 961122  
 License expiration date: Not Reported  
 License issue date: 961122  
 Program type: 60 TOTAL AMBULATORY CHILDREN MON-FRI. 6:30 A.M. TO 6:00 P.M.  
 50 PRESCHOOL CHILDREN AGES 24 MONTHS TO 6 YEARS OLD. RM-3  
 TODDLER OPTION- 10 CHILDREN AGES 18 MONTHS TO 30 MONTHS.EFFECTIVE  
 6/17/02.  
 Original app. received date: 961023  
 Facility closed date: Not Reported  
 Mailing address: 14212 EDWARDS BLVD.  
 Mailing city: WESTMINSTER  
 Mailing state: CA  
 Mailing zip: 92683  
 Contact person: BRIGITTE WHITEHOUSE  
 Facility capacity: 60  
 Type of clients served: 950

SRDCCA200752241  
 Daycare



## MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site	EDR ID Database
	Pss assoc 1: Other Montessori association(s) Pss assoc 2: Not Reported Pss assoc 3: Not Reported Pss assoc 4: Not Reported Pss assoc 5: Not Reported Pss assoc 6: Not Reported Pss assoc 7: Not Reported Source: NCESDATA_E72D09B4 Edr id: SRPR20051021873	
952 NE 4-6 mi 26024 Higher	EDR ID: SRDCCA200704321 Facility number: 300612624 Facility name: "LAUFER, MARGIE" Facility eval. code: 3404 Facility office number: 06 Facility county number: 30 Facility type code: 810 Facility status code: 03 Address: 9368 DANBURY ST. City: CYPRESS State: CA Zip: 90630 Alt. address: 9368 DANBURY ST. City: CYPRESS State: CA Zip: 90630 Facility investor: "LAUFER, MARGIE" Licensee type: A License effective date: 950707 License expiration date: Not Reported License issue date: 920707 Program type: "MAXIMUM CAPACITY: 6 CHILDREN, INCLUDING LICENSEE'S CHILDREN UNDER 10 YEARS OF AGE WHO RESIDE IN THE HOME, WITH NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY (INFANT MEANS A CHILD UNDER 2 YEARS OLD)." Original app. received date: 911230 Facility closed date: Not Reported Mailing address: 9368 DANBURY ST. Mailing city: CYPRESS Mailing state: CA Mailing zip: 90630 Contact person: "LAUFER, MARGIE & NANCY AND" Facility capacity: 6 Type of clients served: 960 Facility phone: 7142209050	SRDCCA200704321 Daycare
FO953 West 4-6 mi 26055 Higher	Hospital type: 01 Num of times COO: 00 Owner date: Not Reported City: LONG BEACH Has plan of corr: Not Reported Compliance status: Not Reported SSA county code: 200	SRHO20070148627 AHA Hospitals

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: ATLANTIC MULTI CARE MEDICAL GROUP  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19970523  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0928686  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 920 ATLANTIC AVENUE SUITE B  
 Phone num: 5624379103  
 Termination reason: 08  
 Term Date: 19970523  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90813  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070148627

FO954  
 West  
 4-6 mi  
 26055  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: G P MEDICAL CLINIC  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19961202  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0922592

SRHO20070148346  
 AHA Hospitals

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 920 ATLANTIC BLVD STE A  
 Phone num: 3104323399  
 Termination reason: 08  
 Term Date: 19961202  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90813  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070148346

FO955  
 West  
 4-6 mi  
 26055  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: ATLANTIC & 10TH STREET MEDICAL CLINIC  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19930924  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0876720  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Not Reported  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 920 ATLANTIC AVE SUITE B  
 Phone num: 3104324948  
 Termination reason: 08  
 Term Date: 19930926  
 Purpose of action: Not Reported

SRHO20070143482  
 AHA Hospitals

# MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Provider control: 04  
 Zip: 90813  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070143482

GI956  
 NNW  
 4-6 mi  
 26064  
 Higher

EDR ID: SRDCCA200753758  
 Facility number: 198006164  
 Facility name: EDU CARE PRESCHOOL  
 Facility eval. code: 7110  
 Facility office number: 33  
 Facility county number: 19  
 Facility type code: 850  
 Facility status code: 03  
 Address: 4300 BELLFLOWER BLVD.  
 City: LAKEWOOD  
 State: CA  
 Zip: 90713  
 Alt. address: P.O. BOX 30426  
 City: LONG BEACH  
 State: CA  
 Zip: 90803  
 Facility investor: SONNA ELLIOTT  
 Licensee type: C  
 License effective date: 905  
 License expiration date: Not Reported  
 License issue date: 000905  
 Program type: LICENSEE SERVES CHILDREN AGES 2 UNTIL ENTRY INTO FIRST GRADE.  
 Original app. received date: 000720  
 Facility closed date: Not Reported  
 Mailing address: 4300 BELLFLOWER BLVD.  
 Mailing city: LAKEWOOD  
 Mailing state: CA  
 Mailing zip: 90713  
 Contact person: "ELLIOT, SONNA"  
 Facility capacity: 69  
 Type of clients served: 950  
 Facility phone: 5623771300

SRDCCA200753758  
 Daycare

FO957  
 West  
 4-6 mi  
 26065  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: Not Reported

SRHO20070147559  
 AHA Hospitals

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Compliance status: Not Reported  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: FAMILY HEALTH SERVICES MED CLINIC  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19961216  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0923114  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 934 ATLANTIC AVENUE  
 Phone num: 3104376828  
 Termination reason: 00  
 Term Date: 20081215  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90813  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070147559

FO958  
 West  
 4-6 mi  
 26106  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: LONG BEACH UNIFIED SCHOOL DISTRICT  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19980703  
 Prior COO date: Not Reported

SRHO20070151668  
 AHA Hospitals

# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Prior carrier: Not Reported  
 Provider ID: 05D0948236  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: M1  
 street address: 999 ATLANTIC AVENUE  
 Phone num: 5624378871  
 Termination reason: 00  
 Term Date: 20080702  
 Purpose of action: Not Reported  
 Provider control: 10  
 Zip: 90813  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070151668

FR959  
 NNE  
 4-6 mi  
 26106  
 Higher

EDR ID: SRDCCA200703570  
 Facility number: 191607586  
 Facility name: PELLEGRINO FAMILY DAY CARE  
 Facility eval. code: 6170  
 Facility office number: 33  
 Facility county number: 19  
 Facility type code: 810  
 Facility status code: 03  
 Address: 12436 E. 215TH ST.  
 City: LAKEWOOD  
 State: CA  
 Zip: 90715  
 Alt. address: 12436 E. 215TH ST.  
 City: LAKEWOOD  
 State: CA  
 Zip: 90715  
 Facility investor: "PELLEGRINO, MICHAEL AND MAJORIE"  
 Licensee type: A  
 License effective date: 940119  
 License expiration date: Not Reported  
 License issue date: Not Reported  
 Program type: "MAXIMUM CAPACITY: 12 CHILDREN, INCLUDING LICENSEE'S CHILDREN UNDER 10 YEARS OF AGE WHO RESIDE IN THE HOME, WITH NO MORE THAN 4 INFANTS. (INFANT MEANS A CHILD UNDER 2 YEARS OLD)."  
 Original app. received date: 811116  
 Facility closed date: Not Reported

SRDCCA200703570  
 Daycare

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Mailing address: 12436 E. 215TH ST.  
 Mailing city: LAKEWOOD  
 Mailing state: CA  
 Mailing zip: 90715  
 Contact person: "PELLEGRINO, MAJORIE"  
 Facility capacity: 12  
 Type of clients served: 960  
 Facility phone: 5624023466

GJ960 SRDCCA200713865  
 WNW EDR ID: SRDCCA200713865  
 4-6 mi Facility number: 192001172  
 26123 Facility name: JONES FAMILY CHILD CARE  
 Higher Facility eval. code: 8160

Facility office number: 33  
 Facility county number: 19  
 Facility type code: 810  
 Facility status code: 03  
 Address: 744 E. 15TH STREET  
 City: LONG BEACH  
 State: CA  
 Zip: 90813  
 Alt. address: 744 E. 15TH STREET  
 City: LONG BEACH  
 State: CA  
 Zip: 90813  
 Facility investor: "JONES, BEVERLY"  
 Licensee type: A  
 License effective date: 522  
 License expiration date: Not Reported  
 License issue date: 000522  
 Program type: "MAXIMUM CAPACITY: 12 CHILDREN WITH NO MORE THAN 4 INFANTS, OR  
 CAPACITY14 CHILDREN WHEN 2 CHILDREN ARE AT LEAST 6 YEARS OF AGE WITH A  
 MAXIMUMOF 3 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED."  
 "

Original app. received date: 000120  
 Facility closed date: Not Reported  
 Mailing address: 744 E. 15TH STREET  
 Mailing city: LONG BEACH  
 Mailing state: CA  
 Mailing zip: 90813  
 Contact person: "JONES, BEVERLY"  
 Facility capacity: 14  
 Type of clients served: 960  
 Facility phone: 5625993004

FV961 SRHO20070159428  
 ESE Hospital type: 01  
 4-6 mi Num of times COO: 00  
 26126 Owner date: Not Reported  
 Higher City: HUNTINGTON BEACH

Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 400

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: SAV-ON DRUGS #9491  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 20050414  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D1039479  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: M1  
 street address: 5822 EDINGER AVE  
 Phone num: 7148462824  
 Termination reason: 00  
 Term Date: 20070413  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 92647  
 Fips state: 06  
 Fips cnty: 059  
 SSA MSA: 033  
 SSA MSA size code: B  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070159428

GK962  
 West  
 4-6 mi  
 26135  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: ASSOCIATES-INTERNAL MED  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19930427  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0554886

SRHO20070131402  
 AHA Hospitals

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Record Status: A  
 Region code: 09  
 Is Partial Record: Not Reported  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 1025 ATLANTIC AVE 106  
 Phone num: 2134363277  
 Termination reason: 12  
 Term Date: 19940831  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90813  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070131402

GK963  
 West  
 4-6 mi  
 26135  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: KARING PEDIATRICS MEDICAL GROUP  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19930301  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0699319  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 1025 ATLANTIC AVE  
 Phone num: 5624919292  
 Termination reason: 00  
 Term Date: 20080831  
 Purpose of action: Not Reported

SRHO20070137931  
 AHA Hospitals

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Provider control: 04  
 Zip: 90813  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070137931

GK964  
 West  
 4-6 mi  
 26161  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: MICHAEL P SHALLMAN MD  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19990518  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0960724  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 1045 ATLANTIC AVENUE SUITE 708  
 Phone num: 5624370719  
 Termination reason: 00  
 Term Date: 20070517  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90813  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000

SRHO20070151468  
 AHA Hospitals

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070151468

GK965 West 4-6 mi 26161 Higher	Hospital type: 01 Num of times COO: 00 Owner date: Not Reported City: LONG BEACH Has plan of corr: Not Reported Compliance status: Not Reported SSA county code: 200 Cross ref number: Not Reported FMS survey date: Not Reported Current survey date: Not Reported Medicare/Medicaid: Not Reported Facility name: PROHEALTH PARTNERS A MEDICAL GROUP INC Intermediary/Carrier: Not Reported Medicaid number: Not Reported Participation date: 19970825 Prior COO date: Not Reported Prior carrier: Not Reported Provider ID: 05D0932650 Record Status: A Region code: 09 Is Partial Record: Y state abbrev: CA ssa state: 05 state region cd: M1 street address: 1045 ATLANTIC AVENUE, SUITE #511 Phone num: 5624370996 Termination reason: 00 Term Date: 20070824 Purpose of action: Not Reported Provider control: 04 Zip: 90813 Fips state: 06 Fips cnty: 037 SSA MSA: 328 SSA MSA size code: A Date accredited: Not Reported Accred expire date: Not Reported Accred Org: Not Reported Num beds: 0000 Num cert beds: 0000 Source: US_HOSPITAL_POSCLIA Edr id: SRHO20070149179	SRHO20070149179 AHA Hospitals
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GK966 West 4-6 mi 26161 Higher	Hospital type: 01 Num of times COO: 00 Owner date: Not Reported City: LONG BEACH Has plan of corr: Not Reported Compliance status: Not Reported	SRHO20070149763 AHA Hospitals
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## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: PROHEALTH PARTNERS, A MEDICAL GRP INC  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19971021  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0935106  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 1045 ATLANTIC AVENUE, SUITE 506  
 Phone num: 5624919456  
 Termination reason: 00  
 Term Date: 20071020  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90813  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070149763

GK967  
 West  
 4-6 mi  
 26161  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: PROHEALTH PARTNERS A MEDICAL GROUP INC  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19980910  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported

SRHO20070152515  
 AHA Hospitals

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Provider ID: 05D0951020  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 1045 ATLANTIC AVENUE SUITE 902  
 Phone num: 5624370996  
 Termination reason: 00  
 Term Date: 20080909  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90813  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070152515

GK968  
 West  
 4-6 mi  
 26161  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: GASTROINTESTINAL ASSOCIATES  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19950711  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0903036  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: M1  
 street address: 1045 ATLANTIC AVENUE SUITE 708  
 Phone num: 3104370719  
 Termination reason: 01  
 Term Date: 20050615

SRHO20070144108  
 AHA Hospitals

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Purpose of action:	Not Reported
Provider control:	04
Zip:	90813
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070144108

GK969  
 West  
 4-6 mi  
 26161  
 Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	1
Compliance status:	A
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	20010712
Current survey date:	20010712
Medicare/Medicaid:	1
Facility name:	QUEST DIAGNOSTICS
Intermediary/Carrier:	02050
Medicaid number:	Not Reported
Participation date:	19950519
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0901240
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	1045 ATLANTIC AVENUE, SUITE 507
Phone num:	5626289031
Termination reason:	00
Term Date:	20070903
Purpose of action:	2
Provider control:	04
Zip:	90813
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000

SRHO20070145727  
 AHA Hospitals

# MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070145727

GK970 West 4-6 mi 26161 Higher	Hospital type: 01 Num of times COO: 00 Owner date: Not Reported City: LONG BEACH Has plan of corr: Not Reported Compliance status: Not Reported SSA county code: 200 Cross ref number: Not Reported FMS survey date: Not Reported Current survey date: Not Reported Medicare/Medicaid: Not Reported Facility name: ROVZAR & SINKOWITZ MD Intermediary/Carrier: Not Reported Medicaid number: Not Reported Participation date: 19921223 Prior COO date: Not Reported Prior carrier: Not Reported Provider ID: 05D0855843 Record Status: A Region code: 09 Is Partial Record: Not Reported state abbrev: CA ssa state: 05 state region cd: LAB street address: 1045 ATLANTIC AVE STE 911 Phone num: 3104919883 Termination reason: 01 Term Date: 19980415 Purpose of action: Not Reported Provider control: 04 Zip: 90813 Fips state: 06 Fips cnty: 037 SSA MSA: 328 SSA MSA size code: A Date accredited: Not Reported Accred expire date: Not Reported Accred Org: Not Reported Num beds: 0000 Num cert beds: 0000 Source: US_HOSPITAL_POSCLIA Edr id: SRHO20070140737	SRHO20070140737 AHA Hospitals
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GK971 West 4-6 mi 26161 Higher	Hospital type: 01 Num of times COO: 00 Owner date: Not Reported City: LONG BEACH Has plan of corr: Not Reported	SRHO20070131256 AHA Hospitals
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## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Compliance status: Not Reported  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: ROBERT L BARMeyer MD  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19921223  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0554821  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 1045 ATLANTIC AVE SUITE 608  
 Phone num: 3104355066  
 Termination reason: 00  
 Term Date: 20080831  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90813  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070131256

GK972  
 West  
 4-6 mi  
 26161  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: Not Reported  
 Compliance status: A  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: 20050506  
 Medicare/Medicaid: 1  
 Facility name: DOUGLAS A SMITH MD  
 Intermediary/Carrier: 02050  
 Medicaid number: Not Reported  
 Participation date: 19920901  
 Prior COO date: Not Reported

SRHO20070131241  
 AHA Hospitals

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Prior carrier: Not Reported  
 Provider ID: 05D0554803  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Not Reported  
 state abbrev: CA  
 ssa state: 05  
 state region cd: M1  
 street address: 1045 ATLANTIC AVE STE 519  
 Phone num: 5624366787  
 Termination reason: 00  
 Term Date: 20070727  
 Purpose of action: 2  
 Provider control: 04  
 Zip: 90813  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070131241

GK973  
 West  
 4-6 mi  
 26161  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: Not Reported  
 Compliance status: A  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: 20050419  
 Medicare/Medicaid: 1  
 Facility name: DOUGLAS K ULMER MD  
 Intermediary/Carrier: 02050  
 Medicaid number: Not Reported  
 Participation date: 19920901  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0554824  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Not Reported  
 state abbrev: CA  
 ssa state: 05  
 state region cd: M1  
 street address: 1045 ATLANTIC AVENUE SUITE 819  
 Phone num: 3104355621  
 Termination reason: 00

SRHO20070131258  
 AHA Hospitals

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Term Date: 20070706  
 Purpose of action: 2  
 Provider control: 04  
 Zip: 90813  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070131258

GK974  
 West  
 4-6 mi  
 26161  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: PROHEALTH PARTNERS,A MEDICAL GROUP,INC  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19971028  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0935378  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 1045 ATLANTIC AVENUE, SUITE 505  
 Phone num: 5624954952  
 Termination reason: 08  
 Term Date: 19971028  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90813  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported

SRHO20070149340  
 AHA Hospitals

# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070149340

GK975

West  
 4-6 mi  
 26161  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: REPRODUCTIVE ASSOCIATES MEDICAL GROUP  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19971119  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0936360  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 1045 ATLANTIC AVE SUITE 508  
 Phone num: 5624371882  
 Termination reason: 00  
 Term Date: 20071118  
 Purpose of action: Not Reported  
 Provider control: 02  
 Zip: 90813  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070149349

SRHO20070149349  
 AHA Hospitals

GK976

West  
 4-6 mi  
 26161  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LONG BEACH

SRHO20070131094  
 AHA Hospitals

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: GRETA A WANYIK MD  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19940608  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0554009  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Not Reported  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 1045 ATLANTIC AVE STE 505  
 Phone num: 3104954952  
 Termination reason: 12  
 Term Date: 19950901  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90813  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070131094

GK977  
 West  
 4-6 mi  
 26161  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: 1  
 Compliance status: A  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: 19960104  
 Medicare/Medicaid: 1  
 Facility name: JYOTI S DATTA MD FCCP  
 Intermediary/Carrier: 02050  
 Medicaid number: Not Reported  
 Participation date: 19920901

SRHO20070138993  
 AHA Hospitals

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0693035  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Not Reported  
 state abbrev: CA  
 ssa state: 05  
 state region cd: M1  
 street address: 1045 ATLANTIC AVE SUITE 616  
 Phone num: 3104354473  
 Termination reason: 12  
 Term Date: 19961028  
 Purpose of action: 1  
 Provider control: 02  
 Zip: 90813  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070138993

GK978  
 West  
 4-6 mi  
 26161  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: GREATER LONG BEACH GENITO URINARY  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19930223  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0700642  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 1045 ATLANTIC AVENUE 2-915  
 Phone num: 5624373288

SRHO20070139157  
 AHA Hospitals

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Termination reason: 00  
 Term Date: 20080627  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90813  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070139157

GK979  
 West  
 4-6 mi  
 26161  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: CARDIOVASCULAR ASSOCS  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19921216  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0554893  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 1045 ATLANTIC AVE 912  
 Phone num: 5624372801  
 Termination reason: 00  
 Term Date: 20070905  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90813  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported

SRHO20070131518  
 AHA Hospitals

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070131518

GK980 West 4-6 mi 26161 Higher	Hospital type: 01 Num of times COO: 00 Owner date: Not Reported City: LONG BEACH Has plan of corr: Not Reported Compliance status: Not Reported SSA county code: 200 Cross ref number: Not Reported FMS survey date: Not Reported Current survey date: Not Reported Medicare/Medicaid: Not Reported Facility name: PANKAJ K KASHYAP MD Intermediary/Carrier: Not Reported Medicaid number: Not Reported Participation date: 20041220 Prior COO date: Not Reported Prior carrier: Not Reported Provider ID: 05D1035061 Record Status: A Region code: 09 Is Partial Record: Y state abbrev: CA ssa state: 05 state region cd: M1 street address: 1045 ATLANTIC AVENUE SUITE 708 Phone num: 5624370719 Termination reason: 08 Term Date: 20061219 Purpose of action: Not Reported Provider control: 04 Zip: 90813 Fips state: 06 Fips cnty: 037 SSA MSA: 328 SSA MSA size code: A Date accredited: Not Reported Accred expire date: Not Reported Accred Org: Not Reported Num beds: 0000 Num cert beds: 0000 Source: US_HOSPITAL_POSCLIA Edr id: SRHO20070158929	SRHO20070158929 AHA Hospitals
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GK981 West 4-6 mi 26161 Higher	Hospital type: 01 Num of times COO: 00 Owner date: Not Reported	SRHO20070148290 AHA Hospitals
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## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

City: LONG BEACH  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: ST MARY MEDICAL CENTER VNA  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19960626  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0916614  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 1045 ATLANTIC AVENUE, STE 105  
 Phone num: 3104919250  
 Termination reason: 01  
 Term Date: 20060418  
 Purpose of action: Not Reported  
 Provider control: 01  
 Zip: 90813  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070148290

GK982  
 West  
 4-6 mi  
 26161  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: PROHEALTH PARTNERS MEDICAL GROUP INC  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported

SRHO20070131374  
 AHA Hospitals

# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Participation date: 19950703  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0554846  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 1045 ATLANTIC AVE SUITE 1019  
 Phone num: 5624376213  
 Termination reason: 00  
 Term Date: 20080831  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90813  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070131374

GK983  
 West  
 4-6 mi  
 26161  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: PULMONARY DISEASE INSTITUTE  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19930406  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0548815  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Not Reported  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 1045 ATLANTIC AVE #902

SRHO20070131771  
 AHA Hospitals

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Phone num: 3104370996  
 Termination reason: 12  
 Term Date: 19940831  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90813  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070131771

GK984  
 West  
 4-6 mi  
 26161  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: 1  
 Compliance status: A  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: 19941013  
 Medicare/Medicaid: 1  
 Facility name: CARLTON H WATERS MD  
 Intermediary/Carrier: 02050  
 Medicaid number: Not Reported  
 Participation date: 19920901  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0681907  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Not Reported  
 state abbrev: CA  
 ssa state: 05  
 state region cd: M1  
 street address: 1045 ATLANTIC AVENUE SUITE 607  
 Phone num: 5624919840  
 Termination reason: 01  
 Term Date: 19980331  
 Purpose of action: 1  
 Provider control: 04  
 Zip: 90813  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported

SRHO20070137536  
 AHA Hospitals

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070137536

GK985  
 West  
 4-6 mi  
 26161  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: 1  
 Compliance status: A  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: 19850812  
 Medicare/Medicaid: 1  
 Facility name: WESTERN HOME MED OF CALIFORNIA  
 Intermediary/Carrier: 00040  
 Medicaid number: Not Reported  
 Participation date: 19840315  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 057616  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Not Reported  
 state abbrev: CA  
 ssa state: 05  
 state region cd: SA  
 street address: 1045 ATLANTIC AVE, #100  
 Phone num: 2134934497  
 Termination reason: 04  
 Term Date: 19851030  
 Purpose of action: 2  
 Provider control: 01  
 Zip: 90813  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: 0  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSOTHER  
 Edr id: SRHO20070010144

SRHO20070010144  
 AHA Hospitals

GK986  
 West  
 4-6 mi  
 26161  
 Higher

Hospital type: 01  
 Num of times COO: 00

SRHO20070009525  
 AHA Hospitals

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: Not Reported  
 Compliance status: A  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: 20020417  
 Medicare/Medicaid: 1  
 Facility name: LONG BEACH DIALYSIS CENTER  
 Intermediary/Carrier: 00040  
 Medicaid number: Not Reported  
 Participation date: 19981202  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 052840  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Not Reported  
 state abbrev: CA  
 ssa state: 05  
 state region cd: L4  
 street address: 1045 ATLANTIC AVENUE, SUITE 108  
 Phone num: 5624958076  
 Termination reason: 00  
 Term Date: Not Reported  
 Purpose of action: 2  
 Provider control: 01  
 Zip: 90813  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSOTHER  
 Edr id: SRHO20070009525

GK987  
 West  
 4-6 mi  
 26161  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: 1  
 Compliance status: A  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: 19951228  
 Medicare/Medicaid: 1  
 Facility name: EJIKE ONYEADOR MD  
 Intermediary/Carrier: 02050

SRHO20070138799  
 AHA Hospitals

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Medicaid number: Not Reported  
 Participation date: 19920901  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0689271  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Not Reported  
 state abbrev: CA  
 ssa state: 05  
 state region cd: M1  
 street address: 1045 ATLANTIC AVE 715  
 Phone num: 5629835496  
 Termination reason: 00  
 Term Date: 20071227  
 Purpose of action: 1  
 Provider control: 04  
 Zip: 90813  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070138799

GK988  
 West  
 4-6 mi  
 26161  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: ASSOCIATES IN UROLOGY  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19950628  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0721888  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: M1

SRHO20070140727  
 AHA Hospitals

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

street address: 1045 ATLANTIC AVE SUITE 812  
 Phone num: 3105986166  
 Termination reason: 01  
 Term Date: 20041112  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90813  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070140727

GK989  
 West  
 4-6 mi  
 26161  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: CHUNG H TSI MD  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19950607  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0699254  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Not Reported  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 1045 ATLANTIC AVE 605  
 Phone num: 3105908832  
 Termination reason: 08  
 Term Date: 19980831  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90813  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A

SRHO20070137920  
 AHA Hospitals

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070137920

GK990  
 West  
 4-6 mi  
 26161  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: RORY J FRIEDMAN DPM  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19930708  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0872918  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Not Reported  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 1045 ATLANTIC AVENUE NUMBER 508  
 Phone num: 4104373338  
 Termination reason: 12  
 Term Date: 19950101  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90813  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070147890

SRHO20070147890  
 AHA Hospitals

## MAP FINDINGS

Map ID	Direction	Distance	Distance (ft.)	Elevation	Site	EDR ID Database
GK991	West	4-6 mi	26161	Higher	Hospital type: 01 Num of times COO: 01 Owner date: 20020101 City: LONG BEACH Has plan of corr: Not Reported Compliance status: A SSA county code: 200 Cross ref number: Not Reported FMS survey date: Not Reported Current survey date: 20011031 Medicare/Medicaid: 2 Facility name: ST MARY MED CTR H C DEPT Intermediary/Carrier: 00454 Medicaid number: HHA70041F Participation date: 19800723 Prior COO date: Not Reported Prior carrier: 00040 Provider ID: 057253 Record Status: A Region code: 09 Is Partial Record: Not Reported state abbrev: CA ssa state: 05 state region cd: L4 street address: 1045 ATLANTIC AVENUE Phone num: 5624919250 Termination reason: 01 Term Date: 20040505 Purpose of action: 2 Provider control: 01 Zip: 90813 Fips state: 06 Fips cnty: 037 SSA MSA: 328 SSA MSA size code: A Date accredited: Not Reported Accred expire date: Not Reported Accred Org: 0 Num beds: 0000 Num cert beds: 0000 Source: US_HOSPITAL_POSOTHER Edr id: SRHO20070011271	SRHO20070011271 AHA Hospitals
GK992	West	4-6 mi	26161	Higher	Hospital type: 01 Num of times COO: 00 Owner date: Not Reported City: LONG BEACH Has plan of corr: Not Reported Compliance status: Not Reported SSA county code: 200 Cross ref number: Not Reported FMS survey date: Not Reported Current survey date: Not Reported	SRHO20070149177 AHA Hospitals

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Medicare/Medicaid: Not Reported  
 Facility name: PROHEALTH PARTNERS A MEDICAL GROUP INC  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19970825  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0932648  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: M1  
 street address: 1045 ATLANTIC AVENUE, SUITE #607  
 Phone num: 5624374462  
 Termination reason: 00  
 Term Date: 20070824  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90813  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070149177

GK993  
 West  
 4-6 mi  
 26161  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: PRO HEALTH PARTNERS A MEDICAL GROUP  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 20000419  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0972895  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y

SRHO20070158054  
 AHA Hospitals

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 1045 ATLANTIC AVE #808  
 Phone num: 5629838399  
 Termination reason: 08  
 Term Date: 20040418  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90813  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070158054

GK994  
 West  
 4-6 mi  
 26161  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: 1  
 Compliance status: A  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: 19990322  
 Medicare/Medicaid: 1  
 Facility name: GEORGE M JAYATILAKA MD  
 Intermediary/Carrier: 02050  
 Medicaid number: Not Reported  
 Participation date: 19920901  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0683982  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Not Reported  
 state abbrev: CA  
 ssa state: 05  
 state region cd: M1  
 street address: 1045 ATLANTIC AVENUE 818  
 Phone num: 3104368117  
 Termination reason: 00  
 Term Date: 20070314  
 Purpose of action: 2  
 Provider control: 04  
 Zip: 90813  
 Fips state: 06

SRHO20070137851  
 AHA Hospitals

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070137851

GK995

West  
 4-6 mi  
 26161  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: LONG BEACH DIALYSIS CENTER, LLC  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19980701  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0948114  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 1045 ATLANTIC AVENUE, SUITE 108  
 Phone num: 5624958075  
 Termination reason: 00  
 Term Date: 20080630  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90813  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070150568

SRHO20070150568  
 AHA Hospitals

## MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site	EDR ID Database
GK996 West 4-6 mi 26162 Higher	Hospital type: 01 Num of times COO: 00 Owner date: Not Reported City: LONG BEACH Has plan of corr: Not Reported Compliance status: Not Reported SSA county code: 200 Cross ref number: Not Reported FMS survey date: Not Reported Current survey date: Not Reported Medicare/Medicaid: Not Reported Facility name: RENALDO LI-PERDOMO MD Intermediary/Carrier: Not Reported Medicaid number: Not Reported Participation date: 19921218 Prior COO date: Not Reported Prior carrier: Not Reported Provider ID: 05D0554813 Record Status: A Region code: 09 Is Partial Record: Y state abbrev: CA ssa state: 05 state region cd: LAB street address: 1052 ATLANTIC AVE Phone num: 3104325471 Termination reason: 07 Term Date: 19960831 Purpose of action: Not Reported Provider control: 04 Zip: 90813 Fips state: 06 Fips cnty: 037 SSA MSA: 328 SSA MSA size code: A Date accredited: Not Reported Accred expire date: Not Reported Accred Org: Not Reported Num beds: 0000 Num cert beds: 0000 Source: US_HOSPITAL_POSCLIA Edr id: SRHO20070131243	SRHO20070131243 AHA Hospitals
GK997 West 4-6 mi 26176 Higher	Hospital type: 01 Num of times COO: 00 Owner date: Not Reported City: LONG BEACH Has plan of corr: Not Reported Compliance status: Not Reported SSA county code: 200 Cross ref number: Not Reported FMS survey date: Not Reported Current survey date: Not Reported	SRHO20070152946 AHA Hospitals

# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Medicare/Medicaid: Not Reported  
 Facility name: ELENA G EZPELETA MD  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 20010504  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0986010  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 1066 ATLANTIC AVE STE D  
 Phone num: 5626241164  
 Termination reason: 08  
 Term Date: 20030503  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90813  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070152946

GL998  
 ESE  
 4-6 mi  
 26219  
 Higher

EDR ID: SRDCCA200703080  
 Facility number: 300608242  
 Facility name: "GLENN, JANET"  
 Facility eval. code: 3404  
 Facility office number: 06  
 Facility county number: 30  
 Facility type code: 810  
 Facility status code: 03  
 Address: 15561 AULNAY LANE  
 City: HUNTINGTON BEACH  
 State: CA  
 Zip: 92647  
 Alt. address: 15561 AULNAY LANE  
 City: HUNTINGTON BEACH  
 State: CA  
 Zip: 92647  
 Facility investor: "GLENN, JANET"  
 Licensee type: A  
 License effective date: 940131  
 License expiration date: Not Reported  
 License issue date: 890701

SRDCCA200703080  
 Daycare

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Program type: "MAXIMUM CAPACITY 6 CHILDREN, INCLUDING LICENSEE'S CHILDREN UNDER 10 YEARS OF AGE WHO RESIDE IN THE HOME, WITH NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY; (INFANT MEANS A CHILD UNDER AGE 2). "

Original app. received date: 890630

Facility closed date: Not Reported

Mailing address: 15561 AULNAY LANE

Mailing city: HUNTINGTON BEACH

Mailing state: CA

Mailing zip: 92647

Contact person: "GLENN, JANET "

Facility capacity: 6

Type of clients served: 960

Facility phone: 7148986217

GF999		SRDCCA200718760
North	EDR ID: SRDCCA200718760	Daycare
4-6 mi	Facility number: 192010464	
26232	Facility name: EDWARDS AND WILLIAMS FAMILY CHILD CARE	
Higher	Facility eval. code: 8140	
	Facility office number: 33	
	Facility county number: 19	
	Facility type code: 810	
	Facility status code: 03	
	Address: 11653 CENTRALIA STREET APT. A	
	City: LAKEWOOD	
	State: CA	
	Zip: 90715	
	Alt. address: 11653 CENTRALIA STREET APT. A	
	City: LAKEWOOD	
	State: CA	
	Zip: 90715	
	Facility investor: "EDWARDS, SHARON & WILLIAMS, GEORGE "	
	Licensee type: A	
	License effective date: 30811	
	License expiration date: Not Reported	
	License issue date: 030811	
	Program type: MAX. CAP (WHEN THERE IS AN ASSISTANT PRESENT) : 12 - NO MORE THAN 4 INFANTS. CAP 14 - NO MORE THAN 3 INFANTS. 1 CHILD IN KINDERGARTEN ORELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6.	
	Original app. received date: 020304	
	Facility closed date: Not Reported	
	Mailing address: 11653 CENTRALIA STREET APT. A	
	Mailing city: LAKEWOOD	
	Mailing state: CA	
	Mailing zip: 90715	
	Contact person: "EDWARDS, SHARON "	
	Facility capacity: 14	
	Type of clients served: 960	
	Facility phone: 5624021820	

GL1000		SRDCCA200710466
ESE	EDR ID: SRDCCA200710466	Daycare
4-6 mi	Facility number: 304204310	
26245	Facility name: DIAZ GINNY	
Higher		

# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Facility eval. code: 3404  
 Facility office number: 06  
 Facility county number: 30  
 Facility type code: 810  
 Facility status code: 03  
 Address: 6061 STONE CIR.  
 City: HUNTINGTON BEACH  
 State: CA  
 Zip: 92647  
 Alt. address: 6061 STONE CIR.  
 City: HUNTINGTON BEACH  
 State: CA  
 Zip: 92647  
 Facility investor: DIAZ GINNY  
 Licensee type: A  
 License effective date: 980113  
 License expiration date: Not Reported  
 License issue date: 980113  
 Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4  
 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE  
 WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED  
 "  
 Original app. received date: 971031  
 Facility closed date: Not Reported  
 Mailing address: 6061 STONE CIR.  
 Mailing city: HUNTINGTON BEACH  
 Mailing state: CA  
 Mailing zip: 92647  
 Contact person: DIAZ GINNY  
 Facility capacity: 8  
 Type of clients served: 960  
 Facility phone: 7148923920

GE1001  
 NNW  
 4-6 mi  
 26246  
 Higher

EDR ID: SRDCCA200710583  
 Facility number: 198005596  
 Facility name: BILODEAU FAMILY CHILD CARE  
 Facility eval. code: 7110  
 Facility office number: 33  
 Facility county number: 19  
 Facility type code: 810  
 Facility status code: 03  
 Address: 4200 GREENBRIER ROAD  
 City: LONG BEACH  
 State: CA  
 Zip: 90808  
 Alt. address: 4200 GREENBRIER ROAD  
 City: LONG BEACH  
 State: CA  
 Zip: 90808  
 Facility investor: "BILODEAU, LAURA MAJ"  
 Licensee type: A  
 License effective date: 202  
 License expiration date: Not Reported  
 License issue date: 000202

SRDCCA200710583  
 Daycare

# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Program type: "MAXIMUM CAPACITY: 12 CHILDREN, WITH NO MORE THAN 4 INFANTS, OR CAPACITY 14 CHILDREN WHEN 2 CHILDREN ARE AT LEAST 6 YEARS OF AGE WITH A MAXIMUM OF 3 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "

Original app. received date: 991012  
 Facility closed date: Not Reported  
 Mailing address: 4200 GREENBRIER ROAD  
 Mailing city: LONG BEACH  
 Mailing state: CA  
 Mailing zip: 90808  
 Contact person: "BILODEAU, LAURA MAJ "  
 Facility capacity: 14  
 Type of clients served: 960  
 Facility phone: 5624295566

FV1002		SRDCCA200708596
ESE	EDR ID: SRDCCA200708596	Daycare
4-6 mi	Facility number: 304202322	
26248	Facility name: "CHANG, DANIELLE "	
Higher	Facility eval. code: 3404	
	Facility office number: 06	
	Facility county number: 30	
	Facility type code: 810	
	Facility status code: 03	
	Address: 5762 MANGRUM DRIVE	
	City: HUNTINGTON BEACH	
	State: CA	
	Zip: 92649	
	Alt. address: 5762 MANGRUM DRIVE	
	City: HUNTINGTON BEACH	
	State: CA	
	Zip: 92649	
	Facility investor: "CHANG, DANIELLE "	
	Licensee type: A	
	License effective date: 960723	
	License expiration date: Not Reported	
	License issue date: 960723	
	Program type: "INACTIVE STATUS: FEBRUARY 13, 2006 TO FEBRUARY 13, 2007.	
	Original app. received date: 960117	
	Facility closed date: Not Reported	
	Mailing address: 5762 MANGRUM DRIVE	
	Mailing city: HUNTINGTON BEACH	
	Mailing state: CA	
	Mailing zip: 92649	
	Contact person: "CHANG, DANIELLE "	
	Facility capacity: 6	
	Type of clients served: 960	
	Facility phone: 7148408784	

FS1003		SRDCCA200722790
ENE	EDR ID: SRDCCA200722790	Daycare
4-6 mi	Facility number: 304300484	
26251	Facility name: "GOMEZ, LINDA "	
Higher	Facility eval. code: 3404	

# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Facility office number: 06  
 Facility county number: 30  
 Facility type code: 810  
 Facility status code: 03  
 Address: 6692 BELGRAVE AVENUE  
 City: GARDEN GROVE  
 State: CA  
 Zip: 92845  
 Alt. address: 6692 BELGRAVE AVENUE  
 City: GARDEN GROVE  
 State: CA  
 Zip: 92845  
 Facility investor: "GOMEZ, LINDA"  
 Licensee type: A  
 License effective date: 40831  
 License expiration date: Not Reported  
 License issue date: 040831  
 Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4  
 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE  
 WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED  
 "  
 Original app. received date: 031024  
 Facility closed date: Not Reported  
 Mailing address: 6692 BELGRAVE AVENUE  
 Mailing city: GARDEN GROVE  
 Mailing state: CA  
 Mailing zip: 92845  
 Contact person: "GOMEZ, LINDA"  
 Facility capacity: 8  
 Type of clients served: 960  
 Facility phone: 7148913423

GM1004

ENE  
 4-6 mi  
 26265  
 Higher

EDR ID: SRDCCA200708766  
 Facility number: 304202090  
 Facility name: "ANDERSON, MARGARET"  
 Facility eval. code: 3404  
 Facility office number: 06  
 Facility county number: 30  
 Facility type code: 810  
 Facility status code: 03  
 Address: 6642 VANGUARD CIRCLE  
 City: GARDEN GROVE  
 State: CA  
 Zip: 92845  
 Alt. address: 6642 VANGUARD CIRCLE  
 City: GARDEN GROVE  
 State: CA  
 Zip: 92845  
 Facility investor: "ANDERSON, MARGARET"  
 Licensee type: A  
 License effective date: 960425  
 License expiration date: Not Reported  
 License issue date: 960425  
 Program type: "MAXIMUM CAPACITY: 6 CHILDREN, INCLUDING LICENSEE'S CHILDREN UNDER 10  
 YEARS OF AGE WHO RESIDE IN THE HOME, WITH NO MORE THAN 3 INFANTS OR 4  
 INFANTS ONLY (INFANT MEANS A CHILD UNDER 2 YEARS OLD)."  
 SRDCCA200708766  
 Daycare

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Original app. received date: 950913  
 Facility closed date: Not Reported  
 Mailing address: 6642 VANGUARD CIRCLE  
 Mailing city: GARDEN GROVE  
 Mailing state: CA  
 Mailing zip: 92845  
 Contact person: "ANDERSON, MARGARET"  
 Facility capacity: 6  
 Type of clients served: 960  
 Facility phone: 7148978249

GJ1005

WNW  
 4-6 mi  
 26285  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: VAN PHAC VO MD  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19930304  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0554865  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 611 E ANAHEIM ST  
 Phone num: 3105918982  
 Termination reason: 00  
 Term Date: 20080831  
 Purpose of action: Not Reported  
 Provider control: 07  
 Zip: 90813  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070131399

SRHO20070131399  
 AHA Hospitals

## MAP FINDINGS

Map ID	Direction	Distance	Distance (ft.)	Elevation	Site	EDR ID	Database
GN1006						SRDCCA200726116	SRDCCA200726116
NNE						198010928	Daycare
4-6 mi						ALVAREZ FAMILY CHILD CARE	
26291						6150	
Higher						33	
						19	
						810	
						03	
						12334 214TH STREET	
						HAWAIIAN GARDENS	
						CA	
						90716	
						12334 214TH STREET	
						HAWAIIAN GARDENS	
						CA	
						90716	
						SILVIA YUNUEN ALVAREZ	
						A	
						41117	
						Not Reported	
						041117	
						MAX. CAP (WHEN THERE IS AN ASSISTANT PRESENT): 12 - NO MORE THAN 4	
						INFANTS. CAP 14 - NO MORE THAN 3 INFANTS. 1 CHILD IN	
						KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6.	
						Original app. received date: 040922	
						Facility closed date: Not Reported	
						Mailing address: 12334 214TH STREET	
						Mailing city: HAWAIIAN GARDENS	
						Mailing state: CA	
						Mailing zip: 90716	
						Contact person: "ALVAREZ, SILVIA "	
						Facility capacity: 14	
						Type of clients served: 960	
						Facility phone: 5628654454	
GO1007						SRDCCA200721411	SRDCCA200721411
North						198009249	Daycare
4-6 mi						WATTS FAMILY CHILD CARE	
26325						8140	
Higher						33	
						19	
						810	
						03	
						6223 CENTRALIA STREET	
						LAKEWOOD	
						CA	
						90713	
						6223 CENTRALIA STREET	
						LAKEWOOD	
						CA	
						90713	
						"WATTS, CYNTHIA "	
						A	

# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

License effective date: 31121  
 License expiration date: Not Reported  
 License issue date: 031121  
 Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED"

Original app. received date: 030612  
 Facility closed date: Not Reported  
 Mailing address: 6223 CENTRALIA STREET  
 Mailing city: LAKEWOOD  
 Mailing state: CA  
 Mailing zip: 90713  
 Contact person: "WATTS, CYNTHIA"  
 Facility capacity: 8  
 Type of clients served: 960  
 Facility phone: 5624294742

GP1008  
 NE  
 4-6 mi  
 26340  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: CYPRESS  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 400  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: SAV ON DRUGS #9575  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 20050110  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D1035743  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: M1  
 street address: 5501 BALL ROAD  
 Phone num: 7144843502  
 Termination reason: 00  
 Term Date: 20070109  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90630  
 Fips state: 06  
 Fips cnty: 059  
 SSA MSA: 033  
 SSA MSA size code: B  
 Date accredited: Not Reported

SRHO20070158302  
 AHA Hospitals

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070158302

GP1009		SRDCCA200716579
NE	EDR ID: SRDCCA200716579	Daycare
4-6 mi	Facility number: 304206222	
26341	Facility name: "STEVENS, APRIL "	
Higher	Facility eval. code: 3404	
	Facility office number: 06	
	Facility county number: 30	
	Facility type code: 810	
	Facility status code: 03	
	Address: 10162 ANGELA AVENUE	
	City: CYPRESS	
	State: CA	
	Zip: 90630	
	Alt. address: 10162 ANGELA AVENUE	
	City: CYPRESS	
	State: CA	
	Zip: 90630	
	Facility investor: "STEVENS, APRIL "	
	Licensee type: A	
	License effective date: 20320	
	License expiration date: Not Reported	
	License issue date: 020320	
	Program type: "MAXIMUM CAPACITY: 12 CHILDREN, WITH NO MORE THAN 4 INFANTS, OR CAPACITY 14 CHILDREN WHEN 2 CHILDREN ARE AT LEAST 6 YEARS OF AGE WITH A MAXIMUM OF 3 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "	
	Original app. received date: 010815	
	Facility closed date: Not Reported	
	Mailing address: 10162 ANGELA AVENUE	
	Mailing city: CYPRESS	
	Mailing state: CA	
	Mailing zip: 90630	
	Contact person: "STEVENS, APRIL "	
	Facility capacity: 14	
	Type of clients served: 960	
	Facility phone: 7149529193	

GE1010		SRHO20070145712
NNW	Hospital type: 01	AHA Hospitals
4-6 mi	Num of times COO: 00	
26356	Owner date: Not Reported	
Higher	City: LONG BEACH	
	Has plan of corr: Not Reported	
	Compliance status: Not Reported	
	SSA county code: 200	
	Cross ref number: Not Reported	
	FMS survey date: Not Reported	
	Current survey date: Not Reported	

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Medicare/Medicaid: Not Reported  
 Facility name: INTERIM HEALTH CARE  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19950320  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0899078  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 4501 E CARSON #203  
 Phone num: 3104206557  
 Termination reason: 08  
 Term Date: 19970319  
 Purpose of action: Not Reported  
 Provider control: 02  
 Zip: 90808  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070145712

FV1011  
 ESE  
 4-6 mi  
 26401  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: HUNTINGTON BEACH  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 400  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: MARINA FAMILY MEDICAL GROUP INC  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 20061229  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D1062901  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y

SRHO20070160908  
 AHA Hospitals

# MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

state abbrev: CA  
ssa state: 05  
state region cd: M1  
street address: 5888 EDINGER AVENUE  
Phone num: 7143777469  
Termination reason: 00  
Term Date: 20081228  
Purpose of action: Not Reported  
Provider control: 04  
Zip: 92649  
Fips state: 06  
Fips cnty: 059  
SSA MSA: 033  
SSA MSA size code: B  
Date accredited: Not Reported  
Accred expire date: Not Reported  
Accred Org: Not Reported  
Num beds: 0000  
Num cert beds: 0000  
Source: US\_HOSPITAL\_POSCLIA  
Edr id: SRHO20070160908

FW1012

SRDCCA200721356  
Daycare

WNW EDR ID: SRDCCA200721356  
4-6 mi Facility number: 198009244  
26406 Facility name: SCHROCK FAMILY CHILD CARE  
Higher Facility eval. code: 8160  
Facility office number: 33  
Facility county number: 19  
Facility type code: 810  
Facility status code: 03  
Address: 1814 OLIVE AVENUE  
City: LONG BEACH  
State: CA  
Zip: 90806  
Alt. address: 1814 OLIVE AVENUE  
City: LONG BEACH  
State: CA  
Zip: 90806  
Facility investor: "SCHROCK, PHYLLIS"  
Licensee type: A  
License effective date: 30825  
License expiration date: Not Reported  
License issue date: 030825  
Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4  
INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE  
WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED  
"  
Original app. received date: 030516  
Facility closed date: Not Reported  
Mailing address: 1814 OLIVE AVENUE  
Mailing city: LONG BEACH  
Mailing state: CA  
Mailing zip: 90806  
Contact person: "SCHROCK, PHYLLIS"

## MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site	EDR ID Database
	Facility capacity: 8 Type of clients served: 960 Facility phone: 5625995772	
GQ1013		SRDCCA200731296
ESE	EDR ID: SRDCCA200731296	Daycare
4-6 mi	Facility number: 304310317	
26442	Facility name: "BRYANT, MELODY"	
Higher	Facility eval. code: 3404	
	Facility office number: 06	
	Facility county number: 30	
	Facility type code: 810	
	Facility status code: 03	
	Address: 14911 SUNNYCREST LANE	
	City: HUNTINGTON BEACH	
	State: CA	
	Zip: 92647	
	Alt. address: 14911 SUNNYCREST LANE	
	City: HUNTINGTON BEACH	
	State: CA	
	Zip: 92647	
	Facility investor: "BRYANT, MELODY"	
	Licensee type: A	
	License effective date: 51202	
	License expiration date: Not Reported	
	License issue date: 051202	
	Program type: "MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY. CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6."	
	Original app. received date: 051007	
	Facility closed date: Not Reported	
	Mailing address: 14911 SUNNYCREST LANE	
	Mailing city: HUNTINGTON BEACH	
	Mailing state: CA	
	Mailing zip: 92647	
	Contact person: "BRYANT, MELODY"	
	Facility capacity: 8	
	Type of clients served: 960	
	Facility phone: 7148968300	
GK1014		SRDCCA200746907
West	EDR ID: SRDCCA200746907	Daycare
4-6 mi	Facility number: 191671243	
26457	Facility name: FIRST LUTHERAN CHRISTIAN PRESCHOOL & DAY CARE CTR	
Higher	Facility eval. code: 8150	
	Facility office number: 33	
	Facility county number: 19	
	Facility type code: 850	
	Facility status code: 03	
	Address: 946 LINDEN AVENUE	
	City: LONG BEACH	
	State: CA	
	Zip: 90813	
	Alt. address: 946 LINDEN AVENUE	

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

City: LONG BEACH  
 State: CA  
 Zip: 90813  
 Facility investor: FIRST LUTHERAN CHURCH OF LONG BEACH  
 Licensee type: F  
 License effective date: 930925  
 License expiration date: Not Reported  
 License issue date: Not Reported  
 Program type: "AMBULATORY ONLY, AGES 2 THRU 5 YEARS"  
 Original app. received date: 840724  
 Facility closed date: Not Reported  
 Mailing address: 946 LINDEN AVENUE  
 Mailing city: LONG BEACH  
 Mailing state: CA  
 Mailing zip: 90813  
 Contact person: KRISTINE KIM  
 Facility capacity: 54  
 Type of clients served: 950  
 Facility phone: 5624350777

GI1015  
 NNW Ncessch: 062250002733  
 4-6 mi Schname05: LAKEWOOD HIGH  
 26489 Mstreet05: 4400 BRIERCREST AVE.  
 Higher Mcity05: LAKEWOOD  
 Mstate05: CA  
 Mzip05: 90713  
 Mzip405: 2512  
 Member05: 4337  
 Phone05: (562) 425-1281  
 Locale05: 3  
 Type05: 1  
 Level05: 3  
 Gslo05: 09  
 Gshi05: 12  
 Edr id: SRPU20071014024

SRPU20071014024  
 Public Schools

GM1016  
 ENE EDR ID: SRDCCA200703276  
 4-6 mi Facility number: 300608807  
 26492 Facility name: "EVELYN, BONNIE"  
 Higher Facility eval. code: 3406  
 Facility office number: 06  
 Facility county number: 30  
 Facility type code: 810  
 Facility status code: 03  
 Address: 6682 AMY STREET  
 City: GARDEN GROVE  
 State: CA  
 Zip: 92845  
 Alt. address: 6682 AMY STREET  
 City: GARDEN GROVE  
 State: CA

SRDCCA200703276  
 Daycare

## MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site	EDR ID Database
	Zip: 92845 Facility investor: "EVELYN, BONNIE" Licensee type: A License effective date: 940119 License expiration date: Not Reported License issue date: 890701 Program type: "MAXIMUM CAPACITY: 6 CHILDREN, INCLUDING LICENSEE'S CHILDREN UNDER 10 YEARS OF AGE WHO RESIDE IN THE HOME, WITH NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY (INFANT MEANS A CHILD UNDER 2 YEARS OLD)." Original app. received date: 890630 Facility closed date: Not Reported Mailing address: 6682 AMY STREET Mailing city: GARDEN GROVE Mailing state: CA Mailing zip: 92845 Contact person: "EVELYN, BONNIE" Facility capacity: 6 Type of clients served: 960 Facility phone: 7148983625	
1017 North 4-6 mi 26493 Higher	EDR ID: SRDCCA200720393 Facility number: 198008379 Facility name: COOK FAMILY CHILD CARE Facility eval. code: 7110 Facility office number: 33 Facility county number: 19 Facility type code: 810 Facility status code: 03 Address: 4542 JOSIE AVENUE City: LAKEWOOD State: CA Zip: 90713 Alt. address: 4542 JOSIE AVENUE City: LAKEWOOD State: CA Zip: 90713 Facility investor: "COOK, SUSAN" Licensee type: A License effective date: 21126 License expiration date: Not Reported License issue date: 021126 Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED" Original app. received date: 021023 Facility closed date: Not Reported Mailing address: 4542 JOSIE AVENUE Mailing city: LAKEWOOD Mailing state: CA Mailing zip: 90713 Contact person: "COOK, SUSAN" Facility capacity: 8 Type of clients served: 960	SRDCCA200720393 Daycare

# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Facility phone: 5629388998

GO1018		SRPU20071014031
North	Necessch: 062250002740	Public Schools
4-6 mi	Schname05: MACARTHUR ELEMENTARY	
26511	Mstreet05: 6011 CENTRALIA ST.	
Higher	Mcity05: LAKEWOOD	
	Mstate05: CA	
	Mzip05: 90713	
	Mzip405: 2902	
	Member05: 505	
	Phone05: (562) 420-3588	
	Locale05: 3	
	Type05: 1	
	Level05: 1	
	Gslo05: KG	
	Gshi05: 05	
	Edr id: SRPU20071014031	

GH1019		SRDCCA200747261
East	EDR ID: SRDCCA200747261	Daycare
4-6 mi	Facility number: 300606745	
26559	Facility name: KIDDIES CASTLE MONTESSORI SCHOOL	
Higher	Facility eval. code: 1207	
	Facility office number: 06	
	Facility county number: 30	
	Facility type code: 850	
	Facility status code: 03	
	Address: 6900 W. GARDEN GROVE BLVD.	
	City: WESTMINSTER	
	State: CA	
	Zip: 92683	
	Alt. address: 2792 FLYER PLACE	
	City: LOS ANGELES	
	State: CA	
	Zip: 90065	
	Facility investor: "WICKREMESINGHE, CHRISANTHIE"	
	Licensee type: A	
	License effective date: 940831	
	License expiration date: Not Reported	
	License issue date: 880701	
	Program type: "AMBULATORY, AGES 2 THROUGH 6 YEARS, MONDAY THROUGH FRIDAY, HOURS: 6:30 AM TO 6:00 PM."	
	Original app. received date: 880418	
	Facility closed date: Not Reported	
	Mailing address: 2792 FLYER PLACE	
	Mailing city: LOS ANGELES	
	Mailing state: CA	
	Mailing zip: 90065	
	Contact person: KANTHI WIJESEKERA	
	Facility capacity: 30	
	Type of clients served: 950	
	Facility phone: 7148953984	



# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Pss assoc 4: Not Reported  
 Pss assoc 5: Not Reported  
 Pss assoc 6: Not Reported  
 Pss assoc 7: Not Reported  
 Source: NCESDATA\_E72D09B4  
 Edr id: SRPR20051024815

GB1021		SRDCCA200755765
West	EDR ID:	SRDCCA200755765
4-6 mi	Facility number:	198012302
26593	Facility name:	A LOVE 4 LEARNING ACADEMY
Higher	Facility eval. code:	8160
	Facility office number:	33
	Facility county number:	19
	Facility type code:	850
	Facility status code:	03
	Address:	306 ELM AVENUE
	City:	LONG BEACH
	State:	CA
	Zip:	90802
	Alt. address:	13909 S. TRIAD DRIVE
	City:	LA MIRADA
	State:	CA
	Zip:	90638
	Facility investor:	CLYNNAE TURNER
	Licensee type:	A
	License effective date:	60316
	License expiration date:	Not Reported
	License issue date:	060316
	Program type:	LICENSED TO PROVIDE CARE FOR (30) PRESCHOOL CHILDREN AGES: 2 UNTIL ENTRY INTO FIRST GRADE.
	Original app. received date:	060202
	Facility closed date:	Not Reported
	Mailing address:	13909 S. TRIAD DRIVE
	Mailing city:	LA MIRADA
	Mailing state:	CA
	Mailing zip:	90638
	Contact person:	"TURNER, CLYNNAE "
	Facility capacity:	30
	Type of clients served:	950
	Facility phone:	5629836469

GB1022		SRHO20070151604
West	Hospital type:	01
4-6 mi	Num of times COO:	00
26593	Owner date:	Not Reported
Higher	City:	LONG BEACH
	Has plan of corr:	Not Reported
	Compliance status:	Not Reported
	SSA county code:	200
	Cross ref number:	Not Reported
	FMS survey date:	Not Reported
	Current survey date:	Not Reported
	Medicare/Medicaid:	Not Reported

# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Facility name: ST JOSEPH MEDICAL CLINIC  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19990301  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0957774  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Not Reported  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 306 S ELM AVE  
 Phone num: 5626289237  
 Termination reason: 08  
 Term Date: 19990301  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90802  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070151604

GO1023

North  
 4-6 mi  
 26602  
 Higher

EDR ID: SRDCCA200734949  
 Facility number: 198012530  
 Facility name: BOWERS FAMILY CHILD CARE  
 Facility eval. code: 7110  
 Facility office number: 33  
 Facility county number: 19  
 Facility type code: 810  
 Facility status code: 03  
 Address: 6242 SEABORN STREET  
 City: LAKEWOOD  
 State: CA  
 Zip: 90713  
 Alt. address: 6242 SEABORN STREET  
 City: LAKEWOOD  
 State: CA  
 Zip: 90713  
 Facility investor: CAROLINE BOWERS  
 Licensee type: A  
 License effective date: 60606  
 License expiration date: Not Reported  
 License issue date: 060606  
 Program type: "MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY.  
 CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY  
 SCHOOL AND 1 CHILD AT LEAST AGE 6."

SRDCCA200734949  
 Daycare

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Original app. received date: 060411  
 Facility closed date: Not Reported  
 Mailing address: 6242 SEABORN STREET  
 Mailing city: LAKEWOOD  
 Mailing state: CA  
 Mailing zip: 90713  
 Contact person: "BOWERS, CAROLINE"  
 Facility capacity: 8  
 Type of clients served: 960  
 Facility phone: 5624251311

1024  
 NW  
 4-6 mi  
 26605  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: BOEING COMPANY C-17 MEDICAL SVCS,THE  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 20050419  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D1039631  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: M1  
 street address: 2401 E WARDLOW RD TRAILER 174  
 Phone num: 5625930064  
 Termination reason: 00  
 Term Date: 20070418  
 Purpose of action: Not Reported  
 Provider control: 02  
 Zip: 90807  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070163498

SRHO20070163498  
 AHA Hospitals

## MAP FINDINGS

Map ID	Direction	Distance	Distance (ft.)	Elevation	Site	EDR ID Database
GK1025	West	4-6 mi	26630	Higher		SRHO20070110131 AHA Hospitals
					Hospital type: 03	
					Num of times COO: 01	
					Owner date: Not Reported	
					City: LONG BEACH	
					Has plan of corr: Not Reported	
					Compliance status: B	
					SSA county code: 200	
					Cross ref number: Not Reported	
					FMS survey date: Not Reported	
					Current survey date: 20050104	
					Medicare/Medicaid: 2	
					Facility name: SAINT MARY MEDICAL CENTER D P	
					Intermediary/Carrier: 00454	
					Medicaid number: Not Reported	
					Participation date: 19851022	
					Prior COO date: Not Reported	
					Prior carrier: 52280	
					Provider ID: 555210	
					Record Status: A	
					Region code: 09	
					Is Partial Record: Not Reported	
					state abbrev: CA	
					ssa state: 05	
					state region cd: L4	
					street address: 1050 LINDEN AVENUE	
					Phone num: 5624919944	
					Termination reason: 01	
					Term Date: 20051122	
					Purpose of action: 2	
					Provider control: 05	
					Zip: 90813	
					Fips state: 06	
					Fips cnty: 037	
					SSA MSA: 328	
					SSA MSA size code: A	
					Date accredited: Not Reported	
					Accred expire date: Not Reported	
					Accred Org: Not Reported	
					Num beds: 0033	
					Num cert beds: 0033	
					Source: US_HOSPITAL_POSOTHER	
					Edr id: SRHO20070110131	
GK1026	West	4-6 mi	26630	Higher		SRHO20070136657 AHA Hospitals
					Hospital type: 01	
					Num of times COO: 00	
					Owner date: Not Reported	
					City: LONG BEACH	
					Has plan of corr: Not Reported	
					Compliance status: Not Reported	
					SSA county code: 200	
					Cross ref number: Not Reported	
					FMS survey date: Not Reported	
					Current survey date: Not Reported	

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Medicare/Medicaid: Not Reported  
 Facility name: ST MARY MEDICAL CENTER-LABORATORY  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19930716  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0642663  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 1050 LINDEN AVENUE  
 Phone num: 5624919690  
 Termination reason: 00  
 Term Date: 20070208  
 Purpose of action: Not Reported  
 Provider control: 01  
 Zip: 90813  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070136657

GK1027

West  
 4-6 mi  
 26630  
 Higher

Hospital type: 01  
 Num of times COO: 02  
 Owner date: 20020701  
 City: LONG BEACH  
 Has plan of corr: Not Reported  
 Compliance status: A  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: 20040907  
 Medicare/Medicaid: 1  
 Facility name: ST MARY MEDICAL CENTER VNA HOSPICE  
 Intermediary/Carrier: 00454  
 Medicaid number: Not Reported  
 Participation date: 19940808  
 Prior COO date: 19981231  
 Prior carrier: 00040  
 Provider ID: 051633  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Not Reported

SRHO20070008177  
 AHA Hospitals

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

state abbrev: CA  
ssa state: 05  
state region cd: L4  
street address: 1050 LINDEN AVENUE  
Phone num: 5624914841  
Termination reason: 00  
Term Date: Not Reported  
Purpose of action: 2  
Provider control: 01  
Zip: 90813  
Fips state: 06  
Fips cnty: 037  
SSA MSA: 328  
SSA MSA size code: A  
Date accredited: Not Reported  
Accred expire date: Not Reported  
Accred Org: 0  
Num beds: 0000  
Num cert beds: 0000  
Source: US\_HOSPITAL\_POSOTHER  
Edr id: SRHO20070008177

GK1028

West Hospital type: 01  
4-6 mi Num of times COO: 03  
26630 Owner date: 20020101  
Higher City: LONG BEACH  
Has plan of corr: Not Reported  
Compliance status: A  
SSA county code: 200  
Cross ref number: Not Reported  
FMS survey date: Not Reported  
Current survey date: 19941115  
Medicare/Medicaid: 1  
Facility name: ST MARY MEDICAL CENTER  
Intermediary/Carrier: 52280  
Medicaid number: Not Reported  
Participation date: 19660701  
Prior COO date: 19970530  
Prior carrier: 00454  
Provider ID: 050191  
Record Status: A  
Region code: 09  
Is Partial Record: N  
state abbrev: CA  
ssa state: 05  
state region cd: L4  
street address: 1050 LINDEN AVE  
Phone num: 5624919000  
Termination reason: 00  
Term Date: Not Reported  
Purpose of action: 2  
Provider control: 01  
Zip: 90801  
Fips state: 06

SRHO20070006141  
AHA Hospitals

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: 19920101  
 Accred expire date: 19941231  
 Accred Org: 1  
 Num beds: 0539  
 Num cert beds: 0539  
 Source: US\_HOSPITAL\_POSOTHER  
 Edr id: SRHO20070006141

GK1029

SRHO20070009892  
 AHA Hospitals

West Hospital type: 01  
 4-6 mi Num of times COO: 01  
 26630 Owner date: 19810313  
 Higher City: LONG BEACH  
 Has plan of corr: Not Reported  
 Compliance status: A  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: 19930827  
 Medicare/Medicaid: 1  
 Facility name: ST MARY MED CTR HEMODIALYSIS U  
 Intermediary/Carrier: 52280  
 Medicaid number: Not Reported  
 Participation date: 19770811  
 Prior COO date: Not Reported  
 Prior carrier: 00454  
 Provider ID: 052328  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Not Reported  
 state abbrev: CA  
 ssa state: 05  
 state region cd: L4  
 street address: 1050 LINDEN ST  
 Phone num: 3104919240  
 Termination reason: 00  
 Term Date: Not Reported  
 Purpose of action: 2  
 Provider control: 02  
 Zip: 90813  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSOTHER  
 Edr id: SRHO20070009892

## MAP FINDINGS

Map ID	Direction	Distance	Distance (ft.)	Elevation	Site	EDR ID Database
GK1030	West	4-6 mi	26630	Higher	Hospital type: 01 Num of times COO: 00 Owner date: Not Reported City: LONG BEACH Has plan of corr: Not Reported Compliance status: Not Reported SSA county code: 200 Cross ref number: Not Reported FMS survey date: Not Reported Current survey date: Not Reported Medicare/Medicaid: Not Reported Facility name: PULMONARY LABORATORY-SMMC Intermediary/Carrier: Not Reported Medicaid number: Not Reported Participation date: 19930111 Prior COO date: Not Reported Prior carrier: Not Reported Provider ID: 05D0554956 Record Status: A Region code: 09 Is Partial Record: Not Reported state abbrev: CA ssa state: 05 state region cd: LAB street address: 1050 LINDEN AVENUE Phone num: 3104919920 Termination reason: 01 Term Date: 19941231 Purpose of action: Not Reported Provider control: 01 Zip: 90813 Fips state: 06 Fips cnty: 037 SSA MSA: 328 SSA MSA size code: A Date accredited: Not Reported Accred expire date: Not Reported Accred Org: Not Reported Num beds: 0000 Num cert beds: 0000 Source: US_HOSPITAL_POSCLIA Edr id: SRHO20070131533	SRHO20070131533 AHA Hospitals
GK1031	West	4-6 mi	26630	Higher	Hospital type: 01 Num of times COO: 00 Owner date: Not Reported City: LONG BEACH Has plan of corr: Not Reported Compliance status: Not Reported SSA county code: 200 Cross ref number: Not Reported FMS survey date: Not Reported Current survey date: Not Reported	SRHO20070159764 AHA Hospitals

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Medicare/Medicaid:	Not Reported
Facility name:	CATHOLIC HEALTHCARE WEST/ST MARY MEDICAL CENTER
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Participation date:	20030519
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D1012718
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	1050 LINDEN AVE
Phone num:	5624914841
Termination reason:	00
Term Date:	20070518
Purpose of action:	Not Reported
Provider control:	01
Zip:	90813
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070159764

GR1032			SRPU20071014140
NE	Ncessch:	061044001174	Public Schools
4-6 mi	Schname05:	FRANK VESSELS ELEMENTARY	
26632	Mstreet05:	5900 CATHY AVE.	
Higher	Mcity05:	CYPRESS	
	Mstate05:	CA	
	Mzip05:	90630	
	Mzip405:	4615	
	Member05:	435	
	Phone05:	(714) 220-6990	
	Locale05:	3	
	Type05:	1	
	Level05:	1	
	Gslo05:	KG	
	Gshi05:	06	
	Edr id:	SRPU20071014140	

GS1033			SRDCCA200755166
ESE	EDR ID:	SRDCCA200755166	Daycare
4-6 mi	Facility number:	304370290	
26697	Facility name:	SCHROEDER PRESCHOOL	
Higher			

# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Facility eval. code: 1207  
 Facility office number: 06  
 Facility county number: 30  
 Facility type code: 850  
 Facility status code: 03  
 Address: 15151 COLUMBIA LANE  
 City: HUNTINGTON BEACH  
 State: CA  
 Zip: 92647  
 Alt. address: 15151 15151 COLUMBIA LANE  
 City: HUNTINGTON BEACH  
 State: CA  
 Zip: 92647  
 Facility investor: WESTMINSTER SCHOOL DISTRICT  
 Licensee type: F  
 License effective date: 60829  
 License expiration date: Not Reported  
 License issue date: 060829  
 Program type: "24 AMBULATORY CHILDREN, AGES 3-5, MONDAY-FRIDAY, 8:15 A.M. TO 11:15 A.M. WAIVER TO SHARE ELEMENTARY SCHOOL PLAYGROUND."  
 " "  
 Original app. received date: 060717  
 Facility closed date: Not Reported  
 Mailing address: 15151 TEMPLE STREET  
 Mailing city: WESTMINSTER  
 Mailing state: CA  
 Mailing zip: 92693  
 Contact person: "TINA, PAUL" "  
 Facility capacity: 24  
 Type of clients served: 950  
 Facility phone: 7148947268

GS1034		SRPU20071010653
ESE	Ncessch: 064215006913	Public Schools
4-6 mi	Schname05: SCHROEDER ELEMENTARY	
26697	Mstreet05: 15151 COLUMBIA LN.	
Higher	Mcity05: HUNTINGTON BEACH	
	Mstate05: CA	
	Mzip05: 92647	
	Mzip405: 2507	
	Member05: 555	
	Phone05: (714) 894-7268	
	Locale05: 3	
	Type05: 1	
	Level05: 1	
	Gslo05: KG	
	Gshi05: 06	
	Edr id: SRPU20071010653	

GT1035		SRDCCA200722136
ENE	EDR ID: SRDCCA200722136	Daycare
4-6 mi	Facility number: 304300123	
26711	Facility name: "SOUZA, AUDREY & HUERTA, CHERYL" "	
Higher	Facility eval. code: 3404	

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Facility office number: 06  
 Facility county number: 30  
 Facility type code: 810  
 Facility status code: 03  
 Address: 6691 SANTA BARBARA  
 City: GARDEN GROVE  
 State: CA  
 Zip: 92845  
 Alt. address: 6691 SANTA BARBARA  
 City: GARDEN GROVE  
 State: CA  
 Zip: 92845  
 Facility investor: "SOUZA, AUDREY & HERTA, CHERYL"  
 Licensee type: A  
 License effective date: 31028  
 License expiration date: Not Reported  
 License issue date: 031028  
 Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4  
 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE  
 WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED  
 "  
 Original app. received date: 030219  
 Facility closed date: Not Reported  
 Mailing address: 6691 SANTA BARBARA  
 Mailing city: GARDEN GROVE  
 Mailing state: CA  
 Mailing zip: 92845  
 Contact person: "SOUZA, A. & HUERTA, C."  
 Facility capacity: 8  
 Type of clients served: 960  
 Facility phone: 7148945817

GS1036  
 ESE  
 4-6 mi  
 26725  
 Higher

EDR ID: SRDCCA200736771  
 Facility number: 304310530  
 Facility name: "BARBER, DANIELLE"  
 Facility eval. code: 3404  
 Facility office number: 06  
 Facility county number: 30  
 Facility type code: 810  
 Facility status code: 03  
 Address: 15251 STANFORD LANE  
 City: HUNTINGTON BEACH  
 State: CA  
 Zip: 92647  
 Alt. address: 15251 STANFORD LANE  
 City: HUNTINGTON BEACH  
 State: CA  
 Zip: 92647  
 Facility investor: "BARBER, DANIELLE"  
 Licensee type: A  
 License effective date: 60715  
 License expiration date: Not Reported  
 License issue date: 060715  
 Program type: "MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY.  
 CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY  
 SCHOOL AND 1 CHILD AT LEAST AGE 6."

SRDCCA200736771  
 Daycare

# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Original app. received date: 060607  
 Facility closed date: Not Reported  
 Mailing address: 15251 STANFORD LANE  
 Mailing city: HUNTINGTON BEACH  
 Mailing state: CA  
 Mailing zip: 92647  
 Contact person: "BARBER, DANIELLE"  
 Facility capacity: 8  
 Type of clients served: 960  
 Facility phone: 7143791535

GJ1037		SRPU20071014041
WNW	Ncessch: 062250002751	Public Schools
4-6 mi	Schname05: POLYTECHNIC HIGH	
26725	Mstreet05: 1600 ATLANTIC AVE.	
Higher	Mcity05: LONG BEACH	
	Mstate05: CA	
	Mzip05: 90813	
	Mzip405: 2017	
	Member05: 4835	
	Phone05: (562) 591-0581	
	Locale05: 1	
	Type05: 1	
	Level05: 3	
	Gslo05: 09	
	Gshi05: 12	
	Edr id: SRPU20071014041	

1038		SRPU20071015508
ESE	Ncessch: 061806002232	Public Schools
4-6 mi	Schname05: MARINA HIGH	
26739	Mstreet05: 15871 SPRINGDALE ST.	
Higher	Mcity05: HUNTINGTON BEACH	
	Mstate05: CA	
	Mzip05: 92649	
	Mzip405: 1727	
	Member05: 2825	
	Phone05: (714) 893-6571	
	Locale05: 3	
	Type05: 1	
	Level05: 3	
	Gslo05: 09	
	Gshi05: 12	
	Edr id: SRPU20071015508	

GS1039		SRDCCA200708493
ESE	EDR ID: SRDCCA200708493	Daycare
4-6 mi	Facility number: 304202006	
26754	Facility name: "HAY, JILL"	
Higher	Facility eval. code: 3404	
	Facility office number: 06	
	Facility county number: 30	
	Facility type code: 810	



## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Facility closed date: Not Reported  
 Mailing address: 16700 NORWALK BLVD  
 Mailing city: CERRITOS  
 Mailing state: CA  
 Mailing zip: 90703  
 Contact person: ISABEL DELGADILLO  
 Facility capacity: 37  
 Type of clients served: 950  
 Facility phone: 5628655632

GN1041		SRPU20071006145
NNE	Ncessch: 060162000022	Public Schools
4-6 mi	Schname05: ELLA P. MELBOURNE ELEMENTARY	
26772	Mstreet05: 21314 CLARETTA AVE.	
Higher	Mcity05: LAKEWOOD	
	Mstate05: CA	
	Mzip05: 90715	
	Mzip405: 2301	
	Member05: 621	
	Phone05: (562) 924-1658	
	Locale05: 3	
	Type05: 1	
	Level05: 1	
	Gslo05: KG	
	Gshi05: 06	
	Edr id: SRPU20071006145	

1042		SRPU20071013736
East	Ncessch: 061488001868	Public Schools
4-6 mi	Schname05: PACIFICA HIGH	
26817	Mstreet05: 6851 LAMPSON AVE.	
Higher	Mcity05: GARDEN GROVE	
	Mstate05: CA	
	Mzip05: 92845	
	Mzip405: 2211	
	Member05: 2030	
	Phone05: (714) 663-6515	
	Locale05: 3	
	Type05: 1	
	Level05: 3	
	Gslo05: 09	
	Gshi05: 12	
	Edr id: SRPU20071013736	

GU1043		SRDCCA200739791
NNW	EDR ID: SRDCCA200739791	Daycare
4-6 mi	Facility number: 198013230	
26818	Facility name: ESCOTO FAMILY CHILD CARE	
Higher	Facility eval. code: 9130	
	Facility office number: 33	
	Facility county number: 19	
	Facility type code: 810	
	Facility status code: 03	

# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Address: 4512 RADNOR AVENUE  
 City: LAKEWOOD  
 State: CA  
 Zip: 90713  
 Alt. address: 4512 RADNOR AVENUE  
 City: LAKEWOOD  
 State: CA  
 Zip: 90713  
 Facility investor: HEATHER M. ESCOTO  
 Licensee type: A  
 License effective date: 70215  
 License expiration date: Not Reported  
 License issue date: 070215  
 Program type: "MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY.  
 CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY  
 SCHOOL AND 1 CHILD AT LEAST AGE 6. "

Original app. received date: 070125  
 Facility closed date: Not Reported  
 Mailing address: 4512 RADNOR AVENUE  
 Mailing city: LAKEWOOD  
 Mailing state: CA  
 Mailing zip: 90713  
 Contact person: "ESCOTO, HEATHERM. "  
 Facility capacity: 8  
 Type of clients served: 960  
 Facility phone: 5624216292

GO1044

North  
 4-6 mi  
 26829  
 Higher

EDR ID: SRDCCA200716577  
 Facility number: 198006945  
 Facility name: KENYON FAMILY CHILD CARE  
 Facility eval. code: 7110  
 Facility office number: 33  
 Facility county number: 19  
 Facility type code: 810  
 Facility status code: 03  
 Address: 6317 HENRILEE STREET  
 City: LAKEWOOD  
 State: CA  
 Zip: 90713  
 Alt. address: 6317 HENRILEE STREET  
 City: LAKEWOOD  
 State: CA  
 Zip: 90713  
 Facility investor: "KENYON, CARRI "  
 Licensee type: A  
 License effective date: 11015  
 License expiration date: Not Reported  
 License issue date: 011015  
 Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4  
 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE  
 WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED  
 "  
 Original app. received date: 010813  
 Facility closed date: Not Reported

SRDCCA200716577  
 Daycare

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Mailing address: 6317 HENRILEE STREET  
 Mailing city: LAKEWOOD  
 Mailing state: CA  
 Mailing zip: 90713  
 Contact person: "KENYON, CARRI"  
 Facility capacity: 8  
 Type of clients served: 960  
 Facility phone: 5624209020

GJ1045  
 WNW  
 4-6 mi  
 26841  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: ADVANCED HEALTH SOULTIONS MED GRP INC  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 20000628  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0975159  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 1711 ATLANTIC AVE  
 Phone num: 5625918711  
 Termination reason: 08  
 Term Date: 20020627  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90813  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070155162

SRHO20070155162  
 AHA Hospitals

## MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site	EDR ID Database
GJ1046 WNW 4-6 mi 26841 Higher	Hospital type: 01 Num of times COO: 00 Owner date: Not Reported City: LONG BEACH Has plan of corr: Not Reported Compliance status: Not Reported SSA county code: 200 Cross ref number: Not Reported FMS survey date: Not Reported Current survey date: Not Reported Medicare/Medicaid: Not Reported Facility name: SUKDEB MONDAL MD Intermediary/Carrier: Not Reported Medicaid number: Not Reported Participation date: 19930310 Prior COO date: Not Reported Prior carrier: Not Reported Provider ID: 05D0541667 Record Status: A Region code: 09 Is Partial Record: Y state abbrev: CA ssa state: 05 state region cd: LAB street address: 1711 ATLANTIC AVENUE Phone num: 2137337272 Termination reason: 08 Term Date: 20000831 Purpose of action: Not Reported Provider control: 04 Zip: 90813 Fips state: 06 Fips cnty: 037 SSA MSA: 328 SSA MSA size code: A Date accredited: Not Reported Accred expire date: Not Reported Accred Org: Not Reported Num beds: 0000 Num cert beds: 0000 Source: US_HOSPITAL_POSCLIA Edr id: SRHO20070129556	SRHO20070129556 AHA Hospitals
GK1047 West 4-6 mi 26850 Higher	EDR ID: SRDCCA200744407 Facility number: 198011974 Facility name: MONTESSORI ON ELM PRESCHOOL + KINDERGARTEN Facility eval. code: 8140 Facility office number: 33 Facility county number: 19 Facility type code: 830 Facility status code: 03 Address: 930 ELM AVENUE City: LONG BEACH	SRDCCA200744407 Daycare

# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

State: CA  
 Zip: 90813  
 Alt. address: 930 ELM AVENUE  
 City: LONG BEACH  
 State: CA  
 Zip: 90813  
 Facility investor: "MONTESSORI ON ELM, INC. "  
 Licensee type: D  
 License effective date: 51220  
 License expiration date: Not Reported  
 License issue date: 051220  
 Program type: "LICENSEE TO SERVE (24) INFANTS, FROM BIRTH AND PRIOR TO (2) YEARS OF AGE IN ROOMS: #1 - #3."  
 " "  
 Original app. received date: 051005  
 Facility closed date: Not Reported  
 Mailing address: 930 ELM AVENUE  
 Mailing city: LONG BEACH  
 Mailing state: CA  
 Mailing zip: 90813  
 Contact person: "WIJEYENICKREMA, CASANDRA "  
 Facility capacity: 24  
 Type of clients served: 955  
 Facility phone: 5625708080

GK1048		SRDCCA200755777
West	EDR ID: SRDCCA200755777	Daycare
4-6 mi	Facility number: 198011975	
26850	Facility name: MONTESSORI ON ELM PRESCHOOL + KINDERGARTEN	
Higher	Facility eval. code: 8150	
	Facility office number: 33	
	Facility county number: 19	
	Facility type code: 850	
	Facility status code: 03	
	Address: 930 ELM AVENUE	
	City: LONG BEACH	
	State: CA	
	Zip: 90813	
	Alt. address: 930 ELM AVENUE	
	City: LONG BEACH	
	State: CA	
	Zip: 90813	
	Facility investor: "MONTESSORI ON ELM, INC. " " "	
	Licensee type: D	
	License effective date: 51220	
	License expiration date: Not Reported	
	License issue date: 051220	
	Program type: "LICENSEE TO SERVE (111) PRESCHOOL CHILDREN, AGES 2 UNTIL ENTRY INTO FIRST GRADE IN ROOMS: #6 - #10." " "	
	Original app. received date: 051005	
	Facility closed date: Not Reported	
	Mailing address: 930 ELM AVENUE	
	Mailing city: LONG BEACH	
	Mailing state: CA	

# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Mailing zip: 90813  
 Contact person: "WIJEYENWIZKREMA, CASSANDRA"  
 Facility capacity: 111  
 Type of clients served: 950  
 Facility phone: 5625708080

GK1049		SRHO20070131257
West	Hospital type:	01
4-6 mi	Num of times COO:	00
26855	Owner date:	Not Reported
Higher	City:	LONG BEACH
	Has plan of corr:	1
	Compliance status:	A
	SSA county code:	200
	Cross ref number:	Not Reported
	FMS survey date:	20010710
	Current survey date:	20031219
	Medicare/Medicaid:	1
	Facility name:	DAVID R SINGER MD/PROHEALTH PARTNERS
	Intermediary/Carrier:	02050
	Medicaid number:	Not Reported
	Participation date:	19920901
	Prior COO date:	Not Reported
	Prior carrier:	Not Reported
	Provider ID:	05D0554822
	Record Status:	A
	Region code:	09
	Is Partial Record:	Not Reported
	state abbrev:	CA
	ssa state:	05
	state region cd:	M1
	street address:	411 EAST 10TH STREET, SUITE #105
	Phone num:	5624355353
	Termination reason:	00
	Term Date:	20070903
	Purpose of action:	5
	Provider control:	04
	Zip:	90813
	Fips state:	06
	Fips cnty:	037
	SSA MSA:	328
	SSA MSA size code:	A
	Date accredited:	Not Reported
	Accred expire date:	Not Reported
	Accred Org:	Not Reported
	Num beds:	0000
	Num cert beds:	0000
	Source:	US_HOSPITAL_POSCLIA
	Edr id:	SRHO20070131257

GL1050		SRDCCA200702582
ESE	EDR ID:	SRDCCA200702582
4-6 mi	Facility number:	300609712
26857	Facility name:	"CERYANCE, MARGARET
Higher		"

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Facility eval. code: 3404  
 Facility office number: 06  
 Facility county number: 30  
 Facility type code: 810  
 Facility status code: 03  
 Address: 15721 PLYMOUTH LANE  
 City: HUNTINGTON BEACH  
 State: CA  
 Zip: 92647  
 Alt. address: 15721 PLYMOUTH LANE  
 City: HUNTINGTON BEACH  
 State: CA  
 Zip: 92647  
 Facility investor: "CERYANCE, MARGARET"  
 Licensee type: A  
 License effective date: 951205  
 License expiration date: Not Reported  
 License issue date: 891205  
 Program type: "MAXIMUM CAPACITY: 6 CHILDREN, INCLUDING LICENSEE'S CHILDREN UNDER 10 YEARS OF AGE WHO RESIDE IN THE HOME, WITH NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY (INFANT MEANS A CHILD UNDER 2 YEARS OLD)."  
 Original app. received date: 891031  
 Facility closed date: Not Reported  
 Mailing address: 15721 PLYMOUTH LANE  
 Mailing city: HUNTINGTON BEACH  
 Mailing state: CA  
 Mailing zip: 92647  
 Contact person: "CERYANCE, MARGARET"  
 Facility capacity: 6  
 Type of clients served: 960  
 Facility phone: 7148979842

GM1051

ENE  
 4-6 mi  
 26874  
 Higher

EDR ID: SRDCCA200707304  
 Facility number: 304203092  
 Facility name: "GABA, ROSE"  
 Facility eval. code: 3404  
 Facility office number: 06  
 Facility county number: 30  
 Facility type code: 810  
 Facility status code: 03  
 Address: 6782 AMY AVENUE  
 City: GARDEN GROVE  
 State: CA  
 Zip: 92845  
 Alt. address: 6782 AMY AVENUE  
 City: GARDEN GROVE  
 State: CA  
 Zip: 92845  
 Facility investor: "GABA, ROSE"  
 Licensee type: A  
 License effective date: 970722  
 License expiration date: Not Reported  
 License issue date: 970722  
 Program type: "MAXIMUM CAPACITY: 12 CHILDREN, WITH NO MORE THAN 4 INFANTS, OR CAPACITY 14 CHILDREN WHEN 2 CHILDREN ARE AT LEAST 6 YEARS OF AGE WITH A MAXIMUM OF 3 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED"

SRDCCA200707304  
 Daycare

# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Original app. received date: 970507  
 Facility closed date: Not Reported  
 Mailing address: 6782 AMY AVENUE  
 Mailing city: GARDEN GROVE  
 Mailing state: CA  
 Mailing zip: 92845  
 Contact person: "GABA, ROSE       "  
 Facility capacity: 14  
 Type of clients served: 960  
 Facility phone: 7148903789

GD1052 SRDCCA200711913  
 WNW Daycare  
 4-6 mi EDR ID: SRDCCA200711913  
 26877 Facility number: 198005068  
 Higher Facility name: BALTAZAR FAMILY CHILD CARE

Facility eval. code: 8160  
 Facility office number: 33  
 Facility county number: 19  
 Facility type code: 810  
 Facility status code: 03  
 Address: 1050 E. BURNETT ST.  
 City: SIGNAL HILL  
 State: CA  
 Zip: 90806  
 Alt. address: 1050 E. BURNETT ST.  
 City: SIGNAL HILL  
 State: CA  
 Zip: 90806  
 Facility investor: "BALTAZAR, MYRNA PACIO       "  
 Licensee type: A  
 License effective date: 990506  
 License expiration date: Not Reported  
 License issue date: 990506  
 Program type: "MAXIMUM CAPACITY: 12 CHILDREN WITH NO MORE THAN 4 INFANTS, OR  
 CAPACITY14 CHILDREN WHEN 2 CHILDREN ARE AT LEAST 6 YEARS OF AGE WITH A  
 MAXIMUMOF 3 INFANTS. PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED.  
 "

Original app. received date: 990329  
 Facility closed date: Not Reported  
 Mailing address: 1050 E. BURNETT ST.  
 Mailing city: SIGNAL HILL  
 Mailing state: CA  
 Mailing zip: 90806  
 Contact person: "BALTAZAR, MYRNA PACIO       "  
 Facility capacity: 14  
 Type of clients served: 960  
 Facility phone: 5629899585

GV1053 SRDCCA200728379  
 WNW Daycare  
 4-6 mi EDR ID: SRDCCA200728379  
 26878 Facility number: 198011084  
 Higher Facility name: GONZALEZ FAMILY CHILD CARE  
 Facility eval. code: 8160  
 Facility office number: 33

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Facility county number: 19  
 Facility type code: 810  
 Facility status code: 03  
 Address: 1876 LIME AVENUE  
 City: LONG BEACH  
 State: CA  
 Zip: 90806  
 Alt. address: 1876 LIME AVENUE  
 City: LONG BEACH  
 State: CA  
 Zip: 90806  
 Facility investor: LILIA GONZALEZ  
 Licensee type: A  
 License effective date: 41221  
 License expiration date: Not Reported  
 License issue date: 041221  
 Program type: "MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY.  
 CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY  
 SCHOOL AND 1 CHILD AT LEAST AGE 6. "

Original app. received date: 041025  
 Facility closed date: Not Reported  
 Mailing address: 1876 LIME AVENUE  
 Mailing city: LONG BEACH  
 Mailing state: CA  
 Mailing zip: 90806  
 Contact person: "GONZALEZ, LILIA "  
 Facility capacity: 8  
 Type of clients served: 960  
 Facility phone: 5622183164

G11054  
 NNW  
 4-6 mi  
 26899  
 Higher

EDR ID: SRDCCA200708063  
 Facility number: 198002034  
 Facility name: "GLENN,NORMA FAMILY DAY CARE "  
 Facility eval. code: 7110  
 Facility office number: 33  
 Facility county number: 19  
 Facility type code: 810  
 Facility status code: 03  
 Address: 4440 BELLFLOWER BLVD.  
 City: LAKEWOOD  
 State: CA  
 Zip: 90713  
 Alt. address: 4440 BELLFLOWER BLVD.  
 City: LAKEWOOD  
 State: CA  
 Zip: 90713  
 Facility investor: "GLENN, NORMA "  
 Licensee type: A  
 License effective date: 960524  
 License expiration date: Not Reported  
 License issue date: 960524  
 Program type: "MAXIMUM CAPACITY: 12 CHILDREN, WITH NO MORE THAN 4 INFANTS, OR  
 CAPACITY 14 CHILDREN WHEN 2 CHILDREN ARE AT LEAST 6 YEARS OF AGE WITH A  
 MAXIMUM OF 3 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "

SRDCCA200708063  
 Daycare

# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Original app. received date: 960326  
 Facility closed date: Not Reported  
 Mailing address: 4440 BELLFLOWER BLVD.  
 Mailing city: LAKEWOOD  
 Mailing state: CA  
 Mailing zip: 90713  
 Contact person: "GLENN, NORMA"  
 Facility capacity: 14  
 Type of clients served: 960  
 Facility phone: 5624201315

GP1055

SRDCCA200712176  
 Daycare

NE EDR ID: SRDCCA200712176  
 4-6 mi Facility number: 304204991  
 26908 Facility name: "MIZRAHI, ANGELA"  
 Higher Facility eval. code: 3404  
 Facility office number: 06  
 Facility county number: 30  
 Facility type code: 810  
 Facility status code: 03  
 Address: 5732 BELLE AVENUE  
 City: CYPRESS  
 State: CA  
 Zip: 90630  
 Alt. address: 5732 BELLE AVENUE  
 City: CYPRESS  
 State: CA  
 Zip: 90630  
 Facility investor: "MIZRAHI, ANGELA"  
 Licensee type: A  
 License effective date: 990421  
 License expiration date: Not Reported  
 License issue date: 990421  
 Program type: "LICENSE INACTIVE AS OF APRIL 16, 2007"

Original app. received date: 990401  
 Facility closed date: Not Reported  
 Mailing address: 5732 BELLE AVENUE  
 Mailing city: CYPRESS  
 Mailing state: CA  
 Mailing zip: 90630  
 Contact person: "MIZRAHI, ANGELA"  
 Facility capacity: 8  
 Type of clients served: 960  
 Facility phone: 7149958590

GT1056

SRDCCA200708365  
 Daycare

ENE EDR ID: SRDCCA200708365  
 4-6 mi Facility number: 304202599  
 26926 Facility name: "SALAZAR, PHYLLIS SUZETTE"  
 Higher Facility eval. code: 3404  
 Facility office number: 06  
 Facility county number: 30  
 Facility type code: 810

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Facility status code: 03  
 Address: 11621 NEW ZEALAND  
 City: CYPRESS  
 State: CA  
 Zip: 90630  
 Alt. address: 11621 NEW ZEALAND  
 City: CYPRESS  
 State: CA  
 Zip: 90630  
 Facility investor: "SALAZAR, PHYLLIS SUZETTE" "  
 Licensee type: A  
 License effective date: 960905  
 License expiration date: Not Reported  
 License issue date: 960905  
 Program type: "MAXIMUM CAPACITY: 6 CHILDREN, INCLUDING LICENSEE'S CHILDREN UNDER 10 YEARS OF AGE WHO RESIDE IN THE HOME, WITH NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY (INFANT MEANS A CHILD UNDER 2 YEARS OLD)." "  
 Original app. received date: 960703  
 Facility closed date: Not Reported  
 Mailing address: 11621 NEW ZEALAND  
 Mailing city: CYPRESS  
 Mailing state: CA  
 Mailing zip: 90630  
 Contact person: "SALAZAR, PHYLLIS SUZETTE" "  
 Facility capacity: 6  
 Type of clients served: 960  
 Facility phone: 7148932852

GP1057		SRDCCA200733163
NE	EDR ID: SRDCCA200733163	Daycare
4-6 mi	Facility number: 304310377	
26944	Facility name: "WILKERSON, ELIZABETH" "	
Higher	Facility eval. code: 3404	
	Facility office number: 06	
	Facility county number: 30	
	Facility type code: 810	
	Facility status code: 03	
	Address: 9934 CEDAR CT.	
	City: CYPRESS	
	State: CA	
	Zip: 90630	
	Alt. address: 9934 CEDAR CT.	
	City: CYPRESS	
	State: CA	
	Zip: 90630	
	Facility investor: "WILKERSON, ELIZABETH" "	
	Licensee type: A	
	License effective date: 60413	
	License expiration date: Not Reported	
	License issue date: 060413	
	Program type: "MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY. CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6." "	
	Original app. received date: 051207	
	Facility closed date: Not Reported	

# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Mailing address: 9934 CEDAR CT.  
 Mailing city: CYPRESS  
 Mailing state: CA  
 Mailing zip: 90630  
 Contact person: "WILKERSON, ELIZABETH"  
 Facility capacity: 8  
 Type of clients served: 960  
 Facility phone: 7148269902

GP1058  
 NE EDR ID: SRDCCA200749619  
 4-6 mi Facility number: 300614038  
 26971 Facility name: ABC DEVELOPMENT PRESCHOOL #3  
 Higher Facility eval. code: 1207  
 Facility office number: 06  
 Facility county number: 30  
 Facility type code: 850  
 Facility status code: 03

Address: 9972 GRAHAM ST.  
 City: CYPRESS  
 State: CA  
 Zip: 90630  
 Alt. address: 16633 E. BLACKBURN DR.  
 City: LA MIRADA  
 State: CA  
 Zip: 90638  
 Facility investor: ABC 4 B & J INC.  
 Licensee type: D  
 License effective date: 950914  
 License expiration date: Not Reported  
 License issue date: 920914  
 Program type: "AMB. CHILDREN. AGES 24 MONTHS THROUGH 6 YRS OLD. MON-FRI.  
 06:30AM TO 6:00PM, ROOM A. 8:00AM TO 2:20PM RM B & PORTABLE.  
 COMBINE P/S AND SCHOOL-AGE CHILDREN FIRST AND LAST HR OF DAY.  
 "

Original app. received date: 920507  
 Facility closed date: Not Reported  
 Mailing address: 16633 E. BLACKBURN DR.  
 Mailing city: LA MIRADA  
 Mailing state: CA  
 Mailing zip: 90638  
 Contact person: RENE CHANGRAS  
 Facility capacity: 60  
 Type of clients served: 950  
 Facility phone: 7148214222

GP1059  
 NE EDR ID: SRDCCA200742893  
 4-6 mi Facility number: 300614039  
 26971 Facility name: ABC DEVELOPMENT PRESCHOOL #3  
 Higher Facility eval. code: 1207  
 Facility office number: 06  
 Facility county number: 30  
 Facility type code: 840

Address: 9972 GRAHAM ST.  
 City: CYPRESS  
 State: CA  
 Zip: 90630  
 Alt. address: 16633 E. BLACKBURN DR.  
 City: LA MIRADA  
 State: CA  
 Zip: 90638  
 Facility investor: ABC 4 B & J INC.  
 Licensee type: D  
 License effective date: 950914  
 License expiration date: Not Reported  
 License issue date: 920914  
 Program type: "AMB. CHILDREN. AGES 24 MONTHS THROUGH 6 YRS OLD. MON-FRI.  
 06:30AM TO 6:00PM, ROOM A. 8:00AM TO 2:20PM RM B & PORTABLE.  
 COMBINE P/S AND SCHOOL-AGE CHILDREN FIRST AND LAST HR OF DAY.  
 "

Original app. received date: 920507  
 Facility closed date: Not Reported  
 Mailing address: 16633 E. BLACKBURN DR.  
 Mailing city: LA MIRADA  
 Mailing state: CA  
 Mailing zip: 90638  
 Contact person: RENE CHANGRAS  
 Facility capacity: 60  
 Type of clients served: 950  
 Facility phone: 7148214222

## MAP FINDINGS

Map ID  
Direction  
Distance  
Distance (ft.)  
Elevation

Site

EDR ID  
Database

Facility status code: 03  
 Address: 9972 GRAHAM ST.  
 City: CYPRESS ST.  
 State: CA  
 Zip: 90630  
 Alt. address: 16633 E. BLACKBURN DR.  
 City: LA MIRADA  
 State: CA  
 Zip: 90638  
 Facility investor: ABC 4 B & J INC.  
 Licensee type: D  
 License effective date: 950914  
 License expiration date: Not Reported  
 License issue date: 920914  
 Program type: "AMB. CHILDREN. 5 THROUGH 12 YRS OLD. MON-FRI.RM B & PORTABLE. 06:30AM TO 8:00AM AND 2:20PM TO 6:00PM. INCLUDES DAYS ELEM SCHOOL IS CLOSED-M-F, 06:30AM TO 6:00PM,RM B & PORTABLE. "WAIVER-COMBINE P/S & SCH-AGE KIDS FIRST& LAST HOUR OF DAY.  
 Original app. received date: 920507  
 Facility closed date: Not Reported  
 Mailing address: 16633 E. BLACKBURN DR.  
 Mailing city: LA MIRADA  
 Mailing state: CA  
 Mailing zip: 90638  
 Contact person: RENE CHANGRAS  
 Facility capacity: 48  
 Type of clients served: 950  
 Facility phone: 7148214222

GJ1060  
WNW  
4-6 mi  
26976  
Higher

EDR ID: SRDCCA200719716  
 Facility number: 198008412  
 Facility name: GONZALEZ FAMILY CHILD CARE  
 Facility eval. code: 8160  
 Facility office number: 33  
 Facility county number: 19  
 Facility type code: 810  
 Facility status code: 03  
 Address: 551 E. 16TH STREET  
 City: LONG BEACH  
 State: CA  
 Zip: 90813  
 Alt. address: 551 E. 16TH STREET  
 City: LONG BEACH  
 State: CA  
 Zip: 90813  
 Facility investor: "GONZALEZ, R. & J. "  
 Licensee type: A  
 License effective date: 30701  
 License expiration date: Not Reported  
 License issue date: 030701  
 Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED"

SRDCCA200719716  
Daycare

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Original app. received date: 021107  
 Facility closed date: Not Reported  
 Mailing address: 551 E. 16TH STREET  
 Mailing city: LONG BEACH  
 Mailing state: CA  
 Mailing zip: 90813  
 Contact person: "GONZALEZ, REBECCA & JOSE "  
 Facility capacity: 8  
 Type of clients served: 960  
 Facility phone: 5622180919

GW1061 SRDCCA200744602  
 NNE Daycare

EDR ID: SRDCCA200744602  
 Facility number: 304370227  
 Facility name: STEPPING STONES LEARNING CENTER AND INFANT CARE  
 Facility eval. code: 1205  
 Facility office number: 06  
 Facility county number: 30  
 Facility type code: 830  
 Facility status code: 03  
 Address: 4460 LINCOLN AVE. #5  
 City: CYPRESS  
 State: CA  
 Zip: 90630  
 Alt. address: 4460 LINCOLN AVE. #5  
 City: CYPRESS  
 State: CA  
 Zip: 90630  
 Facility investor: "STEPPING STONES LEARNING CENTER, INC. "  
 Licensee type: D  
 License effective date: 60419  
 License expiration date: Not Reported  
 License issue date: 060419  
 Program type: "16 AMBULATORY CHILDREN, AGES 6 WEEKS TO 2 YEARS, MON-FRI, 6:30 A.M. TO 6:00 P.M."  
 "

Original app. received date: 051223  
 Facility closed date: Not Reported  
 Mailing address: 6211 LEE DRIVE  
 Mailing city: CYPRESS  
 Mailing state: CA  
 Mailing zip: 90630  
 Contact person: "FRITSINGER, KAREN "  
 Facility capacity: 16  
 Type of clients served: 955  
 Facility phone: 7148262311

GW1062 SRDCCA200755771  
 NNE Daycare

EDR ID: SRDCCA200755771  
 Facility number: 304370226  
 Facility name: STEPPING STONES LEARNING CENTER AND INFANT CARE  
 Facility eval. code: 1205  
 Facility office number: 06  
 Facility county number: 30

# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Facility type code: 850  
 Facility status code: 03  
 Address: 4460 LINCOLN AVENUE #5  
 City: CYPRESS  
 State: CA  
 Zip: 90630  
 Alt. address: 4460 LINCOLN AVENUE #5  
 City: CYPRESS  
 State: CA  
 Zip: 90630  
 Facility investor: "STEPPING STONES LEARNING CENTER, INC "

Licensee type: D  
 License effective date: 60419  
 License expiration date: Not Reported  
 License issue date: 060419  
 Program type: "P/S-66 CHILDREN,24 MON TO 6 YRS. RMS 2-6.TODDLER OPTION-12 KIDS,AGES 18-30 MONTHS.RM4. ALL ATTEND M-F,6:30A.M. TO 6:00P.M. WAIVERS FOR TOD OPTION TO SHARE INF. YARD; P/S & TOD OPTION KIDS COMBINED OPENING,CLOSING HRS & NAPTIME; 12 SCH-AGE KIDS(5-13 YRS OLD) WITH P/S CHILDREN.

Original app. received date: 051223  
 Facility closed date: Not Reported  
 Mailing address: 6211 LEE DRIVE  
 Mailing city: CYPRESS  
 Mailing state: CA  
 Mailing zip: 90630  
 Contact person: "FRITSINGER, KAREN "  
 Facility capacity: 90  
 Type of clients served: 950  
 Facility phone: 7148262311

GN1063  
 NNE  
 4-6 mi  
 26997  
 Higher

EDR ID: SRDCCA200712477  
 Facility number: 192004922  
 Facility name: GARCIA FAMILY CHILD CARE  
 Facility eval. code: 6170  
 Facility office number: 33  
 Facility county number: 19  
 Facility type code: 810  
 Facility status code: 03  
 Address: 12320 212TH STREET  
 City: HAWAIIAN GARDENS  
 State: CA  
 Zip: 90716  
 Alt. address: 12320 212TH STREET  
 City: HAWAIIAN GARDENS  
 State: CA  
 Zip: 90716  
 Facility investor: "GARCIA, EVELIA "  
 Licensee type: A  
 License effective date: 1122  
 License expiration date: Not Reported  
 License issue date: 001122  
 Program type: "MAXIMUM CAPACITY: 12 CHILDREN WITH NO MORE THAN 4 INFANTS, OR CAPACITY14 CHILDREN WHEN 2 CHILDREN ARE AT LEAST 6 YEARS OF AGE WITH A MAXIMUMOF 3 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED."  
 "

SRDCCA200712477  
 Daycare

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Original app. received date: 000906  
 Facility closed date: Not Reported  
 Mailing address: 12320 212TH STREET  
 Mailing city: HAWAIIAN GARDENS  
 Mailing state: CA  
 Mailing zip: 90716  
 Contact person: "GARCIA, EVELIA"  
 Facility capacity: 14  
 Type of clients served: 960  
 Facility phone: 5624022697

GW1064

SRHO20070152677  
 AHA Hospitals

NNE Hospital type: 01  
 4-6 mi Num of times COO: 00  
 27003 Owner date: Not Reported  
 Higher City: CYPRESS  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 400  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: CYPRESS ADULT DAY HLTH CARE CTR  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 20010501  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0985905  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 4470 LINCOLN AVE UNIT 1,2,3  
 Phone num: 7148269664  
 Termination reason: 00  
 Term Date: 20070430  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90630  
 Fips state: 06  
 Fips cnty: 059  
 SSA MSA: 033  
 SSA MSA size code: B  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070152677

## MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site	EDR ID Database
GU1065 North 4-6 mi 27013 Higher	EDR ID: SRDCCA200702635 Facility number: 191604606 Facility name: SNYDER FAMILY DAY CARE Facility eval. code: 7110 Facility office number: 33 Facility county number: 19 Facility type code: 810 Facility status code: 03 Address: 4553 ALBURY AVENUE City: LAKEWOOD State: CA Zip: 90713 Alt. address: 4553 ALBURY AVENUE City: LAKEWOOD State: CA Zip: 90713 Facility investor: "SNYDER, DIANE" Licensee type: A License effective date: 951028 License expiration date: Not Reported License issue date: 891028 Program type: "MAXIMUM CAPACITY: 12 CHILDREN INCLUDING LICENSEE'S CHILDREN UNDER 10 YEARS OF AGE WHO RESIDE IN THE HOME, WITH NO MORE THAN 4 INFANTS. (INFANT MEANS A CHILD UNDER 2 YEARS OLD)."  Original app. received date: 891027 Facility closed date: Not Reported Mailing address: 4553 ALBURY AVENUE Mailing city: LAKEWOOD Mailing state: CA Mailing zip: 90713 Contact person: "SNYDER, DIANE" Facility capacity: 12 Type of clients served: 960 Facility phone: 5624290493	SRDCCA200702635 Daycare
GX1066 SE 4-6 mi 27022 Higher	EDR ID: SRDCCA200719059 Facility number: 304206896 Facility name: "CLAYTON, ELIZABETH" Facility eval. code: 3404 Facility office number: 06 Facility county number: 30 Facility type code: 810 Facility status code: 03 Address: 16241 FAIRWAY LANE City: HUNTINGTON BEACH State: CA Zip: 92649 Alt. address: 16241 FAIRWAY LANE City: HUNTINGTON BEACH State: CA Zip: 92649 Facility investor: "CLAYTON, ELIZABETH"	SRDCCA200719059 Daycare

# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Licensee type: A  
 License effective date: 30819  
 License expiration date: Not Reported  
 License issue date: 030819  
 Program type: INACTIVE: 08/16/06 - 08/16/07  
 Original app. received date: 021018  
 Facility closed date: Not Reported  
 Mailing address: 16241 FAIRWAY LANE  
 Mailing city: HUNTINGTON BEACH  
 Mailing state: CA  
 Mailing zip: 92649  
 Contact person: "CLAYTON, ELIZABETH "  
 Facility capacity: 8  
 Type of clients served: 960  
 Facility phone: 7148401855

GU1067

SRDCCA200711508  
 Daycare

NNW EDR ID: SRDCCA200711508  
 4-6 mi Facility number: 198005192  
 27023 Facility name: UNDERWOOD FAMILY CHILD CARE  
 Higher Facility eval. code: 7110  
 Facility office number: 33  
 Facility county number: 19  
 Facility type code: 810  
 Facility status code: 03  
 Address: 4506 DUNROBIN  
 City: LAKEWOOD  
 State: CA  
 Zip: 90713  
 Alt. address: 4506 DUNROBIN  
 City: LAKEWOOD  
 State: CA  
 Zip: 90713  
 Facility investor: "UNDERWOOD, CHRISTINA "  
 Licensee type: A  
 License effective date: 990520  
 License expiration date: Not Reported  
 License issue date: 990520  
 Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4  
 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE  
 WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED  
 "  
 Original app. received date: 990510  
 Facility closed date: Not Reported  
 Mailing address: 4506 DUNROBIN  
 Mailing city: LAKEWOOD  
 Mailing state: CA  
 Mailing zip: 90713  
 Contact person: "UNDERWOOD, CHRISTINA "  
 Facility capacity: 8  
 Type of clients served: 960  
 Facility phone: 5624213293

## MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site	EDR ID Database
GU1068 NNW 4-6 mi 27030 Higher	EDR ID: SRDCCA200716427 Facility number: 198007154 Facility name: KEMPF FAMILY CHILD CARE Facility eval. code: 7110 Facility office number: 33 Facility county number: 19 Facility type code: 810 Facility status code: 03 Address: 4518 EASTBROOK AVENUE City: LAKEWOOD State: CA Zip: 90713 Alt. address: 4518 EASTBROOK AVENUE City: LAKEWOOD State: CA Zip: 90713 Facility investor: "KEMPF, RACHEL" Licensee type: A License effective date: 20201 License expiration date: Not Reported License issue date: 020201 Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED" Original app. received date: 011106 Facility closed date: Not Reported Mailing address: 4518 EASTBROOK AVENUE Mailing city: LAKEWOOD Mailing state: CA Mailing zip: 90713 Contact person: "KEMPF, RACHEL" Facility capacity: 8 Type of clients served: 960 Facility phone: 5624202617	SRDCCA200716427 Daycare
GK1069 West 4-6 mi 27037 Higher	Hospital type: 01 Num of times COO: 00 Owner date: Not Reported City: LONG BEACH Has plan of corr: Not Reported Compliance status: Not Reported SSA county code: 200 Cross ref number: Not Reported FMS survey date: Not Reported Current survey date: Not Reported Medicare/Medicaid: Not Reported Facility name: METRO-SOUTH PROVIDER Intermediary/Carrier: Not Reported Medicaid number: Not Reported Participation date: 19960828 Prior COO date: Not Reported Prior carrier: Not Reported	SRHO20070146251 AHA Hospitals

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Provider ID: 05D0919098  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 1043 ELM AVE STE 402  
 Phone num: 3109865670  
 Termination reason: 08  
 Term Date: 20020827  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90813  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070146251

GK1070  
 West  
 4-6 mi  
 27037  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: LIVING HOPE CLINICAL FOUNDATION  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 20051026  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D1047140  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: M1  
 street address: 1043 ELM AVE, SUITE 301  
 Phone num: 5626244943  
 Termination reason: 00  
 Term Date: 20071025

SRHO20070159881  
 AHA Hospitals

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Purpose of action:	Not Reported
Provider control:	02
Zip:	90813
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070159881

GK1071  
 West  
 4-6 mi  
 27037  
 Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	Not Reported
Compliance status:	Not Reported
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	Not Reported
Medicare/Medicaid:	Not Reported
Facility name:	PACIFIC SHORES MEDICAL GROUP
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Participation date:	19930330
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0554854
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	1043 ELM SUITE 104
Phone num:	3105900345
Termination reason:	00
Term Date:	20070809
Purpose of action:	Not Reported
Provider control:	04
Zip:	90813
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000

SRHO20070131386  
 AHA Hospitals

# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070131386

GK1072

West  
 4-6 mi  
 27037  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: ST MARY MEDICAL CENTER FAMILY CLINIC LONG BEACH  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 20020502  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0999041  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 1043 ELM AVENUE SUITE 402  
 Phone num: 5624919045  
 Termination reason: 00  
 Term Date: 20081115  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90813  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070155113

SRHO20070155113  
 AHA Hospitals

GK1073

West  
 4-6 mi  
 27037  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: Not Reported

SRHO20070150234  
 AHA Hospitals

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Compliance status: Not Reported  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: WOMENS HEALTH CARE SERVICES  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19960205  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0911392  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Not Reported  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 1043 ELM AVE STE 410  
 Phone num: 3109011870  
 Termination reason: 08  
 Term Date: 19980204  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90813  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070150234

GK1074

West Hospital type: 01  
 4-6 mi Num of times COO: 00  
 27037 Owner date: Not Reported  
 Higher City: LONG BEACH  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: C A R E CLINIC  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19980318  
 Prior COO date: Not Reported

SRHO20070153431  
 AHA Hospitals

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Prior carrier: Not Reported  
 Provider ID: 05D0942920  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 1043 ELM AVENUE SUITE 300  
 Phone num: 5624919999  
 Termination reason: 00  
 Term Date: 20080317  
 Purpose of action: Not Reported  
 Provider control: 03  
 Zip: 90813  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070153431

GK1075

West  
 4-6 mi  
 27037  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: 1  
 Compliance status: A  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: 20030221  
 Medicare/Medicaid: 1  
 Facility name: PHYSIOTHERAPY ASSOCIATES LONG BEACH  
 Intermediary/Carrier: 00040  
 Medicaid number: Not Reported  
 Participation date: 19970519  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 056823  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Not Reported  
 state abbrev: CA  
 ssa state: 05  
 state region cd: L1  
 street address: 1043 ELM AVENUE SUITE 302  
 Phone num: 5624320315  
 Termination reason: 00

SRHO20070010733  
 AHA Hospitals

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Term Date: Not Reported  
 Purpose of action: 2  
 Provider control: 06  
 Zip: 90813  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSOTHER  
 Edr id: SRHO20070010733

GK1076

West  
 4-6 mi  
 27037  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: ED RAMIREZ MD  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19940526  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0886757  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Not Reported  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 1040 ELM AVE #207  
 Phone num: 3109833688  
 Termination reason: 12  
 Term Date: 19951228  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90813  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported

SRHO20070144449  
 AHA Hospitals

# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070144449

GK1077

SRHO20070131244  
 AHA Hospitals

West Hospital type: 01  
 4-6 mi Num of times COO: 00  
 27037 Owner date: Not Reported  
 Higher City: LONG BEACH  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: YOUNG J KWON MD  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19930527  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0554820  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 1040 ELM AVENUE SUITE 200  
 Phone num: 3104354777  
 Termination reason: 00  
 Term Date: 20070809  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90813  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070131244

GK1078

SRHO20070154580  
 AHA Hospitals

West Hospital type: 01  
 4-6 mi Num of times COO: 00  
 27037 Owner date: Not Reported  
 Higher City: LONG BEACH

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: SURGICAL SUITE OF SOUTHERN CALIFORNIA  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 20010501  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0985892  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: M1  
 street address: 1040 ELM AVE STE 100  
 Phone num: 5624462234  
 Termination reason: 00  
 Term Date: 20080521  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90813  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070154580

GK1079  
 West  
 4-6 mi  
 27037  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: GUNTHER R BAUER MD  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19930105

SRHO20070131242  
 AHA Hospitals

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0554806  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 1040 ELM AVE 210  
 Phone num: 3104323311  
 Termination reason: 01  
 Term Date: 19971231  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90813  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070131242

GK1080  
 West  
 4-6 mi  
 27037  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: IRENE P LEECH MD INC  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19950628  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0553988  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 1040 ELM AVE SUITE 307  
 Phone num: 3105908509

SRHO20070130565  
 AHA Hospitals

# MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Termination reason: 00  
 Term Date: 20080831  
 Purpose of action: Not Reported  
 Provider control: 02  
 Zip: 90813  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070130565

GI1081  
 NNW  
 4-6 mi  
 27048  
 Higher

EDR ID: SRDCCA200723735  
 Facility number: 198009576  
 Facility name: DE SILVA WICKRAMARATNE  
 Facility eval. code: 8160  
 Facility office number: 33  
 Facility county number: 19  
 Facility type code: 810  
 Facility status code: 03  
 Address: 4456 MONTAIR AVENUE  
 City: LONG BEACH  
 State: CA  
 Zip: 90808  
 Alt. address: 4456 MONTAIR AVENUE  
 City: LONG BEACH  
 State: CA  
 Zip: 90808  
 Facility investor: "DESILVA WICKRAMARATNE, MUTHTHA"  
 Licensee type: A  
 License effective date: 30916  
 License expiration date: Not Reported  
 License issue date: 030916  
 Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4  
 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE  
 WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED  
 "  
 Original app. received date: 030814  
 Facility closed date: Not Reported  
 Mailing address: 4456 MONTAIR AVENUE  
 Mailing city: LONG BEACH  
 Mailing state: CA  
 Mailing zip: 90808  
 Contact person: "DESILVA WICKRAMARATNE, MUT"  
 Facility capacity: 8  
 Type of clients served: 960  
 Facility phone: 5624964394

SRDCCA200723735  
 Daycare

## MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site	EDR ID Database
GY1082 ENE 4-6 mi 27052 Higher	EDR ID: SRDCCA200703318 Facility number: 300608962 Facility name: "MC WILLIAMS, ROBIN" Facility eval. code: 3404 Facility office number: 06 Facility county number: 30 Facility type code: 810 Facility status code: 03 Address: 11561 NEW ZEALAND City: CYPRESS State: CA Zip: 90630 Alt. address: 11561 NEW ZEALAND City: CYPRESS State: CA Zip: 90630 Facility investor: "MC WILLIAMS, ROBIN" Licensee type: A License effective date: 931213 License expiration date: Not Reported License issue date: 890701 Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED" Original app. received date: 890630 Facility closed date: Not Reported Mailing address: 11561 NEW ZEALAND Mailing city: CYPRESS Mailing state: CA Mailing zip: 90603 Contact person: "MC WILLIAMS, ROBIN" Facility capacity: 8 Type of clients served: 960 Facility phone: 7148937904	SRDCCA200703318 Daycare
1083 East 4-6 mi 27055 Higher	EDR ID: SRDCCA200703324 Facility number: 300610010 Facility name: "TUNE, BERNADETTE" Facility eval. code: 3406 Facility office number: 06 Facility county number: 30 Facility type code: 810 Facility status code: 03 Address: 13412 SISKIYOU STREET City: WESTMINSTER State: CA Zip: 92683 Alt. address: 13412 SISKIYOU STREET City: WESTMINSTER State: CA Zip: 92683 Facility investor: "TUNE, BERNADETTE"	SRDCCA200703324 Daycare

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Licensee type: A  
 License effective date: 931118  
 License expiration date: Not Reported  
 License issue date: 890701  
 Program type: "MAXIMUM CAPACITY: 6 CHILDREN, INCLUDING LICENSEE'S CHILDREN UNDER 10 YEARS OF AGE WHO RESIDE IN THE HOME, WITH NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY (INFANT MEANS A CHILD UNDER 2 YEARS OLD). "

Original app. received date: 890630  
 Facility closed date: Not Reported  
 Mailing address: 13412 SISKIYOU STREET  
 Mailing city: WESTMINSTER  
 Mailing state: CA  
 Mailing zip: 92683  
 Contact person: "TUNE, BERNADETTE "  
 Facility capacity: 6  
 Type of clients served: 960  
 Facility phone: 7148983637

1084  
 West  
 4-6 mi  
 27068  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: FH LONG BEACH  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19930326  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0865986  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Not Reported  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 100 LONG BEACH BLVD  
 Phone num: 2134912250  
 Termination reason: 08  
 Term Date: 19990629  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90802  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported

SRHO20070143869  
 AHA Hospitals

## MAP FINDINGS

Map ID	Direction	Distance	Distance (ft.)	Elevation	Site	EDR ID Database
					Accred expire date: Not Reported Accred Org: Not Reported Num beds: 0000 Num cert beds: 0000 Source: US_HOSPITAL_POSCLIA Edr id: SRHO20070143869	
GQ1085	ESE	4-6 mi	27069	Higher	Hospital type: 01 Num of times COO: 00 Owner date: Not Reported City: HUNTINGTON BEACH Has plan of corr: Not Reported Compliance status: Not Reported SSA county code: 400 Cross ref number: Not Reported FMS survey date: Not Reported Current survey date: Not Reported Medicare/Medicaid: Not Reported Facility name: DR OWL PEDIATRICS Intermediary/Carrier: Not Reported Medicaid number: Not Reported Participation date: 20060322 Prior COO date: Not Reported Prior carrier: Not Reported Provider ID: 05D1052317 Record Status: A Region code: 09 Is Partial Record: Y state abbrev: CA ssa state: 05 state region cd: M1 street address: 6502 BOLSA AVE SUITE 105 Phone num: 7148947242 Termination reason: 00 Term Date: 20080321 Purpose of action: Not Reported Provider control: 04 Zip: 92647 Fips state: 06 Fips cnty: 059 SSA MSA: 033 SSA MSA size code: B Date accredited: Not Reported Accred expire date: Not Reported Accred Org: Not Reported Num beds: 0000 Num cert beds: 0000 Source: US_HOSPITAL_POSCLIA Edr id: SRHO20070164117	SRHO20070164117 AHA Hospitals
GP1086	NE	4-6 mi	27077	Higher	Ncessch: 061044009129 Scname05: JULIET MORRIS ELEMENTARY	SRPU20071014142 Public Schools

# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Mstreet05: 9952 GRAHAM ST.  
 Mcity05: CYPRESS  
 Mstate05: CA  
 Mzip05: 90630  
 Mzip405: 3815  
 Member05: 502  
 Phone05: (714) 220-6995  
 Locale05: 3  
 Type05: 1  
 Level05: 1  
 Gslo05: KG  
 Gshi05: 06  
 Edr id: SRPU20071014142

GZ1087

SRDCCA200718383  
 Daycare

NNE EDR ID: SRDCCA200718383  
 4-6 mi Facility number: 192010908  
 27113 Facility name: DAILEY FAMILY CHILD CARE  
 Higher Facility eval. code: 6150  
 Facility office number: 33  
 Facility county number: 19  
 Facility type code: 810  
 Facility status code: 03  
 Address: 11939 209TH ST #1  
 City: LAKEWOOD  
 State: CA  
 Zip: 90715  
 Alt. address: 11939 209TH ST #1  
 City: LAKEWOOD  
 State: CA  
 Zip: 90715  
 Facility investor: "DAILEY, YVETTE"  
 Licensee type: A  
 License effective date: 20621  
 License expiration date: Not Reported  
 License issue date: 020621  
 Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4  
 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE  
 WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED  
 "

Original app. received date: 020408  
 Facility closed date: Not Reported  
 Mailing address: 11939 209TH ST #1  
 Mailing city: LAKEWOOD  
 Mailing state: CA  
 Mailing zip: 90715  
 Contact person: "DAILEY, YVETTE"  
 Facility capacity: 8  
 Type of clients served: 960  
 Facility phone: 5628651053

GL1088

SRDCCA200703084  
 Daycare

ESE EDR ID: SRDCCA200703084  
 4-6 mi Facility number: 300608228  
 27117  
 Higher

# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Facility name: "FALK, LINDA" "

Facility eval. code: 3404

Facility office number: 06

Facility county number: 30

Facility type code: 810

Facility status code: 03

Address: 15681 WILLETT LANE

City: HUNTINGTON BEACH

State: CA

Zip: 92647

Alt. address: 15681 WILLETT LANE

City: HUNTINGTON BEACH

State: CA

Zip: 92647

Facility investor: "FALK, LINDA" "

Licensee type: A

License effective date: 941031

License expiration date: Not Reported

License issue date: 890701

Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4  
 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE  
 WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED  
 "

Original app. received date: 890630

Facility closed date: Not Reported

Mailing address: 15681 WILLETT LANE

Mailing city: HUNTINGTON BEACH

Mailing state: CA

Mailing zip: 92647

Contact person: "FALK, LINDA" "

Facility capacity: 8

Type of clients served: 960

Facility phone: 7148934091

GV1089  
 WNW  
 4-6 mi  
 27117  
 Higher

EDR ID: SRDCCA200754526

Facility number: 198006370

Facility name: ATLANTIC HEAD START

Facility eval. code: 8070

Facility office number: 33

Facility county number: 19

Facility type code: 850

Facility status code: 03

Address: 1858 ATLANTIC BLVD.

City: LONG BEACH

State: CA

Zip: 90806

Alt. address: 2898 ORANGE AVE.

City: SIGNAL HILL

State: CA

Zip: 90806

Facility investor: LONG BEACH UNIFIED SCHOOL DISTRICT

Licensee type: F

License effective date: 10228

License expiration date: Not Reported

SRDCCA200754526  
 Daycare

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

License issue date: 010228  
 Program type: LAUP FACILITY. LICENSEE SERVES AMBULATORY CHILDREN AGE TWO UNTIL ENTRY INTO KINDERGARTEN. WAIVER ON OUTDOOR ACTIVITY SPACE.  
 Original app. received date: 001030  
 Facility closed date: Not Reported  
 Mailing address: 2898 ORANGE AVE.  
 Mailing city: SIGNAL HILL  
 Mailing state: CA  
 Mailing zip: 90806  
 Contact person: SHIRLEY SPENCER  
 Facility capacity: 73  
 Type of clients served: 950  
 Facility phone: 5624270833

HA1090		SRHO20070007964
NE	Hospital type: 02	AHA Hospitals
4-6 mi	Num of times COO: 00	
27126	Owner date: Not Reported	
Higher	City: CYPRESS	
	Has plan of corr: 1	
	Compliance status: A	
	SSA county code: 400	
	Cross ref number: Not Reported	
	FMS survey date: Not Reported	
	Current survey date: 20060712	
	Medicare/Medicaid: 1	
	Facility name: HARBOR HEALTH CARE, INC - REDWOOD DIVISION	
	Intermediary/Carrier: Not Reported	
	Medicaid number: LTC80105G	
	Participation date: 19950306	
	Prior COO date: Not Reported	
	Prior carrier: Not Reported	
	Provider ID: 05G844	
	Record Status: A	
	Region code: 09	
	Is Partial Record: Not Reported	
	state abbrev: CA	
	ssa state: 05	
	state region cd: ORG	
	street address: 9342 REDWOOD STREET	
	Phone num: 7149524528	
	Termination reason: 00	
	Term Date: Not Reported	
	Purpose of action: 2	
	Provider control: 02	
	Zip: 90630	
	Fips state: 06	
	Fips cnty: 059	
	SSA MSA: 033	
	SSA MSA size code: B	
	Date accredited: Not Reported	
	Accred expire date: Not Reported	
	Accred Org: Not Reported	
	Num beds: 0006	
	Num cert beds: 0006	

# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Source: US\_HOSPITAL\_POSOTHER  
 Edr id: SRHO20070007964

GV1091		SRDCCA200713252
WNW	EDR ID: SRDCCA200713252	Daycare
4-6 mi	Facility number: 192001952	
27128	Facility name: POOLE FAMILY CHILD CARE	
Higher	Facility eval. code: 8160	
	Facility office number: 33	
	Facility county number: 19	
	Facility type code: 810	
	Facility status code: 03	
	Address: 2002 LIME AVE	
	City: LONG BEACH	
	State: CA	
	Zip: 90806	
	Alt. address: 2002 LIME AVE	
	City: LONG BEACH	
	State: CA	
	Zip: 90806	
	Facility investor: "POOLE, WYNONA"	
	Licensee type: A	
	License effective date: 608	
	License expiration date: Not Reported	
	License issue date: 000608	
	Program type: "MAXIMUM CAPACITY: 12 CHILDREN WITH NO MORE THAN 4 INFANTS, OR CAPACITY14 CHILDREN WHEN 2 CHILDREN ARE AT LEAST 6 YEARS OF AGE WITH A MAXIMUMOF 3 INFANTS. PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED."	
	Original app. received date: 000330	
	Facility closed date: Not Reported	
	Mailing address: 2002 LIME AVE	
	Mailing city: LONG BEACH	
	Mailing state: CA	
	Mailing zip: 90806	
	Contact person: "POOLE, WYNONA"	
	Facility capacity: 14	
	Type of clients served: 960	
	Facility phone: 5625913059	

HA1092		SRDCCA200703283
NE	EDR ID: SRDCCA200703283	Daycare
4-6 mi	Facility number: 300608899	
27142	Facility name: "OLSON, JOYCE"	
Higher	Facility eval. code: 3404	
	Facility office number: 06	
	Facility county number: 30	
	Facility type code: 810	
	Facility status code: 03	
	Address: 5085 EUCALYPTUS	
	City: CYPRESS	
	State: CA	
	Zip: 90630	
	Alt. address: 5085 EUCALYPTUS	

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

City: CYPRESS  
 State: CA  
 Zip: 90630  
 Facility investor: "OLSON, JOYCE"  
 Licensee type: A  
 License effective date: 930806  
 License expiration date: Not Reported  
 License issue date: 890701  
 Program type: "MAXIMUM CAPACITY: 12 CHILDREN, INCLUDING LICENSEE'S CHILDREN UNDER 10 YEARS OF AGE WHO RESIDE IN THE HOME, WITH NO MORE THAN 4 INFANTS. (INFANT MEANS A CHILD UNDER 2 YEARS OLD)."  
 Original app. received date: 890630  
 Facility closed date: Not Reported  
 Mailing address: 5085 EUCALYPTUS CIRCLE  
 Mailing city: CYPRESS  
 Mailing state: CA  
 Mailing zip: 90630  
 Contact person: "OLSON, JOYCE"  
 Facility capacity: 12  
 Type of clients served: 960  
 Facility phone: 7148261205

1093  
 SE  
 4-6 mi  
 27143  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: HUNTINGTON BEACH  
 Has plan of corr: 1  
 Compliance status: A  
 SSA county code: 400  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: 20030627  
 Medicare/Medicaid: 1  
 Facility name: HARBOUR PHYSICAL THERAPY  
 Intermediary/Carrier: 00454  
 Medicaid number: Not Reported  
 Participation date: 20030703  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 556564  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Not Reported  
 state abbrev: CA  
 ssa state: 05  
 state region cd: ORG  
 street address: 5355 WARNER AVE, #102  
 Phone num: 7148404928  
 Termination reason: 00  
 Term Date: Not Reported  
 Purpose of action: 1  
 Provider control: 06  
 Zip: 92649

SRHO20070108680  
 AHA Hospitals

# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Fips state: 06  
 Fips cnty: 059  
 SSA MSA: 033  
 SSA MSA size code: B  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSOTHER  
 Edr id: SRHO20070108680

GP1094 NE EDR ID: SRDCCA200718492 SRDCCA200718492  
 4-6 mi Facility number: 304206611 Daycare  
 27152 Facility name: "NELSON, PAM"

Higher Facility eval. code: 3404  
 Facility office number: 06  
 Facility county number: 30  
 Facility type code: 810  
 Facility status code: 03  
 Address: 9822 CEDAR COURT  
 City: CYPRESS  
 State: CA  
 Zip: 90630  
 Alt. address: 9822 CEDAR COURT  
 City: CYPRESS  
 State: CA  
 Zip: 90630  
 Facility investor: "NELSON, PAM"  
 Licensee type: A  
 License effective date: 20820  
 License expiration date: Not Reported  
 License issue date: 020820  
 Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4  
 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE  
 WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED  
 "  
 Original app. received date: 020424  
 Facility closed date: Not Reported  
 Mailing address: 9822 CEDAR COURT  
 Mailing city: CYPRESS  
 Mailing state: CA  
 Mailing zip: 90630  
 Contact person: "NELSON, PAM"  
 Facility capacity: 8  
 Type of clients served: 960  
 Facility phone: 7148169442

HA1095 NE Ncessch: 060263007580 SRPU20071006356  
 4-6 mi Schname05: OXFORD HIGH Public Schools  
 27153 Mstreet05: 5172 ORANGE AVE.  
 Higher Mcity05: CYPRESS

# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Mstate05: CA  
 Mzip05: 90630  
 Mzip405: Not Reported  
 Member05: 1095  
 Phone05: (714) 220-3056  
 Locale05: 3  
 Type05: 1  
 Level05: 3  
 Gslo05: 07  
 Gshi05: 12  
 Edr id: SRPU20071006356

GV1096 SRDCCA200726801  
 WNW EDR ID: SRDCCA200726801  
 4-6 mi Facility number: 198010647 Daycare  
 27175 Facility name: HARRIS FAMILY CHILD CARE

Higher Facility eval. code: 8160  
 Facility office number: 33  
 Facility county number: 19  
 Facility type code: 810  
 Facility status code: 03  
 Address: 2021 LIME AVENUE  
 City: LONG BEACH  
 State: CA  
 Zip: 90806  
 Alt. address: 2021 LIME AVENUE  
 City: LONG BEACH  
 State: CA  
 Zip: 90806  
 Facility investor: ROSETTA HARRIS  
 Licensee type: A  
 License effective date: 40817  
 License expiration date: Not Reported  
 License issue date: 040817  
 Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4  
 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE  
 WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS  
 REQUIRED. "  
 Original app. received date: 040608  
 Facility closed date: Not Reported  
 Mailing address: 2021 LIME AVENUE  
 Mailing city: LONG BEACH  
 Mailing state: CA  
 Mailing zip: 90806  
 Contact person: "HARRIS, ROSETTA"  
 Facility capacity: 8  
 Type of clients served: 960  
 Facility phone: 5622182171

GJ1097 SRPU20071014046  
 WNW Ncessch: 062250002756 Public Schools  
 4-6 mi Schname05: ROOSEVELT ELEMENTARY  
 27176 Mstreet05: 1574 LINDEN AVE.  
 Higher Mcity05: LONG BEACH

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Mstate05: CA  
Mzip05: 90813  
Mzip405: 2097  
Member05: 1146  
Phone05: (562) 599-1888  
Locale05: 1  
Type05: 1  
Level05: 1  
Gsl05: KG  
Gshi05: 05  
Edr id: SRPU20071014046

HB1098

WNW  
4-6 mi  
27185  
Higher

Hospital type: 02  
Num of times COO: 02  
Owner date: 19891001  
City: SIGNAL HILL  
Has plan of corr: 1  
Compliance status: A  
SSA county code: 200  
Cross ref number: Not Reported  
FMS survey date: Not Reported  
Current survey date: 19900322  
Medicare/Medicaid: 1  
Facility name: VILLA HERMOSA CARE CENTER  
Intermediary/Carrier: Not Reported  
Medicaid number: Not Reported  
Participation date: 19871019  
Prior COO date: 19871019  
Prior carrier: Not Reported  
Provider ID: 05E567  
Record Status: A  
Region code: 09  
Is Partial Record: Not Reported  
state abbrev: CA  
ssa state: 05  
state region cd: L4  
street address: 2375 CALIFORNIA AVENUE  
Phone num: 2134260059  
Termination reason: 01  
Term Date: 19900608  
Purpose of action: 2  
Provider control: 03  
Zip: 90806  
Fips state: 06  
Fips cnty: 037  
SSA MSA: 328  
SSA MSA size code: A  
Date accredited: Not Reported  
Accred expire date: Not Reported  
Accred Org: Not Reported  
Num beds: 0093  
Num cert beds: 0000  
Source: US\_HOSPITAL\_POSOTHER  
Edr id: SRHO20070007129

SRHO20070007129  
AHA Hospitals

## MAP FINDINGS

Map ID	Direction	Distance	Distance (ft.)	Elevation	Site	EDR ID	Database
GM1099						SRDCCA200714735	Daycare
ENE					EDR ID: SRDCCA200714735		
4-6 mi					Facility number: 304206013		
27209					Facility name: "PEDERSON, ANGELA	"	
Higher					Facility eval. code: 3404		
					Facility office number: 06		
					Facility county number: 30		
					Facility type code: 810		
					Facility status code: 03		
					Address: 6782 SANTA RITA AVENUE		
					City: GARDEN GROVE		
					State: CA		
					Zip: 92845		
					Alt. address: 6782 SANTA RITA AVENUE		
					City: GARDEN GROVE		
					State: CA		
					Zip: 92845		
					Facility investor: "PEDERSON, ANGELA	"	
					Licensee type: A		
					License effective date: 10814		
					License expiration date: Not Reported		
					License issue date: 010814		
					Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED	"	
					Original app. received date: 010406		
					Facility closed date: Not Reported		
					Mailing address: 6782 SANTA RITA AVENUE		
					Mailing city: GARDEN GROVE		
					Mailing state: CA		
					Mailing zip: 92845		
					Contact person: "PEDERSON, ANGELA	"	
					Facility capacity: 8		
					Type of clients served: 960		
					Facility phone: 7148921355		
HC1100						SRDCCA200722668	Daycare
WNW					EDR ID: SRDCCA200722668		
4-6 mi					Facility number: 198009836		
27219					Facility name: WILLIAMS FAMILY CHILD CARE		
Higher					Facility eval. code: 8160		
					Facility office number: 33		
					Facility county number: 19		
					Facility type code: 810		
					Facility status code: 03		
					Address: 2167 OLIVE AVENUE		
					City: LONG BEACH		
					State: CA		
					Zip: 90806		
					Alt. address: 2167 OLIVE AVENUE		
					City: LONG BEACH		
					State: CA		
					Zip: 90806		
					Facility investor: "WILLIAMS, CAROLYN FAYE	"	

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Licensee type: A  
 License effective date: 40315  
 License expiration date: Not Reported  
 License issue date: 040315  
 Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED"  
 Original app. received date: 031112  
 Facility closed date: Not Reported  
 Mailing address: 2167 OLIVE AVENUE  
 Mailing city: LONG BEACH  
 Mailing state: CA  
 Mailing zip: 90806  
 Contact person: "WILLIAMS, CAROLYN FAYE "  
 Facility capacity: 8  
 Type of clients served: 960  
 Facility phone: 5622188508

HD1101 North EDR ID: SRDCCA200724223 SRDCCA200724223  
 4-6 mi Facility number: 198010373 Daycare  
 27223 Facility name: JACKSON FAMILY CHILD CARE  
 Higher Facility eval. code: 8140

Facility office number: 33  
 Facility county number: 19  
 Facility type code: 810  
 Facility status code: 03  
 Address: 6735 TURNERGROVE DRIVE  
 City: LAKEWOOD  
 State: CA  
 Zip: 90713  
 Alt. address: 6735 TURNERGROVE DRIVE  
 City: LAKEWOOD  
 State: CA  
 Zip: 90713  
 Facility investor: MALEMTAWATI JACKSON  
 Licensee type: A  
 License effective date: 40426  
 License expiration date: Not Reported  
 License issue date: 040426  
 Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED"  
 Original app. received date: 040315  
 Facility closed date: Not Reported  
 Mailing address: 6735 TURNERGROVE DRIVE  
 Mailing city: LAKEWOOD  
 Mailing state: CA  
 Mailing zip: 90713  
 Contact person: "JACKSON, MALEMTAWATI "  
 Facility capacity: 8  
 Type of clients served: 960  
 Facility phone: 5624214260

## MAP FINDINGS

Map ID	Direction	Distance	Distance (ft.)	Elevation	Site	EDR ID Database
GV1102						SRHO20070150695
WNW					Hospital type: 01	AHA Hospitals
4-6 mi					Num of times COO: 00	
27235					Owner date: Not Reported	
Higher					City: LONG BEACH	
					Has plan of corr: Not Reported	
					Compliance status: Not Reported	
					SSA county code: 200	
					Cross ref number: Not Reported	
					FMS survey date: Not Reported	
					Current survey date: Not Reported	
					Medicare/Medicaid: Not Reported	
					Facility name: FOURTH DIMENSION MEDICAL CLINIC	
					Intermediary/Carrier: Not Reported	
					Medicaid number: Not Reported	
					Participation date: 19980819	
					Prior COO date: Not Reported	
					Prior carrier: Not Reported	
					Provider ID: 05D0950145	
					Record Status: A	
					Region code: 09	
					Is Partial Record: Y	
					state abbrev: CA	
					ssa state: 05	
					state region cd: LAB	
					street address: 1909 ATLANTIC	
					Phone num: 5622183088	
					Termination reason: 08	
					Term Date: 20000818	
					Purpose of action: Not Reported	
					Provider control: 04	
					Zip: 90806	
					Fips state: 06	
					Fips cnty: 037	
					SSA MSA: 328	
					SSA MSA size code: A	
					Date accredited: Not Reported	
					Accred expire date: Not Reported	
					Accred Org: Not Reported	
					Num beds: 0000	
					Num cert beds: 0000	
					Source: US_HOSPITAL_POSCLIA	
					Edr id: SRHO20070150695	
GV1103						SRHO20070149505
WNW					Hospital type: 01	AHA Hospitals
4-6 mi					Num of times COO: 00	
27235					Owner date: Not Reported	
Higher					City: LONG BEACH	
					Has plan of corr: Not Reported	
					Compliance status: Not Reported	
					SSA county code: 200	
					Cross ref number: Not Reported	
					FMS survey date: Not Reported	
					Current survey date: Not Reported	

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Medicare/Medicaid: Not Reported  
 Facility name: NEW LIFE MEDICAL GROUP  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19971028  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0935389  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Not Reported  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 1909 ATLANTIC AVENUE  
 Phone num: 5625916305  
 Termination reason: 08  
 Term Date: 19991027  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90806  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070149505

GV1104  
 WNW  
 4-6 mi  
 27256  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: JONATHAN NGUYEN MD  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 20060927  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D1059355  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y

SRHO20070164245  
 AHA Hospitals

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

state abbrev: CA  
 ssa state: 05  
 state region cd: M1  
 street address: 555 EAST PACIFIC COAST # 102  
 Phone num: 5625913222  
 Termination reason: 00  
 Term Date: 20080926  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90806  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070164245

GV1105

WNW Hospital type:  
 4-6 mi Num of times COO:  
 27256 Owner date:  
 Higher City:

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: MORAKOD LIM MD INC  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19980924  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0951703  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 555 E PACIFIC COAST HWY #102  
 Phone num: 5622180079  
 Termination reason: 12  
 Term Date: 20000609  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90806  
 Fips state: 06

SRHO20070151935  
 AHA Hospitals

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070151935

GV1106

SRHO20070152744  
 AHA Hospitals

WNW Hospital type: 01  
 4-6 mi Num of times COO: 00  
 27256 Owner date: Not Reported  
 Higher City: LONG BEACH  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: SON-HA & DIEM-CHI A MEDICAL CORP  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19980331  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0943686  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 555 EAST PACIFIC COAST HIGHWAY #101  
 Phone num: 5625902241  
 Termination reason: 00  
 Term Date: 20080330  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90806  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070152744

## MAP FINDINGS

Map ID	Direction	Distance	Distance (ft.)	Elevation	Site	EDR ID Database
HE1107	West	4-6 mi	27278	Higher	EDR ID: SRDCCA200741018 Facility number: 198005633 Facility name: 8TH STREET EARLY HEAD START Facility eval. code: 8420 Facility office number: 33 Facility county number: 19 Facility type code: 830 Facility status code: 03 Address: 820 LONG BEACH BOULEVARD City: LONG BEACH State: CA Zip: 90802 Alt. address: 2898 ORANGE AVENUE City: SIGNAL HILL State: CA Zip: 90806 Facility investor: LONG BEACH UNIFIED SCHOOL DISTRICT HEAD START Licensee type: F License effective date: 111 License expiration date: Not Reported License issue date: 000111 Program type: AMBULATORY CHILDREN ONLY. INFANT PROGRAM WITH TODDLER COMPONENT. WAIVER LETTER ATTACHED APPROVES CHILDREN UP TO 36 MONTHS. UP TO 8 HEARING IMPAIRED CHILDREN MAY BE INCLUDED IN THE TOTAL CAPACITY.  Original app. received date: 991014 Facility closed date: Not Reported Mailing address: 2898 ORANGE AVENUE Mailing city: SIGNAL HILL Mailing state: CA Mailing zip: 90806 Contact person: "FOUQUETTE, ANN" Facility capacity: 40 Type of clients served: 955 Facility phone: 5624270833	SRDCCA200741018 Daycare
GK1108	West	4-6 mi	27313	Higher	Hospital type: 01 Num of times COO: 00 Owner date: Not Reported City: LONG BEACH Has plan of corr: Not Reported Compliance status: Not Reported SSA county code: 200 Cross ref number: Not Reported FMS survey date: Not Reported Current survey date: Not Reported Medicare/Medicaid: Not Reported Facility name: INFINITE HEALTH SOLUTIONS ADHC Intermediary/Carrier: Not Reported Medicaid number: Not Reported Participation date: 20021216 Prior COO date: Not Reported Prior carrier: Not Reported Provider ID: 05D1007370	SRHO20070155799 AHA Hospitals

# MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 315 E 11TH ST  
 Phone num: 5624361234  
 Termination reason: 08  
 Term Date: 20061215  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90813  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070155799

HD1109 North EDR ID: SRDCCA200721295 SRDCCA200721295  
 4-6 mi Facility number: 198009233 Daycare  
 27318 Facility name: RAFIQ FAMILY CHILD CARE  
 Higher Facility eval. code: 8140

Facility office number: 33  
 Facility county number: 19  
 Facility type code: 810  
 Facility status code: 03  
 Address: 6912 NIXON STREET  
 City: LAKEWOOD  
 State: CA  
 Zip: 90713  
 Alt. address: 6912 NIXON STREET  
 City: LAKEWOOD  
 State: CA  
 Zip: 90713  
 Facility investor: "RAFIQ, SHAHIDA"  
 Licensee type: A  
 License effective date: 40305  
 License expiration date: Not Reported  
 License issue date: 040305  
 Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED"  
 Original app. received date: 030528  
 Facility closed date: Not Reported  
 Mailing address: 6912 NIXON STREET  
 Mailing city: LAKEWOOD

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Mailing state: CA  
 Mailing zip: 90713  
 Contact person: "RAFIQ, SHAHIDA"  
 Facility capacity: 8  
 Type of clients served: 960  
 Facility phone: 5624253530

HB1110 WNW EDR ID: SRDCCA200730310 SRDCCA200730310  
 4-6 mi Facility number: 198011618 Daycare  
 27331 Facility name: MCGHEE FAMILY CHILD CARE  
 Higher Facility eval. code: 8160

Facility office number: 33  
 Facility county number: 19  
 Facility type code: 810  
 Facility status code: 03  
 Address: 2333 MYRTLE AVENUE  
 City: LONG BEACH  
 State: CA  
 Zip: 90806  
 Alt. address: 2333 MYRTLE AVENUE  
 City: LONG BEACH  
 State: CA  
 Zip: 90806  
 Facility investor: "MCGHEE, ELIZABETH"  
 Licensee type: A  
 License effective date: 50804  
 License expiration date: Not Reported  
 License issue date: 050804  
 Program type: "MAX. CAP (WHEN THERE IS AN ASSISTANT PRESENT): 12 - NO MORE THAN 4 INFANTS, CAP. 14 - NO MORE THAN 3 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6."  
 "

Original app. received date: 050406  
 Facility closed date: Not Reported  
 Mailing address: 2333 MYRTLE AVENUE  
 Mailing city: LONG BEACH  
 Mailing state: CA  
 Mailing zip: 90806  
 Contact person: "MCGHEE, ELIZABETH"  
 Facility capacity: 14  
 Type of clients served: 960  
 Facility phone: 5624264101

GV1111 WNW Hospital type: 01 SRHO20070160044  
 4-6 mi Num of times COO: 00 AHA Hospitals  
 27333 Owner date: Not Reported  
 Higher City: LONG BEACH

Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: COMMUNITY ADULT DAY HEALTH CARE CENTER  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 20030613  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D1013666  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 1954 ATLANTIC AVENUE  
 Phone num: 3106318703  
 Termination reason: 00  
 Term Date: 20070612  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90806  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070160044

HB1112  
 WNW  
 4-6 mi  
 27357  
 Higher

EDR ID: SRDCCA200750370  
 Facility number: 191670847  
 Facility name: LONG BEACH CHILD DEVELOPMENT CENTER  
 Facility eval. code: 8160  
 Facility office number: 33  
 Facility county number: 19  
 Facility type code: 850  
 Facility status code: 03  
 Address: 2222 OLIVE AVE  
 City: LONG BEACH  
 State: CA  
 Zip: 90806  
 Alt. address: 2222 OLIVE AVE  
 City: LONG BEACH  
 State: CA  
 Zip: 90806  
 Facility investor: LONG BEACH COMMUNITY IMPROVEMENT LEAGUE  
 Licensee type: C  
 License effective date: 950313  
 License expiration date: Not Reported

SRDCCA200750370  
 Daycare

# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

License issue date: Not Reported  
 Program type: PRESCHOOL - AGES 2 TO 5 YEARS.  
 Original app. received date: 831028  
 Facility closed date: Not Reported  
 Mailing address: 2222 OLIVE AVE  
 Mailing city: LONG BEACH  
 Mailing state: CA  
 Mailing zip: 90806  
 Contact person: MARIE GAINES  
 Facility capacity: 64  
 Type of clients served: 950  
 Facility phone: 5624268897

HB1113 WNW 4-6 mi 27357 Higher EDR ID: SRDCCA200744113 SRDCCA200744113 Daycare

Facility number: 191603546  
 Facility name: LONG BEACH CHILD DEVELOPMENT CENTER  
 Facility eval. code: 8160  
 Facility office number: 33  
 Facility county number: 19  
 Facility type code: 840  
 Facility status code: 03  
 Address: 2222 OLIVE AVE  
 City: LONG BEACH  
 State: CA  
 Zip: 90806  
 Alt. address: 2222 OLIVE AVE  
 City: LONG BEACH  
 State: CA  
 Zip: 90806  
 Facility investor: LONG BEACH COMMUNITY IMPROVEMENT LEAGUE  
 Licensee type: C  
 License effective date: 950313  
 License expiration date: Not Reported  
 License issue date: 890313  
 Program type: "SCHOOL AGE, ANY CHILD ENROLLED IN AN ELEMENTARY SCHOOL."  
 Original app. received date: 890105  
 Facility closed date: Not Reported  
 Mailing address: 2222 OLIVE AVE  
 Mailing city: LONG BEACH  
 Mailing state: CA  
 Mailing zip: 90806  
 Contact person: MARIE GAINES  
 Facility capacity: 18  
 Type of clients served: 950  
 Facility phone: 5624268897

GZ1114 NNE 4-6 mi 27390 Higher EDR ID: SRDCCA200719551 SRDCCA200719551 Daycare

Facility number: 198008708  
 Facility name: CANNICK FAMILY CHILD CARE  
 Facility eval. code: 6150  
 Facility office number: 33

# MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Facility county number: 19  
 Facility type code: 810  
 Facility status code: 03  
 Address: 20821 SEINE AVENUE #1  
 City: LAKEWOOD  
 State: CA  
 Zip: 90715  
 Alt. address: 20821 SEINE AVENUE #1  
 City: LAKEWOOD  
 State: CA  
 Zip: 90715  
 Facility investor: "CANNICK, SYNDIA"  
 Licensee type: A  
 License effective date: 30414  
 License expiration date: Not Reported  
 License issue date: 030414  
 Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4  
 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE  
 WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED  
 "  
 Original app. received date: 030124  
 Facility closed date: Not Reported  
 Mailing address: 20821 SEINE AVENUE #1  
 Mailing city: LAKEWOOD  
 Mailing state: CA  
 Mailing zip: 90715  
 Contact person: "CANNICK, SYNDIA"  
 Facility capacity: 8  
 Type of clients served: 960  
 Facility phone: 5628655238

HF1115  
 NE  
 4-6 mi  
 27394  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: CYPRESS  
 Has plan of corr: Not Reported  
 Compliance status: A  
 SSA county code: 400  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: 19981105  
 Medicare/Medicaid: 1  
 Facility name: FAMILY PLANNING ASSOCIATES MED GRP INC  
 Intermediary/Carrier: 02050  
 Medicaid number: Not Reported  
 Participation date: 19920901  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0668313  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Not Reported  
 state abbrev: CA  
 ssa state: 05

SRHO20070135309  
 AHA Hospitals

# MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

state region cd: M1  
street address: 9461 GRINDLAY ST #101  
Phone num: 7149953001  
Termination reason: 12  
Term Date: 20010219  
Purpose of action: 2  
Provider control: 04  
Zip: 90630  
Fips state: 06  
Fips cnty: 059  
SSA MSA: 033  
SSA MSA size code: B  
Date accredited: Not Reported  
Accred expire date: Not Reported  
Accred Org: Not Reported  
Num beds: 0000  
Num cert beds: 0000  
Source: US\_HOSPITAL\_POSCLIA  
Edr id: SRHO20070135309

GQ1116

ESE  
4-6 mi  
27412  
Higher

Hospital type: 01  
Num of times COO: 00  
Owner date: Not Reported  
City: HUNTINGTON BEACH  
Has plan of corr: Not Reported  
Compliance status: Not Reported  
SSA county code: 400  
Cross ref number: Not Reported  
FMS survey date: Not Reported  
Current survey date: Not Reported  
Medicare/Medicaid: Not Reported  
Facility name: TIT S LI MD & NGA W WONG MD, INC  
Intermediary/Carrier: Not Reported  
Medicaid number: Not Reported  
Participation date: 19980609  
Prior COO date: Not Reported  
Prior carrier: Not Reported  
Provider ID: 05D0947127  
Record Status: A  
Region code: 09  
Is Partial Record: Y  
state abbrev: CA  
ssa state: 05  
state region cd: LAB  
street address: 6552 BOLSA AVE, SUITE N  
Phone num: 7148989635  
Termination reason: 00  
Term Date: 20080608  
Purpose of action: Not Reported  
Provider control: 02  
Zip: 92647  
Fips state: 06  
Fips cnty: 059  
SSA MSA: 033

SRHO20070149854  
AHA Hospitals

# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

SSA MSA size code: B  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070149854

1117		SRDCCA200730614
ESE	EDR ID: SRDCCA200730614	Daycare
4-6 mi	Facility number: 304310091	
27421	Facility name: "GRIFFEN, LAURA "	
Higher	Facility eval. code: 3404	
	Facility office number: 06	
	Facility county number: 30	
	Facility type code: 810	
	Facility status code: 03	
	Address: 15572 MAYFLOWER LANE	
	City: HUNTINGTON BEACH	
	State: CA	
	Zip: 92647	
	Alt. address: 15572 MAYFLOWER LANE	
	City: HUNTINGTON BEACH	
	State: CA	
	Zip: 92647	
	Facility investor: "GRIFFEN, LAURA "	
	Licensee type: A	
	License effective date: 50317	
	License expiration date: Not Reported	
	License issue date: 050317	
	Program type: "MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY. CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6. "	
	Original app. received date: 050302	
	Facility closed date: Not Reported	
	Mailing address: 15572 MAYFLOWER LANE	
	Mailing city: HUNTINGTON BEACH	
	Mailing state: CA	
	Mailing zip: 92647	
	Contact person: "GRIFFEN, LAURA "	
	Facility capacity: 8	
	Type of clients served: 960	
	Facility phone: 7148986583	

HG1118		SRHO20070007511
NNW	Hospital type: 02	AHA Hospitals
4-6 mi	Num of times COO: 00	
27429	Owner date: Not Reported	
Higher	City: LONG BEACH	
	Has plan of corr: 1	
	Compliance status: A	
	SSA county code: 200	
	Cross ref number: Not Reported	

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

FMS survey date: Not Reported  
 Current survey date: 19830606  
 Medicare/Medicaid: 1  
 Facility name: CENTRALIA CONVALESCENT CENTER  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19770801  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05E162  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Not Reported  
 state abbrev: CA  
 ssa state: 05  
 state region cd: L4  
 street address: 5401 CENTRALIA ST  
 Phone num: 2134214717  
 Termination reason: 07  
 Term Date: 19850201  
 Purpose of action: 2  
 Provider control: 03  
 Zip: 90808  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0119  
 Num cert beds: 0119  
 Source: US\_HOSPITAL\_POSOTHER  
 Edr id: SRHO20070007511

HG1119

NNW  
 4-6 mi  
 27429  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: BRITTANY HOUSE  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19970530  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0928937  
 Record Status: A

SRHO20070148786  
 AHA Hospitals

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 5401 E CENTRALIA ST  
 Phone num: 5624214717  
 Termination reason: 08  
 Term Date: 19970530  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90808  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070148786

HG1120  
 NNW  
 4-6 mi  
 27429  
 Higher

Hospital type: 03  
 Num of times COO: 02  
 Owner date: 19860930  
 City: LONG BEACH  
 Has plan of corr: 1  
 Compliance status: A  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: 19880517  
 Medicare/Medicaid: 1  
 Facility name: CENTRALIA CONVALESCENT CENTER  
 Intermediary/Carrier: 00040  
 Medicaid number: Not Reported  
 Participation date: 19701229  
 Prior COO date: 19850228  
 Prior carrier: Not Reported  
 Provider ID: 056246  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Not Reported  
 state abbrev: CA  
 ssa state: 05  
 state region cd: L4  
 street address: 5401 CENTRALIA STREET  
 Phone num: 2134214717  
 Termination reason: 01  
 Term Date: 19890517  
 Purpose of action: 2  
 Provider control: 03

SRHO20070011215  
 AHA Hospitals

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Zip: 90808  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0194  
 Num cert beds: 0194  
 Source: US\_HOSPITAL\_POSOTHER  
 Edr id: SRHO20070011215

HF1121  
 NE  
 4-6 mi  
 27448  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: CYPRESS  
 Has plan of corr: 1  
 Compliance status: A  
 SSA county code: 400  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: 19851114  
 Medicare/Medicaid: 1  
 Facility name: BODIMETRIC HEALTH SERVICES INC  
 Intermediary/Carrier: 99990  
 Medicaid number: Not Reported  
 Participation date: 19811105  
 Prior COO date: Not Reported  
 Prior carrier: 00040  
 Provider ID: 057279  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Not Reported  
 state abbrev: CA  
 ssa state: 05  
 state region cd: SA  
 street address: 5252 ORANGE AVE  
 Phone num: 7148265761  
 Termination reason: 01  
 Term Date: 19860321  
 Purpose of action: 2  
 Provider control: 04  
 Zip: 90630  
 Fips state: 06  
 Fips cnty: 059  
 SSA MSA: 033  
 SSA MSA size code: B  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: 0  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSOTHER

SRHO20070010779  
 AHA Hospitals



## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Pss assoc 1: No Membership Association  
 Pss assoc 2: Not Reported  
 Pss assoc 3: Not Reported  
 Pss assoc 4: Not Reported  
 Pss assoc 5: Not Reported  
 Pss assoc 6: Not Reported  
 Pss assoc 7: Not Reported  
 Source: NCESDATA\_E72D09B4  
 Edr id: SRPR20051024782

HH1123

NNE  
 4-6 mi  
 27507  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LAKEWOOD  
 Has plan of corr: 1  
 Compliance status: A  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: 19951221  
 Medicare/Medicaid: 1  
 Facility name: CONCHITA GOINGS MD  
 Intermediary/Carrier: 02050  
 Medicaid number: Not Reported  
 Participation date: 19920901  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0552654  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: M1  
 street address: 20927 NORWALK BOULEVARD  
 Phone num: 5628091434  
 Termination reason: 01  
 Term Date: 20050811  
 Purpose of action: 1  
 Provider control: 02  
 Zip: 90715  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070130543

SRHO20070130543  
 AHA Hospitals

## MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site	EDR ID Database
GV1124 WNW 4-6 mi 27510 Higher	EDR ID: SRDCCA200717067 Facility number: 192008274 Facility name: RICHARDS FAMILY CHILD CARE Facility eval. code: 8160 Facility office number: 33 Facility county number: 19 Facility type code: 810 Facility status code: 03 Address: 2036 ATLANTIC AVENUE City: LONG BEACH State: CA Zip: 90806 Alt. address: 2036 ATLANTIC AVENUE City: LONG BEACH State: CA Zip: 90806 Facility investor: "RICHARDS, ADELITA & COURTNEY" Licensee type: A License effective date: 30103 License expiration date: Not Reported License issue date: 030103 Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR CAPACITY 8 CHILDREN WHEN 2 CHILDREN ARE AT LEAST 6 YEARS OF AGE WITH A MAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED." Original app. received date: 010717 Facility closed date: Not Reported Mailing address: 2036 ATLANTIC AVENUE Mailing city: LONG BEACH Mailing state: CA Mailing zip: 90806 Contact person: ADELITA & COURTNEY Facility capacity: 8 Type of clients served: 960 Facility phone: 5625993671	SRDCCA200717067 Daycare
1125 East 4-6 mi 27522 Higher	EDR ID: SRDCCA200713738 Facility number: 304205424 Facility name: "KUBOVEC, CHRISTINA" Facility eval. code: 3406 Facility office number: 06 Facility county number: 30 Facility type code: 810 Facility status code: 03 Address: 6842 HUMBOLDT AVE. City: WESTMINSTER State: CA Zip: 92683 Alt. address: 6842 HUMBOLDT AVE. City: WESTMINSTER State: CA Zip: 92683 Facility investor: "KUBOVEC, CHRISTINA"	SRDCCA200713738 Daycare

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

EDR ID  
 Database

Licensee type: A  
 License effective date: 308  
 License expiration date: Not Reported  
 License issue date: 000308  
 Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED"  
 Original app. received date: 000302  
 Facility closed date: Not Reported  
 Mailing address: 6842 HUMBOLDT AVE.  
 Mailing city: WESTMINSTER  
 Mailing state: CA  
 Mailing zip: 92683  
 Contact person: "KUBOVEC, CHRISTINA"  
 Facility capacity: 8  
 Type of clients served: 960  
 Facility phone: 7148914776

HC1126  
 WNW EDR ID: SRDCCA200711797  
 4-6 mi Facility number: 198005396  
 27522 Facility name: GARIBAY FAMILY CHILD CARE  
 Higher Facility eval. code: 8160  
 Facility office number: 33  
 Facility county number: 19  
 Facility type code: 810  
 Facility status code: 03  
 Address: 2172 LIME AVENUE  
 City: LONG BEACH  
 State: CA  
 Zip: 90806  
 Alt. address: 2172 LIME AVENUE  
 City: LONG BEACH  
 State: CA  
 Zip: 90806  
 Facility investor: "GARIBAY, LUPE"  
 Licensee type: A  
 License effective date: 991001  
 License expiration date: Not Reported  
 License issue date: 991001  
 Program type: "MAXIMUM CAPACITY: 12 CHILDREN WITH NO MORE THAN 4 INFANTS, OR CAPACITY14 CHILDREN WHEN 2 CHILDREN ARE AT LEAST 6 YEARS OF AGE WITH A MAXIMUMOF 3 INFANTS. PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED."  
 Original app. received date: 990712  
 Facility closed date: Not Reported  
 Mailing address: 2172 LIME AVENUE  
 Mailing city: LONG BEACH  
 Mailing state: CA  
 Mailing zip: 90806  
 Contact person: "GARIBAY, LUPE"  
 Facility capacity: 14  
 Type of clients served: 960  
 Facility phone: 5625914756

## MAP FINDINGS

Map ID	Direction	Distance	Distance (ft.)	Elevation	Site	EDR ID	Database
GT1127	ENE	4-6 mi	27540	Higher	Necessch: 061488001871 Schname05: PATTON ELEMENTARY Mstreet05: 6861 SANTA RITA AVE. Mcity05: GARDEN GROVE Mstate05: CA Mzip05: 92845 Mzip405: 1443 Member05: 956 Phone05: (714) 663-6584 Locale05: 3 Type05: 1 Level05: 1 Gslo05: KG Gshi05: 06 Edr id: SRPU20071013937	SRPU20071013937	Public Schools
HE1128	West	4-6 mi	27545	Higher	EDR ID: SRDCCA200742373 Facility number: 191605084 Facility name: RENAISSANCE CAREER ACADEMY INFANT DEVELOPMENT CTR. Facility eval. code: 8160 Facility office number: 33 Facility county number: 19 Facility type code: 830 Facility status code: 03 Address: 235 EAST 8TH STREET City: LONG BEACH State: CA Zip: 90813 Alt. address: 2209 SEABRIGHT AVE. City: LONG BEACH State: CA Zip: 90810 Facility investor: LONG BEACH UNIFIED SCHOOL DISTRICT Licensee type: F License effective date: 941001 License expiration date: Not Reported License issue date: 910104 Program type: "INFANTS ONLY: AGE BIRTH THROUGH 2 YEARS. MAXIMUM CAPACITY 20 INFANTS RM 607 AND 39 INFANTS RM 501. FORMERLY REID INFANT DEVELOPMENT CENTERPROGRAM DIRECTOR X7107, RM 607 X7322, RM 501 X7363" Original app. received date: 900507 Facility closed date: Not Reported Mailing address: 2209 SEABRIGHT AVE. Mailing city: LONG BEACH Mailing state: CA Mailing zip: 90810 Contact person: JEAN PETERSON Facility capacity: 53 Type of clients served: 955 Facility phone: 5629978000	SRDCCA200742373	Daycare

# MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site	EDR ID Database
HE1129 West 4-6 mi 27545 Higher	Ncessch: 062250008720 Schname05: RENAISSANCE HIGH SCHOOL FOR THE ARTS Mstreet05: 235 EAST EIGHTH ST. Mcity05: LONG BEACH Mstate05: CA Mzip05: 90813 Mzip405: Not Reported Member05: 497 Phone05: (562) 901-0168 Locale05: 1 Type05: 4 Level05: 3 Gslo05: 09 Gshi05: 12 Edr id: SRPU20071014262	SRPU20071014262 Public Schools
HI1130 West 4-6 mi 27546 Higher	EDR ID: SRDCCA200751126 Facility number: 198005889 Facility name: 12TH STREET HEAD START Facility eval. code: 9070 Facility office number: 33 Facility county number: 19 Facility type code: 850 Facility status code: 03 Address: 1212 LONG BEACH BLVD City: LONG BEACH State: CA Zip: 90806 Alt. address: 2898 ORANGE AVE City: SIGNAL HILL State: CA Zip: 90806 Facility investor: LONG BEACH UNIFIED SCHOOL DISTRICT Licensee type: F License effective date: 503 License expiration date: Not Reported License issue date: 000503 Program type: CHILDREN AGE 2 YEARS UNTIL ENTRY INTO KINDERGARTEN. Original app. received date: 000315 Facility closed date: Not Reported Mailing address: 2898 ORANGE AVE Mailing city: SIGNAL HILL Mailing state: CA Mailing zip: 90806 Contact person: "JAMES, LAURETHIA" Facility capacity: 72 Type of clients served: 950 Facility phone: 5624270833	SRDCCA200751126 Daycare
HJ1131 NNE 4-6 mi 27555 Higher	EDR ID: SRDCCA200711189 Facility number: 198005438	SRDCCA200711189 Daycare

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Facility name: HILL FAMILY CHILD CARE  
 Facility eval. code: 8140  
 Facility office number: 33  
 Facility county number: 19  
 Facility type code: 810  
 Facility status code: 03  
 Address: 21119 HAWAIIAN AVENUE  
 City: LAKEWOOD  
 State: CA  
 Zip: 90715  
 Alt. address: 21119 HAWAIIAN AVENUE  
 City: LAKEWOOD  
 State: CA  
 Zip: 90715  
 Facility investor: "HILL, TAMMY"  
 Licensee type: A  
 License effective date: 990913  
 License expiration date: Not Reported  
 License issue date: 990913  
 Program type: "MAXIMUM CAPACITY: 12 CHILDREN, WITH NO MORE THAN 4 INFANTS, OR  
 CAPACITY 14 CHILDREN WHEN 2 CHILDREN ARE AT LEAST 6 YEARS OF AGE WITH A  
 MAXIMUM OF 3 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "  
 Original app. received date: 990730  
 Facility closed date: Not Reported  
 Mailing address: 21119 HAWAIIAN AVENUE  
 Mailing city: LAKEWOOD  
 Mailing state: CA  
 Mailing zip: 90715  
 Contact person: "HILL, TAMMY"  
 Facility capacity: 14  
 Type of clients served: 960  
 Facility phone: 5628605125

GU1132  
 North  
 4-6 mi  
 27560  
 Higher

EDR ID: SRDCCA200741562  
 Facility number: 198005392  
 Facility name: ST. TIMOTHY LUTHERAN INFANT CENTER  
 Facility eval. code: 8140  
 Facility office number: 33  
 Facility county number: 19  
 Facility type code: 830  
 Facility status code: 03  
 Address: 4645 WOODRUFF AVENUE  
 City: LAKEWOOD  
 State: CA  
 Zip: 90713  
 Alt. address: 4645 WOODRUFF AVENUE  
 City: LAKEWOOD  
 State: CA  
 Zip: 90713  
 Facility investor: ST. TIMOTHY LUTHERAN CHURCH  
 Licensee type: C  
 License effective date: 990717  
 License expiration date: Not Reported  
 License issue date: 990717

SRDCCA200741562  
 Daycare

# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Program type: "LICENSEE SERVES A TOTAL OF 28 CHILDREN, 16 INFANTS AGES 0 TO 18 MONTHS AND 12 TODDLERS AGES 18 MONTHS TO 30 MONTHS."  
 "

Original app. received date: 990714  
 Facility closed date: Not Reported  
 Mailing address: 4645 WOODRUFF AVENUE  
 Mailing city: LAKEWOOD  
 Mailing state: CA  
 Mailing zip: 90713  
 Contact person: JUDITH TUTT-STARR  
 Facility capacity: 28  
 Type of clients served: 955  
 Facility phone: 5624250210

GU1133

SRDCCA200747634  
 Daycare

North EDR ID: SRDCCA200747634  
 4-6 mi Facility number: 191602272  
 27560 Facility name: ST. TIMOTHY LUTHERAN PRESCHOOL DAY CARE  
 Higher Facility eval. code: 8140  
 Facility office number: 33  
 Facility county number: 19  
 Facility type code: 850  
 Facility status code: 03  
 Address: 4645 WOODRUFF AVE  
 City: LAKEWOOD  
 State: CA  
 Zip: 90713  
 Alt. address: 4645 WOODRUFF AVE  
 City: LAKEWOOD  
 State: CA  
 Zip: 90713  
 Facility investor: ST. TIMOTHY LUTHERAN CHURCH  
 Licensee type: C  
 License effective date: 930310  
 License expiration date: Not Reported  
 License issue date: 930310  
 Program type: LICENSEE SERVES 103 CHILDREN AGES 30 MONTHS UNTIL ENTRY INTO FIRST GRADE. WAIVER ON FILE  
 Original app. received date: 770822  
 Facility closed date: Not Reported  
 Mailing address: 4645 WOODRUFF AVE.  
 Mailing city: LAKEWOOD  
 Mailing state: CA  
 Mailing zip: 90713  
 Contact person: JUDITH TUTT-STARR  
 Facility capacity: 103  
 Type of clients served: 950  
 Facility phone: 5624250210

GU1134

SRPR20051027536  
 Private Schools

North Pss school id: 02158177  
 4-6 mi Pss inst: ST TIMOTHY LUTHERAN SCHOOL  
 27560 Lograde: K  
 Higher Higrade: 5

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Pss address:	4645 WOODRUFF AVE
Pss city:	LAKEWOOD
Pss county no:	037
Pss county fips:	06037
Pss stabb:	CA
Pss fips:	06
Pss zip5:	90713
Pss phone:	5624213960
Pss sch days:	177
Pss stu day hrs:	6.5
Pss library:	Yes
Pss enroll ug:	Not Reported
Pss enroll pk:	Not Reported
Pss enroll k:	19
Pss enroll 1:	18
Pss enroll 2:	14
Pss enroll 3:	15
Pss enroll 4:	15
Pss enroll 5:	7
Pss enroll 6:	Not Reported
Pss enroll 7:	Not Reported
Pss enroll 8:	Not Reported
Pss enroll 9:	Not Reported
Pss enroll 10:	Not Reported
Pss enroll 11:	Not Reported
Pss enroll 12:	Not Reported
Pss enroll t:	88
Pss enroll tk12:	88
Pss race ai:	Not Reported
Pss race as:	9
Pss race h:	7
Pss race b:	8
Pss race w:	64
Pss fte teach:	8.4
Pss locale:	3
Pss coed:	1
Pss type:	1
Pss level:	1
Pss relig:	2
Pss comm type:	2
Pss indian pct:	Not Reported
Pss asian pct:	10.23
Pss hisp pct:	7.95
Pss black pct:	9.09
Pss white pct:	72.73
Pss stdtch rt:	10.48
Pss orient:	20
Pss county name:	LOS ANGELES
Pss assoc 1:	Evangelical Lutheran Education Association (ELEA)
Pss assoc 2:	Not Reported
Pss assoc 3:	Not Reported
Pss assoc 4:	Not Reported
Pss assoc 5:	Not Reported
Pss assoc 6:	Not Reported
Pss assoc 7:	Not Reported
Source:	NCESDATA_E72D09B4

# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Edr id: SRPR20051027536

HD1135 North 4-6 mi 27594 Higher	EDR ID: Facility number: Facility name: Facility eval. code: Facility office number: Facility county number: Facility type code: Facility status code: Address: City: State: Zip: Alt. address: City: State: Zip: Facility investor: Licensee type: License effective date: License expiration date: License issue date: Program type:  Original app. received date: Facility closed date: Mailing address: Mailing city: Mailing state: Mailing zip: Contact person: Facility capacity: Type of clients served: Facility phone:	SRDCCA200714870 Daycare  SRDCCA200714870 198006500 AUCHARD FAMILY CHILD CARE 7110 33 19 810 03 6760 NIXON STREET LAKEWOOD CA 90713 6760 NIXON STREET LAKEWOOD CA 90713 "AUCHARD, CHERYL A 10216 Not Reported 010216 "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED " 001215 Not Reported 6760 NIXON STREET LAKEWOOD CA 90713 "AUCHARD, CHERYL 8 960 5627310433	SRDCCA200714870 Daycare
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HG1136 NNW 4-6 mi 27630 Higher	Ncessch: Schname05: Mstreet05: Mcity05: Mstate05: Mzip05: Mzip405: Member05: Phone05: Locale05: Type05: Level05: Gslo05: Gshi05:	062250002697 BANCROFT MIDDLE 5301 EAST CENTRALIA ST. LONG BEACH CA 90808 1432 1428 (562) 425-7461 1 1 2 06 08	SRPU20071013793 Public Schools
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## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Edr id: SRPU20071013793

1137 North 4-6 mi 27648 Higher	EDR ID: Facility number: Facility name: Facility eval. code: Facility office number: Facility county number: Facility type code: Facility status code: Address: City: State: Zip: Alt. address: City: State: Zip: Facility investor: Licensee type: License effective date: License expiration date: License issue date: Program type:  Original app. received date: Facility closed date: Mailing address: Mailing city: Mailing state: Mailing zip: Contact person: Facility capacity: Type of clients served: Facility phone:	SRDCCA200706174 Daycare  SRDCCA200706174 198000816 HUNTER FAMILY CHILD CARE 6150 33 19 810 03 20618 HARVEST AVE LAKEWOOD CA 90715 20618 HARVEST AVE LAKEWOOD CA 90715 "HUNTER, LYDIA A 950415 Not Reported 950415 "MAXIMUM CAPACITY: 12 CHILDREN, INCLUDING LICENSEE'S CHILDREN UNDER 10 YEARS OF AGE WHO RESIDE IN THE HOME, WITH NO MORE THAN 4 INFANTS. (INFANT MEANS A CHILD UNDER 2 YEARS OLD). " 941116 Not Reported 20618 HARVEST AVE LAKEWOOD CA 90715 "HUNTER, LYDIA "         12 960 5629240520	SRDCCA200706174 Daycare
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HI1138 West 4-6 mi 27649 Higher	Hospital type: Num of times COO: Owner date: City: Has plan of corr: Compliance status: SSA county code: Cross ref number: FMS survey date: Current survey date: Medicare/Medicaid: Facility name: Intermediary/Carrier: Medicaid number:	01 00 Not Reported LONG BEACH Not Reported Not Reported 200 Not Reported Not Reported Not Reported Not Reported Not Reported CLINICA MEDICA SAN MARTIN Not Reported Not Reported	SRHO20070145468 AHA Hospitals
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# MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Participation date: 19950718  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0903307  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 1261 N LONG BEACH BLVD  
 Phone num: 3104327443  
 Termination reason: 08  
 Term Date: 19970717  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90808  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070145468

HI1139  
 West  
 4-6 mi  
 27649  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: SANTA CRUZ MEDICAL CLINIC  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19980527  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0946480  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 1261 LONG BEACH BLVD

SRHO20070151655  
 AHA Hospitals

# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Phone num: 5624351774  
 Termination reason: 00  
 Term Date: 20080526  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90813  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070151655

HK1140

North  
 4-6 mi  
 27659  
 Higher

EDR ID: SRDCCA200717778  
 Facility number: 198007902  
 Facility name: SIMPFENDERFER FAMILY CHILD CARE  
 Facility eval. code: 8140  
 Facility office number: 33  
 Facility county number: 19  
 Facility type code: 810  
 Facility status code: 03  
 Address: 6222 ARBOR ROAD  
 City: LAKEWOOD  
 State: CA  
 Zip: 90713  
 Alt. address: 6222 ARBOR ROAD  
 City: LAKEWOOD  
 State: CA  
 Zip: 90713  
 Facility investor: "SIMPFENDERFER, TINA"  
 Licensee type: A  
 License effective date: 20822  
 License expiration date: Not Reported  
 License issue date: 020822  
 Program type: "MAXIMUM CAPACITY: 12 CHILDREN WITH NO MORE THAN 4 INFANTS, OR CAPACITY14 CHILDREN WHEN 2 CHILDREN ARE AT LEAST 6 YEARS OF AGE WITH A MAXIMUMOF 3 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED."  
 "

SRDCCA200717778  
 Daycare

Original app. received date: 020717  
 Facility closed date: Not Reported  
 Mailing address: 6222 ARBOR ROAD  
 Mailing city: LAKEWOOD  
 Mailing state: CA  
 Mailing zip: 90713  
 Contact person: "SIMPFENDERFER, TINA"  
 Facility capacity: 14  
 Type of clients served: 960  
 Facility phone: 5624254344

## MAP FINDINGS

Map ID	Direction	Distance	Distance (ft.)	Elevation	Site	EDR ID Database
GV1141						SRHO20070153949
WNW					Hospital type: 01	AHA Hospitals
4-6 mi					Num of times COO: 00	
27675					Owner date: Not Reported	
Higher					City: LONG BEACH	
					Has plan of corr: Not Reported	
					Compliance status: Not Reported	
					SSA county code: 200	
					Cross ref number: Not Reported	
					FMS survey date: Not Reported	
					Current survey date: Not Reported	
					Medicare/Medicaid: Not Reported	
					Facility name: BOWERS AMBULANCE SERVICE	
					Intermediary/Carrier: Not Reported	
					Medicaid number: Not Reported	
					Participation date: 19990920	
					Prior COO date: Not Reported	
					Prior carrier: Not Reported	
					Provider ID: 05D0965385	
					Record Status: A	
					Region code: 09	
					Is Partial Record: Not Reported	
					state abbrev: CA	
					ssa state: 05	
					state region cd: LAB	
					street address: 446 E PACIFIC COAST HIGHWAY	
					Phone num: 5625993006	
					Termination reason: 12	
					Term Date: 19990920	
					Purpose of action: Not Reported	
					Provider control: 04	
					Zip: 90806	
					Fips state: 06	
					Fips cnty: 037	
					SSA MSA: 328	
					SSA MSA size code: A	
					Date accredited: Not Reported	
					Accred expire date: Not Reported	
					Accred Org: Not Reported	
					Num beds: 0000	
					Num cert beds: 0000	
					Source: US_HOSPITAL_POSCLIA	
					Edr id: SRHO20070153949	
GR1142						SRDCCA200704674
NE					EDR ID: SRDCCA200704674	Daycare
4-6 mi					Facility number: 300611973	
27683					Facility name: "VIERSTRA, WENDY A.	"
Higher					Facility eval. code: 3404	
					Facility office number: 06	
					Facility county number: 30	
					Facility type code: 810	
					Facility status code: 03	
					Address: 10192 MIRANDA AVE.	
					City: BUENA PARK	

# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

State: CA  
 Zip: 90620  
 Alt. address: 10192 MIRANDA AVE.  
 City: BUENA PARK  
 State: CA  
 Zip: 90620  
 Facility investor: "VIERSTRA, WENDY A. "  
 Licensee type: A  
 License effective date: 940718  
 License expiration date: Not Reported  
 License issue date: 910718  
 Program type: "MAXIMUM CAPACITY: 12 CHILDREN, INCLUDING LICENSEE'S CHILDREN UNDER 10 YEARS OF AGE WHO RESIDE IN THE HOME, WITH NO MORE THAN 4 INFANTS. (INFANT MEANS A CHILD UNDER 2 YEARS OLD)."

Original app. received date: 910411  
 Facility closed date: Not Reported  
 Mailing address: 10192 MIRANDA AVE.  
 Mailing city: BUENA PARK  
 Mailing state: CA  
 Mailing zip: 90620  
 Contact person: "VIERSTRA, WENDY "  
 Facility capacity: 12  
 Type of clients served: 960  
 Facility phone: 7149522431

1143  
 NNW  
 4-6 mi  
 27722  
 Higher

EDR ID: SRDCCA200739389  
 Facility number: 198013272  
 Facility name: MANCILLA FAMILY CHILD CARE  
 Facility eval. code: 6150  
 Facility office number: 33  
 Facility county number: 19  
 Facility type code: 810  
 Facility status code: 03  
 Address: 4607 BRIERCREST AVENUE  
 City: LAKEWOOD  
 State: CA  
 Zip: 90713  
 Alt. address: 4607 BRIERCREST AVENUE  
 City: LAKEWOOD  
 State: CA  
 Zip: 90713  
 Facility investor: "MANCILLA, RUTH & CYNTHIA & SOCORRO "  
 Licensee type: A  
 License effective date: 70406  
 License expiration date: Not Reported  
 License issue date: 070406  
 Program type: "MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY. CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6. "

Original app. received date: 070213  
 Facility closed date: Not Reported  
 Mailing address: 4607 BRIERCREST AVENUE  
 Mailing city: LAKEWOOD

SRDCCA200739389  
 Daycare

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Mailing state: CA  
 Mailing zip: 90713  
 Contact person: "MANCILLA, R & C & S"  
 Facility capacity: 8  
 Type of clients served: 960  
 Facility phone: 5626275946

HC1144			SRDCCA200741396
WNW	EDR ID:	SRDCCA200741396	Daycare
4-6 mi	Facility number:	192006425	
27744	Facility name:	LONG BEACH CENTER FOR CHILD DEVELOPMENT	
Higher	Facility eval. code:	8140	
	Facility office number:	33	
	Facility county number:	19	
	Facility type code:	830	
	Facility status code:	03	
	Address:	622 HILL STREET	
	City:	LONG BEACH	
	State:	CA	
	Zip:	90806	
	Alt. address:	2545 PACIFIC AVENUE	
	City:	LONG BEACH	
	State:	CA	
	Zip:	90806	
	Facility investor:	"COMPREHENSIVE CHILD DEVELOPMENT, INC."	
	Licensee type:	C	
	License effective date:	11101	
	License expiration date:	Not Reported	
	License issue date:	011101	
	Program type:	MAXIMUM CAPACITY: 9 INFANTS AGES 0 THROUGH 2 YEARS OLD. WAIVER ON FILE	
	Original app. received date:	010828	
	Facility closed date:	Not Reported	
	Mailing address:	2545 PACIFIC AVENUE	
	Mailing city:	LONG BEACH	
	Mailing state:	CA	
	Mailing zip:	90806	
	Contact person:	LISA WATANABE	
	Facility capacity:	9	
	Type of clients served:	955	
	Facility phone:	5625990633	

HC1145			SRDCCA200753981
WNW	EDR ID:	SRDCCA200753981	Daycare
4-6 mi	Facility number:	192006393	
27744	Facility name:	LONG BEACH CENTER FOR CHILD DEVELOPMENT	
Higher	Facility eval. code:	8140	
	Facility office number:	33	
	Facility county number:	19	
	Facility type code:	850	
	Facility status code:	03	
	Address:	622 HILL STREET	
	City:	LONG BEACH	
	State:	CA	

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Zip: 90806  
 Alt. address: 2545 PACIFIC AVENUE  
 City: LONG BEACH  
 State: CA  
 Zip: 90806  
 Facility investor: "COMPREHENSIVE CHILD DEVELOPMENT, INC. "  
 Licensee type: C  
 License effective date: 11101  
 License expiration date: Not Reported  
 License issue date: 011101  
 Program type: LICENSEE SERVES 57 CHILDREN AGES 2 YEARS UNTIL ENTRY INTO FIRST GRADE. WAIVER ON FILE.  
 Original app. received date: 010726  
 Facility closed date: Not Reported  
 Mailing address: 2545 PACIFIC AVENUE  
 Mailing city: LONG BEACH  
 Mailing state: CA  
 Mailing zip: 90806  
 Contact person: LISA WATANABE  
 Facility capacity: 57  
 Type of clients served: 950  
 Facility phone: 5625990633

GS1146

ESE

4-6 mi

27749

Higher

EDR ID: SRDCCA200716478  
 Facility number: 304206359  
 Facility name: "TUCKER, ALICIA & JAMES "  
 Facility eval. code: 3404  
 Facility office number: 06  
 Facility county number: 30  
 Facility type code: 810  
 Facility status code: 03  
 Address: 15112 HANOVER LANE  
 City: HUNTINGTON BEACH  
 State: CA  
 Zip: 92647  
 Alt. address: 15112 HANOVER LANE  
 City: HUNTINGTON BEACH  
 State: CA  
 Zip: 92647  
 Facility investor: "TUCKER, ALICIA & JAMES "  
 Licensee type: A  
 License effective date: 30916  
 License expiration date: Not Reported  
 License issue date: 030916  
 Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "  
 Original app. received date: 020107  
 Facility closed date: Not Reported  
 Mailing address: 15112 HANOVER LANE  
 Mailing city: HUNTINGTON BEACH  
 Mailing state: CA  
 Mailing zip: 92647

SRDCCA200716478

Daycare

# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Contact person: "TUCKER, ALICIA & JAMES "  
 Facility capacity: 8  
 Type of clients served: 960  
 Facility phone: 7148910203

HE1147

West  
 4-6 mi  
 27753  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: CHILDREN'S CLINIC AT INTERNATIONAL,THE  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19990908  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0965011  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 700 LOCUST STREET  
 Phone num: 5629330400  
 Termination reason: 00  
 Term Date: 20070907  
 Purpose of action: Not Reported  
 Provider control: 03  
 Zip: 90813  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070152050

SRHO20070152050  
 AHA Hospitals

HE1148

West  
 4-6 mi  
 27753  
 Higher

Ncessch: 062250009568  
 Schname05: INTERNATIONAL ELEMENTARY  
 Mstreet05: 700 LOCUST AVE.  
 Mcity05: LONG BEACH

SRPU20071014264  
 Public Schools

## MAP FINDINGS

Map ID	Direction	Distance	Distance (ft.)	Elevation	Site	EDR ID Database
					Mstate05: CA Mzip05: 90813 Mzip405: Not Reported Member05: 723 Phone05: (562) 436-4420 Locale05: 1 Type05: 1 Level05: 1 Gsl05: KG Gshi05: 05 Edr id: SRPU20071014264	
HL1149	WNW	4-6 mi	27755	Higher	Hospital type: 01 Num of times COO: 00 Owner date: Not Reported City: SIGNAL HILL Has plan of corr: Not Reported Compliance status: A SSA county code: 200 Cross ref number: Not Reported FMS survey date: Not Reported Current survey date: 19950728 Medicare/Medicaid: 1 Facility name: ABR HOME HEALTH INC Intermediary/Carrier: 00040 Medicaid number: Not Reported Participation date: 19950728 Prior COO date: Not Reported Prior carrier: Not Reported Provider ID: 557568 Record Status: A Region code: 09 Is Partial Record: Not Reported state abbrev: CA ssa state: 05 state region cd: L4 street address: 2900 ORANGE AVE SUITE 201 Phone num: 3109896324 Termination reason: 01 Term Date: 19980312 Purpose of action: 1 Provider control: 04 Zip: 90806 Fips state: 06 Fips cnty: 037 SSA MSA: 328 SSA MSA size code: A Date accredited: Not Reported Accred expire date: Not Reported Accred Org: 0 Num beds: 0000 Num cert beds: 0000 Source: US_HOSPITAL_POSOTHER Edr id: SRHO20070108002	SRHO20070108002 AHA Hospitals

## MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site	EDR ID Database
HL1150 WNW 4-6 mi 27755 Higher	Hospital type: 01 Num of times COO: 00 Owner date: Not Reported City: SIGNAL HILL Has plan of corr: Not Reported Compliance status: Not Reported SSA county code: 200 Cross ref number: Not Reported FMS survey date: Not Reported Current survey date: Not Reported Medicare/Medicaid: Not Reported Facility name: ABR HOME HEALTH INC Intermediary/Carrier: Not Reported Medicaid number: Not Reported Participation date: 19960509 Prior COO date: Not Reported Prior carrier: Not Reported Provider ID: 05D0914769 Record Status: A Region code: 09 Is Partial Record: Y state abbrev: CA ssa state: 05 state region cd: LAB street address: 2900 ORANGE AVENUE SUITE 201 Phone num: 1111111111 Termination reason: 17 Term Date: 20000328 Purpose of action: Not Reported Provider control: 02 Zip: 90806 Fips state: 06 Fips cnty: 037 SSA MSA: 328 SSA MSA size code: A Date accredited: Not Reported Accred expire date: Not Reported Accred Org: Not Reported Num beds: 0000 Num cert beds: 0000 Source: US_HOSPITAL_POSCLIA Edr id: SRHO20070147399	SRHO20070147399 AHA Hospitals
HK1151 North 4-6 mi 27756 Higher	EDR ID: SRDCCA200708485 Facility number: 198001809 Facility name: SUMMERFELT FAMILY CHILD CARE Facility eval. code: 7110 Facility office number: 33 Facility county number: 19 Facility type code: 810 Facility status code: 03 Address: 4716 CONQUISTA AVE City: LAKEWOOD	SRDCCA200708485 Daycare

# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

State: CA  
 Zip: 90713  
 Alt. address: 4716 CONQUISTA AVE  
 City: LAKEWOOD  
 State: CA  
 Zip: 90713  
 Facility investor: "SUMMERFELT, PAMELA A. "  
 Licensee type: A  
 License effective date: 960628  
 License expiration date: Not Reported  
 License issue date: 960628  
 Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4  
 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE  
 WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED  
 "  
 Original app. received date: 951220  
 Facility closed date: Not Reported  
 Mailing address: 4716 CONQUISTA AVE  
 Mailing city: LAKEWOOD  
 Mailing state: CA  
 Mailing zip: 90713  
 Contact person: "SUMMERFELT, PAMELA A. "  
 Facility capacity: 8  
 Type of clients served: 960  
 Facility phone: 5624259915

1152 ESE 4-6 mi 27765 Higher	Ncessch: Schname05: Mstreet05: Mcity05: Mstate05: Mzip05: Mzip405: Member05: Phone05: Locale05: Type05: Level05: Gslo05: Gshi05: Edr id:	062814004328 CIRCLE VIEW ELEMENTARY 6261 HOOKER DR. HUNTINGTON BEACH CA 92647 2800 703 (714) 893-5035 3 1 1 KG 05 SRPU20071009687	SRPU20071009687 Public Schools
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GV1153 WNW 4-6 mi 27800 Higher	EDR ID: Facility number: Facility name: Facility eval. code: Facility office number: Facility county number: Facility type code: Facility status code: Address: City:	SRDCCA200702706 191604936 HUNTER FAMILY DAY CARE 8160 33 19 810 03 505 E. 19TH STREET LONG BEACH	SRDCCA200702706 Daycare
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## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

State: CA  
 Zip: 90806  
 Alt. address: 505 E. 19TH STREET  
 City: LONG BEACH  
 State: CA  
 Zip: 90806  
 Facility investor: "HUNTER, MARY E. "  
 Licensee type: A  
 License effective date: 930317  
 License expiration date: Not Reported  
 License issue date: 900317  
 Program type: "MAXIMUM CAPACITY: 12 CHILDREN WITH NO MORE THAN 4 INFANTS, OR  
 CAPACITY14 CHILDREN WHEN 2 CHILDREN ARE AT LEAST 6 YEARS OF AGE WITH A  
 MAXIMUMOF 3 INFANTS. PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED.  
 "

Original app. received date: 900316  
 Facility closed date: Not Reported  
 Mailing address: 505 E. 19TH STREET  
 Mailing city: LONG BEACH  
 Mailing state: CA  
 Mailing zip: 90806  
 Contact person: "HUNTER, MARY E. "  
 Facility capacity: 14  
 Type of clients served: 960  
 Facility phone: 5625992144

HM1154  
 East  
 4-6 mi  
 27811  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: WESTMINSTER  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 400  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: SAV-ON PHARMACY #6145  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 20050104  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D1035484  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: M1  
 street address: 6755 WESTMINSTER AVE  
 Phone num: 7148989669  
 Termination reason: 00  
 Term Date: 20090103

SRHO20070158299  
 AHA Hospitals

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 92683  
 Fips state: 06  
 Fips cnty: 059  
 SSA MSA: 033  
 SSA MSA size code: B  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070158299

GV1155

SRDCCA200726497

WNW EDR ID: SRDCCA200726497  
 4-6 mi Facility number: 198010770  
 27811 Facility name: POTTS FAMILY CHILD CARE  
 Higher Facility eval. code: 8160  
 Facility office number: 33  
 Facility county number: 19  
 Facility type code: 810  
 Facility status code: 03  
 Address: 534 E. 20TH STREET  
 City: LONG BEACH  
 State: CA  
 Zip: 90806  
 Alt. address: 534 E. 20TH STREET  
 City: LONG BEACH  
 State: CA  
 Zip: 90806  
 Facility investor: "POTTS, SHANTA"  
 Licensee type: A  
 License effective date: 41108  
 License expiration date: Not Reported  
 License issue date: 041108  
 Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4  
 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE  
 WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED  
 "  
 Original app. received date: 040714  
 Facility closed date: Not Reported  
 Mailing address: 534 E. 20TH STREET  
 Mailing city: LONG BEACH  
 Mailing state: CA  
 Mailing zip: 90806  
 Contact person: "POTTS, SHANTA"  
 Facility capacity: 8  
 Type of clients served: 960  
 Facility phone: 5625912682

Daycare

## MAP FINDINGS

Map ID	Direction	Distance	Distance (ft.)	Elevation	Site	EDR ID	Database
GV1156						SRDCCA200731218	
WNW					EDR ID: SRDCCA200731218		Daycare
4-6 mi					Facility number: 198012130		
27822					Facility name: KIM FAMILY CHILD CARE		
Higher					Facility eval. code: 8160		
					Facility office number: 33		
					Facility county number: 19		
					Facility type code: 810		
					Facility status code: 06		
					Address: 2035 LINDEN AVENUE		
					City: LONG BEACH		
					State: CA		
					Zip: 90806		
					Alt. address: 2035 LINDEN AVENUE		
					City: LONG BEACH		
					State: CA		
					Zip: 90806		
					Facility investor: "KIM, RAMA"		
					Licensee type: A		
					License effective date: 51027		
					License expiration date: Not Reported		
					License issue date: 051027		
					Program type: "MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY. CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6."		
					Original app. received date: 051012		
					Facility closed date: Not Reported		
					Mailing address: 2035 LINDEN AVENUE		
					Mailing city: LONG BEACH		
					Mailing state: CA		
					Mailing zip: 90806		
					Contact person: "KIM, RAMA"		
					Facility capacity: 8		
					Type of clients served: 960		
					Facility phone: 5622186285		
HN1157						SRHO20070108624	
ENE					Hospital type: 01		AHA Hospitals
4-6 mi					Num of times COO: 01		
27849					Owner date: 20001101		
Higher					City: CYPRESS		
					Has plan of corr: Not Reported		
					Compliance status: A		
					SSA county code: 400		
					Cross ref number: Not Reported		
					FMS survey date: Not Reported		
					Current survey date: 19990507		
					Medicare/Medicaid: 1		
					Facility name: LIFE CARE SOLUTIONS		
					Intermediary/Carrier: 00040		
					Medicaid number: HHA57235F		
					Participation date: 19921125		
					Prior COO date: Not Reported		
					Prior carrier: Not Reported		
					Provider ID: 557235		

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Record Status: A  
 Region code: 09  
 Is Partial Record: Not Reported  
 state abbrev: CA  
 ssa state: 05  
 state region cd: ORG  
 street address: 6360 GATE WAY DRIVE  
 Phone num: 7147611275  
 Termination reason: 01  
 Term Date: 20021231  
 Purpose of action: 2  
 Provider control: 04  
 Zip: 90630  
 Fips state: 06  
 Fips cnty: 059  
 SSA MSA: 033  
 SSA MSA size code: B  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: 0  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSOTHER  
 Edr id: SRHO20070108624

HN1158  
 ENE  
 4-6 mi  
 27849  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: CYPRESS  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 400  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: LIFECARE SOLUTIONS WEST INC  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19960214  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0911757  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 6360 GATEWAY  
 Phone num: 7147611275  
 Termination reason: 01  
 Term Date: 20030131  
 Purpose of action: Not Reported

SRHO20070149390  
 AHA Hospitals

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Provider control: 04  
 Zip: 90630  
 Fips state: 06  
 Fips cnty: 059  
 SSA MSA: 033  
 SSA MSA size code: B  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070149390

GX1159		SRDCCA200748665
SE	EDR ID: SRDCCA200748665	Daycare
4-6 mi	Facility number: 300606172	
27856	Facility name: REDEEMER LUTHERAN PRESCHOOL	
Higher	Facility eval. code: 1207	
	Facility office number: 06	
	Facility county number: 30	
	Facility type code: 850	
	Facility status code: 03	
	Address: 16351 SPRINGDALE ST	
	City: HUNTINGTON BEACH	
	State: CA	
	Zip: 92649	
	Alt. address: 16351 SPRINGDALE ST	
	City: HUNTINGTON BEACH	
	State: CA	
	Zip: 92649	
	Facility investor: REDEEMER LUTHERAN CHURCH	
	Licensee type: C	
	License effective date: 951103	
	License expiration date: Not Reported	
	License issue date: Not Reported	
	Program type: AMBULATORY. AGES 2 THROUGH 5 YEARS. HOURS: 6:30 A.M. TO 6:00 P.M. MONDAY THROUGH FRIDAY. MODULAR BUILDING INCLUDING.	
	Original app. received date: 860828	
	Facility closed date: Not Reported	
	Mailing address: 16351 SPRINGDALE ST	
	Mailing city: HUNTINGTON BEACH	
	Mailing state: CA	
	Mailing zip: 92649	
	Contact person: SUE KOLACINSKI	
	Facility capacity: 95	
	Type of clients served: 950	
	Facility phone: 7148407117	

HK1160		SRPU20071013998
North	Ncessch: 062250002707	Public Schools
4-6 mi	Schname05: CLEVELAND ELEMENTARY	
27889	Mstreet05: 4760 HACKETT AVE.	
Higher	Mcity05: LAKEWOOD	

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Mstate05: CA  
 Mzip05: 90713  
 Mzip405: 2424  
 Member05: 608  
 Phone05: (562) 420-7552  
 Locale05: 3  
 Type05: 1  
 Level05: 1  
 Gslo05: KG  
 Gshi05: 05  
 Edr id: SRPU20071013998

GV1161 SRDCCA200740580  
 WNW Daycare

4-6 mi EDR ID: SRDCCA200740580  
 27899 Facility number: 198013165  
 Higher Facility name: CRESPO FAMILY CHILD CARE  
 Facility eval. code: 6150  
 Facility office number: 33  
 Facility county number: 19  
 Facility type code: 810  
 Facility status code: 03  
 Address: 1928 PASADENA AVENUE  
 City: LONG BEACH  
 State: CA  
 Zip: 90806  
 Alt. address: 1928 PASADENA AVENUE  
 City: LONG BEACH  
 State: CA  
 Zip: 90806  
 Facility investor: CARMINDA CRESPO  
 Licensee type: A  
 License effective date: 70312  
 License expiration date: Not Reported  
 License issue date: 070312  
 Program type: "MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY.  
 CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY  
 SCHOOL AND 1 CHILD AT LEAST AGE 6. "

Original app. received date: 061229  
 Facility closed date: Not Reported  
 Mailing address: 1928 PASADENA AVENUE  
 Mailing city: LONG BEACH  
 Mailing state: CA  
 Mailing zip: 90806  
 Contact person: "CRESPO, CARMINDA "  
 Facility capacity: 8  
 Type of clients served: 960  
 Facility phone: 5625918028

HH1162 SRDCCA200715031  
 NNE Daycare

4-6 mi EDR ID: SRDCCA200715031  
 27901 Facility number: 192006388  
 Higher Facility name: PARKER-BURTON FAMILY CHILD CARE  
 Facility eval. code: 7110  
 Facility office number: 33

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Facility county number: 19  
 Facility type code: 810  
 Facility status code: 03  
 Address: 20821 NORWALK BLVD #20  
 City: LAKEWOOD  
 State: CA  
 Zip: 90715  
 Alt. address: 20821 NORWALK BLVD #20  
 City: LAKEWOOD  
 State: CA  
 Zip: 90715  
 Facility investor: "PARKER-BURTON, WENDY"  
 Licensee type: A  
 License effective date: 10313  
 License expiration date: Not Reported  
 License issue date: 010313  
 Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4  
 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE  
 WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED  
 "  
 Original app. received date: 010201  
 Facility closed date: Not Reported  
 Mailing address: 20821 NORWALK BLVD #20  
 Mailing city: LAKEWOOD  
 Mailing state: CA  
 Mailing zip: 90715  
 Contact person: "PARKER-BURTON, WENDY"  
 Facility capacity: 8  
 Type of clients served: 960  
 Facility phone: 5628096500

HO1163  
 NE  
 4-6 mi  
 27918  
 Higher

EDR ID: SRDCCA200703274  
 Facility number: 300608690  
 Facility name: "STAGGERS, VIRGINIA B."  
 Facility eval. code: 3404  
 Facility office number: 06  
 Facility county number: 30  
 Facility type code: 810  
 Facility status code: 03  
 Address: 10460 FLORENCE AVENUE  
 City: BUENA PARK  
 State: CA  
 Zip: 90620  
 Alt. address: 10460 FLORENCE AVE  
 City: BUENA PARK  
 State: CA  
 Zip: 90620  
 Facility investor: STAGGERS. VIRGINIA B.  
 Licensee type: A  
 License effective date: 950511  
 License expiration date: Not Reported  
 License issue date: 890701  
 Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4  
 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE  
 WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS  
 REQUIRED. "

SRDCCA200703274  
 Daycare

# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Original app. received date: 890630  
 Facility closed date: Not Reported  
 Mailing address: 10460 FLORENCE AVENUE  
 Mailing city: BUENA PARK  
 Mailing state: CA  
 Mailing zip: 90620  
 Contact person: STAGGERS. VIRGINIA B.  
 Facility capacity: 8  
 Type of clients served: 960  
 Facility phone: 7147613880

HP1164

SRDCCA200752756  
 Daycare

East EDR ID: SRDCCA200752756  
 4-6 mi Facility number: 304270929  
 27927 Facility name: WESTMINSTER SCHOOL DISTRICT-FRYBERGER  
 Higher Facility eval. code: 1207  
 Facility office number: 06  
 Facility county number: 30  
 Facility type code: 850  
 Facility status code: 03  
 Address: 6952 HOOD DRIVE  
 City: WESTMINSTER  
 State: CA  
 Zip: 92683  
 Alt. address: 15151 TEMPLE STREET  
 City: WESTMINSTER  
 State: CA  
 Zip: 92683  
 Facility investor: WESTMINSTER SCHOOL DISTRICT  
 Licensee type: F  
 License effective date: 20830  
 License expiration date: Not Reported  
 License issue date: 020830  
 Program type: 24 CHILDREN. 3 NON-AMBULATORY. AGES 3-5 YRS. OLD. MON-FRI.  
 07:00 AM TO 5:00 PM. PORTABLE D-3. WAIVERS TO SHARE B/R & YARD  
 WITH ELEMENTRY SCHOOL.

Original app. received date: 020719  
 Facility closed date: Not Reported  
 Mailing address: 14121 CEDARWOOD AVENUE  
 Mailing city: WESTMINSTER  
 Mailing state: CA  
 Mailing zip: 92683  
 Contact person: "ROSENBERG, MARGI "  
 Facility capacity: 24  
 Type of clients served: 950  
 Facility phone: 7148947237

HP1165

SRPU20071010649  
 Public Schools

East Ncessch: 064215006907  
 4-6 mi Scname05: FRYBERGER ELEMENTARY  
 27927 Mstreet05: 6952 HOOD DR.  
 Higher Mcity05: WESTMINSTER  
 Mstate05: CA  
 Mzip05: 92683

# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Mzip05: 2122  
 Member05: 526  
 Phone05: (714) 894-7237  
 Locale05: 3  
 Type05: 1  
 Level05: 1  
 Gslo05: KG  
 Gshi05: 05  
 Edr id: SRPU20071010649

HQ1166 SRDCCA200713441  
 NE EDR ID: SRDCCA200713441 Daycare

4-6 mi Facility number: 304205564  
 27937 Facility name: "MARY, DARCY"  
 Higher Facility eval. code: 3404  
 Facility office number: 06  
 Facility county number: 30  
 Facility type code: 810  
 Facility status code: 03  
 Address: 6031 MYRA  
 City: BUENA PARK  
 State: CA  
 Zip: 90620  
 Alt. address: 6031 MYRA  
 City: BUENA PARK  
 State: CA  
 Zip: 90620  
 Facility investor: "MARY, DARCY"  
 Licensee type: A  
 License effective date: 801  
 License expiration date: Not Reported  
 License issue date: 000801  
 Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4  
 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE  
 WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED  
 "  
 Original app. received date: 000524  
 Facility closed date: Not Reported  
 Mailing address: 6031 MYRA  
 Mailing city: BUENA PARK  
 Mailing state: CA  
 Mailing zip: 90620  
 Contact person: "MARY, DARCY"  
 Facility capacity: 8  
 Type of clients served: 960  
 Facility phone: 7149950206

HB1167 SRDCCA200711626  
 WNW EDR ID: SRDCCA200711626 Daycare  
 4-6 mi Facility number: 198005319  
 27961 Facility name: CAREY FAMILY CHILD CARE  
 Higher Facility eval. code: 8160  
 Facility office number: 33  
 Facility county number: 19

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Facility type code: 810  
 Facility status code: 03  
 Address: 2468 OLIVE AVENUE  
 City: LONG BEACH  
 State: CA  
 Zip: 90806  
 Alt. address: 2468 OLIVE AVENUE  
 City: LONG BEACH  
 State: CA  
 Zip: 90806  
 Facility investor: "CAREY, THERESA"  
 Licensee type: A  
 License effective date: 990830  
 License expiration date: Not Reported  
 License issue date: 990830  
 Program type: "MAXIMUM CAPACITY: 12 CHILDREN WITH NO MORE THAN 4 INFANTS, OR  
 CAPACITY14 CHILDREN WHEN 2 CHILDREN ARE AT LEAST 6 YEARS OF AGE WITH A  
 MAXIMUMOF 3 INFANTS. PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED."  
 Original app. received date: 990616  
 Facility closed date: Not Reported  
 Mailing address: 2468 OLIVE AVENUE  
 Mailing city: LONG BEACH  
 Mailing state: CA  
 Mailing zip: 90806  
 Contact person: "CAREY, THERESA"  
 Facility capacity: 14  
 Type of clients served: 960  
 Facility phone: 5629973760

HE1168  
 West  
 4-6 mi  
 27988  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: Not Reported  
 Compliance status: A  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: 19960905  
 Medicare/Medicaid: 1  
 Facility name: HEALTH VIEW HOME HEALTH  
 Intermediary/Carrier: 00040  
 Medicaid number: HHA57727G  
 Participation date: 19961009  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 557727  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Not Reported  
 state abbrev: CA  
 ssa state: 05  
 state region cd: L4

SRHO20070108262  
 AHA Hospitals

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

street address: 125 E 8TH STREET SUITE 210  
 Phone num: 5624680136  
 Termination reason: 00  
 Term Date: Not Reported  
 Purpose of action: 1  
 Provider control: 03  
 Zip: 90813  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: 1  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSOTHER  
 Edr id: SRHO20070108262

HE1169  
 West  
 4-6 mi  
 27988  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: HEALTHVIEW HOME HEALTH INC  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19960919  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0919920  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: M1  
 street address: 125 EAST 8TH STREET, SUITE #210  
 Phone num: 5624680136  
 Termination reason: 00  
 Term Date: 20080918  
 Purpose of action: Not Reported  
 Provider control: 02  
 Zip: 90813  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A

SRHO20070146860  
 AHA Hospitals

# MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070146860

1170 North EDR ID: SRDCCA200712944 SRDCCA200712944  
 4-6 mi Facility number: 198006158 Daycare  
 28025 Facility name: LAWTON FAMILY CHILD CARE  
 Higher Facility eval. code: 7110

Facility office number: 33  
 Facility county number: 19  
 Facility type code: 810  
 Facility status code: 03  
 Address: 4709 WOODRUFF AVE  
 City: LAKEWOOD  
 State: CA  
 Zip: 90713  
 Alt. address: 4709 WOODRUFF AVE  
 City: LAKEWOOD  
 State: CA  
 Zip: 90713  
 Facility investor: "LAWTON, TAMI"  
 Licensee type: A  
 License effective date: 811  
 License expiration date: Not Reported  
 License issue date: 000811  
 Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4  
 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE  
 WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED  
 "

Original app. received date: 000728  
 Facility closed date: Not Reported  
 Mailing address: 4709 WOODRUFF AVE  
 Mailing city: LAKEWOOD  
 Mailing state: CA  
 Mailing zip: 90713  
 Contact person: "LAWTON, TAMI"  
 Facility capacity: 8  
 Type of clients served: 960  
 Facility phone: 5624219933

GZ1171 NNE EDR ID: SRDCCA200717693 SRDCCA200717693  
 4-6 mi Facility number: 198007866 Daycare  
 28076 Facility name: WARD FAMILY CHILD CARE  
 Higher Facility eval. code: 6150

Facility office number: 33  
 Facility county number: 19  
 Facility type code: 810  
 Facility status code: 03

# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Address: 11959 207TH STREET #A  
 City: LAKEWOOD  
 State: CA  
 Zip: 90715  
 Alt. address: 11959 207TH STREET #A  
 City: LAKEWOOD  
 State: CA  
 Zip: 90715  
 Facility investor: "WARD, RENETTA"  
 Licensee type: A  
 License effective date: 20909  
 License expiration date: Not Reported  
 License issue date: 020909  
 Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4  
 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE  
 WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED  
 "  
 Original app. received date: 020715  
 Facility closed date: Not Reported  
 Mailing address: 11959 207TH STREET #A  
 Mailing city: LAKEWOOD  
 Mailing state: CA  
 Mailing zip: 90715  
 Contact person: "WARD, RENETTA"  
 Facility capacity: 8  
 Type of clients served: 960  
 Facility phone: 5628608114

HR1172  
 WNW  
 4-6 mi  
 28084  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: Not Reported  
 Compliance status: A  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: 20020501  
 Medicare/Medicaid: 1  
 Facility name: ALPHA THERAPEUTIC CORPORATION  
 Intermediary/Carrier: 02050  
 Medicaid number: Not Reported  
 Participation date: 19920901  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0858995  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: M1  
 street address: 1633 LONG BEACH BLVD  
 Phone num: 5625915324

SRHO20070143933  
 AHA Hospitals

# MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Termination reason: 01  
 Term Date: 20031018  
 Purpose of action: 2  
 Provider control: 04  
 Zip: 90813  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070143933

GY1173

ENE EDR ID: SRDCCA200705061  
 4-6 mi Facility number: 300611660  
 28089 Facility name: "KRANZ, RHONDA"  
 Higher Facility eval. code: 3404  
 Facility office number: 06  
 Facility county number: 30  
 Facility type code: 810  
 Facility status code: 03  
 Address: 6824 TIKI DRIVE  
 City: CYPRESS  
 State: CA  
 Zip: 90630  
 Alt. address: 6824 TIKI DRIVE  
 City: CYPRESS  
 State: CA  
 Zip: 90630  
 Facility investor: "KRANZ, RHONDA"  
 Licensee type: A  
 License effective date: 940813  
 License expiration date: Not Reported  
 License issue date: 910813  
 Program type: "MAXIMUM CAPACITY: 6 CHILDREN, INCLUDING LICENSEE'S CHILDREN UNDER 10 YEARS OF AGE WHO RESIDE IN THE HOME, WITH NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY (INFANT MEANS A CHILD UNDER 2 YEARS OLD)."  
 Original app. received date: 910228  
 Facility closed date: Not Reported  
 Mailing address: 6824 TIKI DRIVE  
 Mailing city: CYPRESS  
 Mailing state: CA  
 Mailing zip: 90630  
 Contact person: "KRANZ, RHONDA"  
 Facility capacity: 6  
 Type of clients served: 960  
 Facility phone: 7149012045

SRDCCA200705061  
 Daycare

## MAP FINDINGS

Map ID	Direction	Distance	Distance (ft.)	Elevation	Site	EDR ID	Database
HC1174	WNW	4-6 mi	28117	Higher	Ncessch: 062250002704 Schname05: BURNETT ELEMENTARY Mstreet05: 565 EAST HILL ST. Mcity05: LONG BEACH Mstate05: CA Mzip05: 90806 Mzip405: 4457 Member05: 973 Phone05: (562) 595-9466 Locale05: 1 Type05: 1 Level05: 1 Gslo05: KG Gshi05: 05 Edr id: SRPU20071013800	SRPU20071013800	Public Schools
HM1175	East	4-6 mi	28123	Higher	Hospital type: 01 Num of times COO: 00 Owner date: Not Reported City: WESTMINSTER Has plan of corr: Not Reported Compliance status: Not Reported SSA county code: 400 Cross ref number: Not Reported FMS survey date: Not Reported Current survey date: Not Reported Medicare/Medicaid: Not Reported Facility name: ANDY TUAN HO MD INC Intermediary/Carrier: Not Reported Medicaid number: Not Reported Participation date: 20050318 Prior COO date: Not Reported Prior carrier: Not Reported Provider ID: 05D1038432 Record Status: A Region code: 09 Is Partial Record: Y state abbrev: CA ssa state: 05 state region cd: M1 street address: 6922 WESTMINSTER BLVD Phone num: 7148972800 Termination reason: 00 Term Date: 20070317 Purpose of action: Not Reported Provider control: 04 Zip: 92683 Fips state: 06 Fips cnty: 059 SSA MSA: 033 SSA MSA size code: B Date accredited: Not Reported Accred expire date: Not Reported	SRHO20070160526	AHA Hospitals

# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070160526

HS1176		SRDCCA200716893
NNE	EDR ID:	SRDCCA200716893
4-6 mi	Facility number:	192008876
28135	Facility name:	WATSON-NUNLEY FAMILY CHILD CARE
Higher	Facility eval. code:	6170
	Facility office number:	33
	Facility county number:	19
	Facility type code:	810
	Facility status code:	03
	Address:	20524 PIONEER BLVD
	City:	LAKEWOOD
	State:	CA
	Zip:	90715
	Alt. address:	20524 PIONEER BLVD
	City:	LAKEWOOD
	State:	CA
	Zip:	90715
	Facility investor:	"WATSON-NUNLEY, TRINA ANN "
	Licensee type:	A
	License effective date:	20306
	License expiration date:	Not Reported
	License issue date:	020306
	Program type:	MAX. CAP (WHEN THERE IS AN ASSISTANT PRESENT): 12 - NO MORE THAN 4 INFANTS. CAP 14 - NO MORE THAN 3 INFANTS. 1 CHILD IN KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6.
	Original app. received date:	011002
	Facility closed date:	Not Reported
	Mailing address:	20524 PIONEER BLVD
	Mailing city:	LAKEWOOD
	Mailing state:	CA
	Mailing zip:	90715
	Contact person:	"WATSON-NUNLEY, TRINA ANN "
	Facility capacity:	14
	Type of clients served:	960
	Facility phone:	5628098351

HE1177		SRCL20051004952
West	Unitid:	428125
4-6 mi	Instnm:	JOHN WESLEY INTERNATIONAL BARBER AND BEAUTY COLLEGE
28161	Addr:	717 PINE AVE
Higher	City:	LONG BEACH
	Stabbr:	CA
	Zip:	90813
	Zip4:	Not Reported
	Unk:	Not Reported
	Fips:	090813
	Oberge:	8
	Chfnm:	ARUNI S BLOUNT

# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Chfitle: DIRECTOR ADMINISTRATOR  
 Gentele: 5624357060  
 Fintele: 5624357060  
 Admtele: 5624357060  
 Ein: 330505418  
 Duns: 803087873  
 Opeid: 3125300  
 Opeflag: 1  
 Webaddr: -1  
 Sector: 9  
 llevel: 3  
 Control: 3  
 Hloffter: 2  
 Ugoffer: 1  
 Groffer: 2  
 Fpoffer: 2  
 Hdegoffer: 0  
 Deggrant: 2  
 Hbcu: 2  
 Hospital: 2  
 Medical: 2  
 Tribal: 2  
 Carnegie: -3  
 Locale: 1  
 Openpubl: 1  
 Act: A  
 Newid: -2  
 Deathyr: -2  
 Closedat: -2  
 Cyactive: 1  
 Postsec: 1  
 Pseflag: 1  
 Pset4flg: 1  
 Rptmth: 2  
 Fte: 75  
 Enrtot: 75  
 Edr id: SRCL20051004952

HM1178

East EDR ID: SRDCCA200726736  
 4-6 mi Facility number: 304300768  
 28177 Facility name: "ALVAREZ, MARIA & VAZQUEZ, MARCO"  
 Higher Facility eval. code: 3406  
 Facility office number: 06  
 Facility county number: 30  
 Facility type code: 810  
 Facility status code: 03  
 Address: 6921 HOMER STREET APT. 28  
 City: WESTMINSTER  
 State: CA  
 Zip: 92683  
 Alt. address: 6921 HOMER STREET APT. 28  
 City: WESTMINSTER  
 State: CA  
 Zip: 92683

SRDCCA200726736  
 Daycare

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Facility investor: "ALVAREZ, MARIA & VAZQUEZ, MARCO "

Licensee type: A

License effective date: 40802

License expiration date: Not Reported

License issue date: 040802

Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "

Original app. received date: 040524

Facility closed date: Not Reported

Mailing address: 6921 HOMER STREET APT. 28

Mailing city: WESTMINSTER

Mailing state: CA

Mailing zip: 92683

Contact person: "ALVAREZ, M. & VAZQUEZ, M. "

Facility capacity: 8

Type of clients served: 960

Facility phone: 7147999229

HT1179		SRDCCA200745751
NNW	EDR ID: SRDCCA200745751	Daycare
4-6 mi	Facility number: 198003773	
28196	Facility name: YMCA-GLB-TWAIN SITE	
Higher	Facility eval. code: 6170	
	Facility office number: 33	
	Facility county number: 19	
	Facility type code: 840	
	Facility status code: 03	
	Address: 5021 CENTRALIA STREET	
	City: LONG BEACH	
	State: CA	
	Zip: 90808	
	Alt. address: 5835 E. CARSON STREET	
	City: LAKEWOOD	
	State: CA	
	Zip: 90713	
	Facility investor: YMCA-GLB-WEINGART LAKEWOOD TWAIN SITE	
	Licensee type: C	
	License effective date: 980219	
	License expiration date: Not Reported	
	License issue date: 980219	
	Program type: LICENSEE SERVES SCHOOL-AGE CHILDREN IN THE CAFETERIA.	
	Original app. received date: 980105	
	Facility closed date: Not Reported	
	Mailing address: 5835 E. CARSON STREET	
	Mailing city: LAKEWOOD	
	Mailing state: CA	
	Mailing zip: 90713	
	Contact person: KARLA DIAZ	
	Facility capacity: 49	
	Type of clients served: 950	
	Facility phone: 5624218421	

## MAP FINDINGS

Map ID	Direction	Distance	Distance (ft.)	Elevation	Site	EDR ID	Database
HT1180	NNW	4-6 mi	28196	Higher	Ncessch: 062250002764 Schname05: TWAIN ELEMENTARY Mstreet05: 5021 EAST CENTRALIA ST. Mcity05: LONG BEACH Mstate05: CA Mzip05: 90808 Mzip405: 1329 Member05: 798 Phone05: (562) 421-8421 Locale05: 1 Type05: 1 Level05: 1 Gslo05: KG Gshi05: 05 Edr id: SRPU20071014053	SRPU20071014053	Public Schools
HR1181	WNW	4-6 mi	28207	Higher	Hospital type: 01 Num of times COO: 00 Owner date: Not Reported City: LONG BEACH Has plan of corr: Not Reported Compliance status: Not Reported SSA county code: 200 Cross ref number: Not Reported FMS survey date: Not Reported Current survey date: Not Reported Medicare/Medicaid: Not Reported Facility name: SAINT ALBERT MEDICAL CLINIC INC Intermediary/Carrier: Not Reported Medicaid number: Not Reported Participation date: 19980723 Prior COO date: Not Reported Prior carrier: Not Reported Provider ID: 05D0948997 Record Status: A Region code: 09 Is Partial Record: Y state abbrev: CA ssa state: 05 state region cd: LAB street address: 306 EAST PACIFIC COAST HIGHWAY #102 Phone num: 5625990981 Termination reason: 00 Term Date: 20080722 Purpose of action: Not Reported Provider control: 04 Zip: 90806 Fips state: 06 Fips cnty: 037 SSA MSA: 328 SSA MSA size code: A Date accredited: Not Reported Accred expire date: Not Reported	SRHO20070150967	AHA Hospitals

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070150967

HR1182

WNW  
 4-6 mi  
 28207  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: PACIFIC COAST DOCTORS MEDICAL CLINIC  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19960628  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0916718  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 306 E PACIFIC COAST HIGHWAY, STE 204  
 Phone num: 3102185729  
 Termination reason: 08  
 Term Date: 19960628  
 Purpose of action: Not Reported  
 Provider control: 10  
 Zip: 90806  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070147240

SRHO20070147240  
 AHA Hospitals

HE1183

West  
 4-6 mi  
 28243  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported

SRHO20070154458  
 AHA Hospitals

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

City: LONG BEACH  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: SANAR HEALTH SERVICE CORP  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 20011224  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0994522  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: M1  
 street address: 900 PINE AVE  
 Phone num: 5624952249  
 Termination reason: 00  
 Term Date: 20071223  
 Purpose of action: Not Reported  
 Provider control: 02  
 Zip: 90813  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070154458

HE1184  
 West  
 4-6 mi  
 28262  
 Higher

EDR ID: SRDCCA200744646  
 Facility number: 198011598  
 Facility name: "LITTLE LIGHTHOUSE EDUCATIONAL CHILDCARE CENTER,INC"  
 Facility eval. code: 8160  
 Facility office number: 33  
 Facility county number: 19  
 Facility type code: 830  
 Facility status code: 03  
 Address: 911 PINE AVENUE  
 City: LONG BEACH  
 State: CA  
 Zip: 90813  
 Alt. address: 911 PINE AVENUE  
 City: LONG BEACH

SRDCCA200744646  
 Daycare

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

State: CA  
 Zip: 90813  
 Facility investor: "LITTLE LIGHTHOUSE EDUCATIONAL CHILDCARE CENTER,INC"  
 Licensee type: D  
 License effective date: 50913  
 License expiration date: Not Reported  
 License issue date: 050913  
 Program type: LICENSEE TO SERVE (13) INFANTS AGES: 6 WEEKS TO 2 YEARS OF AGE.  
 Original app. received date: 050411  
 Facility closed date: Not Reported  
 Mailing address: 911 PINE AVENUE  
 Mailing city: LONG BEACH  
 Mailing state: CA  
 Mailing zip: 90813  
 Contact person: ALYCE PHILLIPS  
 Facility capacity: 13  
 Type of clients served: 955  
 Facility phone: 5624326885

HE1185  
 West  
 4-6 mi  
 28262  
 Higher

EDR ID: SRDCCA200755462  
 Facility number: 198011597  
 Facility name: "LITTLE LIGHTHOUSE EDUCATIONAL CHILDCARE CENTER,INC"  
 Facility eval. code: 8160  
 Facility office number: 33  
 Facility county number: 19  
 Facility type code: 850  
 Facility status code: 03  
 Address: 911 PINE AVENUE  
 City: LONG BEACH  
 State: CA  
 Zip: 90813  
 Alt. address: 911 PINE AVENUE  
 City: LONG BEACH  
 State: CA  
 Zip: 90813  
 Facility investor: "LITTLE LIGHTHOUSE EDUCATIONAL CHILDCARE CENTER,INC"  
 Licensee type: D  
 License effective date: 50913  
 License expiration date: Not Reported  
 License issue date: 050913  
 Program type: LICENSEE TO SERVE (30) PRESCHOOL CHILDREN AGES: 2 UNTIL ENTRY INTO FIRST GRADE.  
 Original app. received date: 050411  
 Facility closed date: Not Reported  
 Mailing address: 911 PINE AVENUE  
 Mailing city: LONG BEACH  
 Mailing state: CA  
 Mailing zip: 90813  
 Contact person: ALYCE PHILLIPS  
 Facility capacity: 30  
 Type of clients served: 950  
 Facility phone: 5624326885

SRDCCA200755462  
 Daycare

## MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site	EDR ID Database
HE1186 West 4-6 mi 28269 Higher	Hospital type: 01 Num of times COO: 00 Owner date: Not Reported City: LONG BEACH Has plan of corr: Not Reported Compliance status: A SSA county code: 200 Cross ref number: Not Reported FMS survey date: Not Reported Current survey date: 20060208 Medicare/Medicaid: 1 Facility name: DERMATOLOGY ASSOCIATES OF SOUTHERN CALIFORNIA Intermediary/Carrier: Not Reported Medicaid number: Not Reported Participation date: 20050803 Prior COO date: Not Reported Prior carrier: Not Reported Provider ID: 05D1043833 Record Status: A Region code: 09 Is Partial Record: Not Reported state abbrev: CA ssa state: 05 state region cd: M1 street address: 917 PINE AVE Phone num: 5625909700 Termination reason: 00 Term Date: 20080207 Purpose of action: 1 Provider control: 04 Zip: 90813 Fips state: 06 Fips cnty: 037 SSA MSA: 328 SSA MSA size code: A Date accredited: Not Reported Accred expire date: Not Reported Accred Org: Not Reported Num beds: 0000 Num cert beds: 0000 Source: US_HOSPITAL_POSCLIA Edr id: SRHO20070160261	SRHO20070160261 AHA Hospitals
HQ1187 NE 4-6 mi 28278 Higher	EDR ID: SRDCCA200726819 Facility number: 304300780 Facility name: "SHIPP, SHONNIE" Facility eval. code: 3404 Facility office number: 06 Facility county number: 30 Facility type code: 810 Facility status code: 03 Address: 6111 BELLE AVENUE City: BUENA PARK	SRDCCA200726819 Daycare

# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

State: CA  
 Zip: 90620  
 Alt. address: 6111 BELLE AVENUE  
 City: BUENA PARK  
 State: CA  
 Zip: 90620  
 Facility investor: "SHIPP, SHONNIE"  
 Licensee type: A  
 License effective date: 40624  
 License expiration date: Not Reported  
 License issue date: 040624  
 Program type: "MAXIMUM CAPACITY: 12 CHILDREN, WITH NO MORE THAN 4 INFANTS, OR CAPACITY 14 CHILDREN WHEN 2 CHILDREN ARE AT LEAST 6 YEARS OF AGE WITH A MAXIMUM OF 3 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "  
 Original app. received date: 040602  
 Facility closed date: Not Reported  
 Mailing address: 6111 BELLE AVENUE  
 Mailing city: BUENA PARK  
 Mailing state: CA  
 Mailing zip: 90620  
 Contact person: "SHIPP, SHONNIE"  
 Facility capacity: 14  
 Type of clients served: 960  
 Facility phone: 7142201131

HE1188		SRDCCA200750638
West	EDR ID: SRDCCA200750638	Daycare
4-6 mi	Facility number: 198004329	
28279	Facility name: PINE HEAD START	
Higher	Facility eval. code: 9070	
	Facility office number: 33	
	Facility county number: 19	
	Facility type code: 850	
	Facility status code: 03	
	Address: 927 PINE AVE.	
	City: LONG BEACH	
	State: CA	
	Zip: 90813	
	Alt. address: 927 PINE AVE.	
	City: LONG BEACH	
	State: CA	
	Zip: 90813	
	Facility investor: LONG BEACH UNIFIED SCHOOL DISTRICT HEAD START	
	Licensee type: F	
	License effective date: 981101	
	License expiration date: Not Reported	
	License issue date: 980901	
	Program type: LICENSEE SERVES AMBULATORY CHILDREN AGES 2 YEARS UNTIL ENTRY INTO KINDERGARTEN. WAIVER FOR OUTDOOR ACTIVITY SPACE.	
	Original app. received date: 980611	
	Facility closed date: Not Reported	
	Mailing address: 2898 ORANGE AVE.	
	Mailing city: SIGNAL HILL	
	Mailing state: CA	
	Mailing zip: 90806	

# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Contact person: "JACKSON, NATASHA "  
 Facility capacity: 75  
 Type of clients served: 950  
 Facility phone: 5625907976

HF1189 NE EDR ID: SRDCCA200715538 SRDCCA200715538  
 4-6 mi Facility number: 304205773 Daycare  
 28293 Facility name: "LE GRUE, BLANCA "  
 Higher Facility eval. code: 3405

Facility office number: 06  
 Facility county number: 30  
 Facility type code: 810  
 Facility status code: 03  
 Address: 5250 VISTA HERMOSA  
 City: CYPRESS  
 State: CA  
 Zip: 90630  
 Alt. address: 5250 VISTA HERMOSA  
 City: CYPRESS  
 State: CA  
 Zip: 90630  
 Facility investor: LE GRUE  
 Licensee type: A  
 License effective date: 1213  
 License expiration date: Not Reported  
 License issue date: 001213  
 Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4  
 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE  
 WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED  
 "

Original app. received date: 001025  
 Facility closed date: Not Reported  
 Mailing address: 5250 VISTA HERMOSA  
 Mailing city: CYPRESS  
 Mailing state: CA  
 Mailing zip: 90630  
 Contact person: "LE GRUE, BLANCA "  
 Facility capacity: 8  
 Type of clients served: 960  
 Facility phone: 7149950873

HE1190 West Pss school id: BB980051 SRPR20051024591  
 4-6 mi Pss inst: FIRST BAPTIST CHURCH SCHOOL Private Schools  
 28303 Lograde: K  
 Higher Higrade: 12  
 Pss address: 1000 PINE AVE  
 Pss city: LONG BEACH  
 Pss county no: 037  
 Pss county fips: 06037  
 Pss stabb: CA  
 Pss fips: 06  
 Pss zip5: 90813

# MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Pss phone:	5624328447
Pss sch days:	180
Pss stu day hrs:	7.75
Pss library:	No
Pss enroll ug:	Not Reported
Pss enroll pk:	Not Reported
Pss enroll k:	33
Pss enroll 1:	15
Pss enroll 2:	16
Pss enroll 3:	18
Pss enroll 4:	16
Pss enroll 5:	11
Pss enroll 6:	14
Pss enroll 7:	16
Pss enroll 8:	12
Pss enroll 9:	13
Pss enroll 10:	7
Pss enroll 11:	9
Pss enroll 12:	7
Pss enroll t:	187
Pss enroll tk12:	187
Pss race ai:	0
Pss race as:	25
Pss race h:	98
Pss race b:	23
Pss race w:	41
Pss fte teach:	12.3
Pss locale:	1
Pss coed:	1
Pss type:	1
Pss level:	3
Pss relig:	2
Pss comm type:	1
Pss indian pct:	0
Pss asian pct:	13.37
Pss hisp pct:	52.41
Pss black pct:	12.3
Pss white pct:	21.93
Pss stdtch rt:	15.2
Pss orient:	5
Pss county name:	LOS ANGELES
Pss assoc 1:	Accelerated Christian Education (ACE) or (School of Tomorrow)
Pss assoc 2:	American Association of Christian Schools (AACS)
Pss assoc 3:	Not Reported
Pss assoc 4:	Not Reported
Pss assoc 5:	Not Reported
Pss assoc 6:	Not Reported
Pss assoc 7:	Not Reported
Source:	NCESDATA_E72D09B4
Edr id:	SRPR20051024591

HU1191  
 WNW  
 4-6 mi  
 28306  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported

SRHO20070151988  
 AHA Hospitals

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

City: LONG BEACH  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: BRENDA P JACOBS MD  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19981201  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0954505  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 790 EAST WILLOW STREET SUITE 100  
 Phone num: 5625957889  
 Termination reason: 00  
 Term Date: 20081130  
 Purpose of action: Not Reported  
 Provider control: 02  
 Zip: 90806  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070151988

HU1192  
 WNW  
 4-6 mi  
 28306  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: Not Reported  
 Compliance status: A  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: 19941230  
 Medicare/Medicaid: 1  
 Facility name: SETH A KOGAN MD  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported

SRHO20070142191  
 AHA Hospitals

# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Participation date: 19920901  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0861203  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Not Reported  
 state abbrev: CA  
 ssa state: 05  
 state region cd: M1  
 street address: 790 E WILLOW STREET SUITE 100  
 Phone num: 3105954014  
 Termination reason: 00  
 Term Date: 20081229  
 Purpose of action: 1  
 Provider control: 04  
 Zip: 90806  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070142191

HS1193

North  
 4-6 mi  
 28319  
 Higher

EDR ID: SRDCCA200750282  
 Facility number: 191606622  
 Facility name: WILLOW HEAD START/STATE PRESCHOOL  
 Facility eval. code: 8070  
 Facility office number: 33  
 Facility county number: 19  
 Facility type code: 850  
 Facility status code: 03  
 Address: 11733 E. 205TH STREET  
 City: LAKEWOOD  
 State: CA  
 Zip: 90715  
 Alt. address: 16700 NORWALK BLVD.  
 City: CERRITOS  
 State: CA  
 Zip: 90701  
 Facility investor: ABC UNIFIED SCHOOL DISTRICT  
 Licensee type: F  
 License effective date: 951130  
 License expiration date: Not Reported  
 License issue date: 920731  
 Program type: LAUP FACILITY

SRDCCA200750282  
 Daycare

HEAD START/STATE PRESCHOOL PROGRAM SERVING AMBULATORY CHILDREN AGE 3 UNTIL ENTRY INTO KINDERGARTEN. THE CENTER OPERATES FROM SEPTEMBER TO JUNE, 8:30AM TO NOON.  
 "

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Original app. received date: 910708  
 Facility closed date: Not Reported  
 Mailing address: 16700 NORWALK BLVD.  
 Mailing city: CERRITOS  
 Mailing state: CA  
 Mailing zip: 90701  
 Contact person: GRACIELA SOGAMOSO  
 Facility capacity: 37  
 Type of clients served: 950  
 Facility phone: 5628654936

HS1194		SRPU20071006153
North	Ncessch: 060162000030	Public Schools
4-6 mi	Schname05: WILLOW ELEMENTARY	
28319	Mstreet05: 11733 EAST 205TH ST.	
Higher	Mcity05: LAKEWOOD	
	Mstate05: CA	
	Mzip05: 90715	
	Mzip405: 1324	
	Member05: 635	
	Phone05: (562) 865-6209	
	Locale05: 3	
	Type05: 1	
	Level05: 1	
	Gslo05: KG	
	Gshi05: 06	
	Edr id: SRPU20071006153	

HI1195		SRHO20070144102
West	Hospital type: 01	AHA Hospitals
4-6 mi	Num of times COO: 00	
28358	Owner date: Not Reported	
Higher	City: LONG BEACH	
	Has plan of corr: Not Reported	
	Compliance status: Not Reported	
	SSA county code: 200	
	Cross ref number: Not Reported	
	FMS survey date: Not Reported	
	Current survey date: Not Reported	
	Medicare/Medicaid: Not Reported	
	Facility name: CEDAR HEALTH FAMILY MEDICAL	
	Intermediary/Carrier: Not Reported	
	Medicaid number: Not Reported	
	Participation date: 19950622	
	Prior COO date: Not Reported	
	Prior carrier: Not Reported	
	Provider ID: 05D0902542	
	Record Status: A	
	Region code: 09	
	Is Partial Record: Y	
	state abbrev: CA	
	ssa state: 05	
	state region cd: LAB	
	street address: 1057 PINE AVENUE	

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Phone num: 3104328077  
 Termination reason: 08  
 Term Date: 19970621  
 Purpose of action: Not Reported  
 Provider control: 10  
 Zip: 90813  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070144102

HI1196  
 West  
 4-6 mi  
 28358  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: CHILDRENS CLINIC ON PINE FAMILY  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 20021108  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D1006168  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 1057 PINE AVE  
 Phone num: 5629330400  
 Termination reason: 00  
 Term Date: 20081107  
 Purpose of action: Not Reported  
 Provider control: 02  
 Zip: 90813  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported

SRHO20070156240  
 AHA Hospitals

## MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site	EDR ID Database
	Accred expire date: Not Reported Accred Org: Not Reported Num beds: 0000 Num cert beds: 0000 Source: US_HOSPITAL_POSCLIA Edr id: SRHO20070156240	
HI1197 West 4-6 mi 28359 Higher	Hospital type: 01 Num of times COO: 00 Owner date: Not Reported City: LONG BEACH Has plan of corr: Not Reported Compliance status: Not Reported SSA county code: 200 Cross ref number: Not Reported FMS survey date: Not Reported Current survey date: Not Reported Medicare/Medicaid: Not Reported Facility name: MARIA GUEVARA FAMILY CLINIC Intermediary/Carrier: Not Reported Medicaid number: Not Reported Participation date: 20000125 Prior COO date: Not Reported Prior carrier: Not Reported Provider ID: 05D0969794 Record Status: A Region code: 09 Is Partial Record: Y state abbrev: CA ssa state: 05 state region cd: LAB street address: 1059 PINE AVE Phone num: 5624378995 Termination reason: 08 Term Date: 20020124 Purpose of action: Not Reported Provider control: 04 Zip: 90813 Fips state: 06 Fips cnty: 037 SSA MSA: 328 SSA MSA size code: A Date accredited: Not Reported Accred expire date: Not Reported Accred Org: Not Reported Num beds: 0000 Num cert beds: 0000 Source: US_HOSPITAL_POSCLIA Edr id: SRHO20070151629	SRHO20070151629 AHA Hospitals
HI1198 West 4-6 mi 28359 Higher	Hospital type: 01 Num of times COO: 00	SRHO20070144670 AHA Hospitals

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: MARIA N GUEVARA, MD  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19950419  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0900179  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 1059 PINE AVENUE  
 Phone num: 3102180052  
 Termination reason: 17  
 Term Date: 20010201  
 Purpose of action: Not Reported  
 Provider control: 02  
 Zip: 90813  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070144670

HV1199

WNW  
 4-6 mi  
 28397  
 Higher

EDR ID: SRDCCA200704301  
 Facility number: 191608118  
 Facility name: NICHOLS FAMILY DAY CARE  
 Facility eval. code: 8160  
 Facility office number: 33  
 Facility county number: 19  
 Facility type code: 810  
 Facility status code: 03  
 Address: 2152 PASADENA AVENUE  
 City: LONG BEACH  
 State: CA  
 Zip: 90806  
 Alt. address: 2152 PASADENA AVENUE

SRDCCA200704301  
 Daycare

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

City: LONG BEACH  
 State: CA  
 Zip: 90806  
 Facility investor: "NICHOLS, DOROTHY"  
 Licensee type: A  
 License effective date: 950729  
 License expiration date: Not Reported  
 License issue date: 920729  
 Program type: "MAXIMUM CAPACITY: 6 CHILDREN, INCLUDING LICENSEE'S CHILDREN UNDER 10 YEARS OF AGE WHO RESIDE IN THE HOME, WITH NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY (INFANT MEANS A CHILD UNDER 2 YEARS OLD)."  
 Original app. received date: 920527  
 Facility closed date: Not Reported  
 Mailing address: 2152 PASADENA AVENUE  
 Mailing city: LONG BEACH  
 Mailing state: CA  
 Mailing zip: 90806  
 Contact person: DOROTHY NICHOLS  
 Facility capacity: 6  
 Type of clients served: 960  
 Facility phone: 3105911634

HW1200  
 NE  
 4-6 mi  
 28417  
 Higher

Pss school id: 00075495  
 Pss inst: ST IRENAEUS PARISH SCHOOL  
 Lograde: K  
 Higrade: 8  
 Pss address: 9201 GRINDLAY ST  
 Pss city: CYPRESS  
 Pss county no: 059  
 Pss county fips: 06059  
 Pss stabb: CA  
 Pss fips: 06  
 Pss zip5: 90630  
 Pss phone: 7148274500  
 Pss sch days: 180  
 Pss stu day hrs: 6.58  
 Pss library: Yes  
 Pss enroll ug: Not Reported  
 Pss enroll pk: Not Reported  
 Pss enroll k: 40  
 Pss enroll 1: 65  
 Pss enroll 2: 65  
 Pss enroll 3: 56  
 Pss enroll 4: 62  
 Pss enroll 5: 66  
 Pss enroll 6: 73  
 Pss enroll 7: 70  
 Pss enroll 8: 66  
 Pss enroll 9: Not Reported  
 Pss enroll 10: Not Reported  
 Pss enroll 11: Not Reported  
 Pss enroll 12: Not Reported  
 Pss enroll t: 563  
 Pss enroll tk12: 563

SRPR20051023138  
 Private Schools

# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Pss race ai: 3  
 Pss race as: 229  
 Pss race h: 117  
 Pss race b: 11  
 Pss race w: 203  
 Pss fte teach: 20.9  
 Pss locale: 3  
 Pss coed: 1  
 Pss type: 1  
 Pss level: 1  
 Pss relig: 1  
 Pss comm type: 2  
 Pss indian pct: 0.53  
 Pss asian pct: 40.67  
 Pss hisp pct: 20.78  
 Pss black pct: 1.95  
 Pss white pct: 36.06  
 Pss stdtch rt: 26.94  
 Pss orient: 1  
 Pss county name: ORANGE  
 Pss assoc 1: National Catholic Educational Association (NCEA)  
 Pss assoc 2: Not Reported  
 Pss assoc 3: Not Reported  
 Pss assoc 4: Not Reported  
 Pss assoc 5: Not Reported  
 Pss assoc 6: Not Reported  
 Pss assoc 7: Not Reported  
 Source: NCESDATA\_E72D09B4  
 Edr id: SRPR20051023138

HV1201  
 WNW  
 4-6 mi  
 28451  
 Higher

EDR ID: SRDCCA200722106  
 Facility number: 198009111  
 Facility name: SAR FAMILY CHILD CARE  
 Facility eval. code: 8160  
 Facility office number: 33  
 Facility county number: 19  
 Facility type code: 810  
 Facility status code: 03  
 Address: 2171 PASADENA AVENUE  
 City: LONG BEACH  
 State: CA  
 Zip: 90806  
 Alt. address: 2171 PASADENA AVENUE  
 City: LONG BEACH  
 State: CA  
 Zip: 90806  
 Facility investor: "SAR, SHARON"  
 Licensee type: A  
 License effective date: 30430  
 License expiration date: Not Reported  
 License issue date: 030430  
 Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED"

SRDCCA200722106  
 Daycare

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Original app. received date: 030415  
 Facility closed date: Not Reported  
 Mailing address: 2171 PASADENA AVENUE  
 Mailing city: LONG BEACH  
 Mailing state: CA  
 Mailing zip: 90806  
 Contact person: "SAR, SHARON           "  
 Facility capacity: 8  
 Type of clients served: 960  
 Facility phone: 5625997044

HX1202

SRHO20070146259  
 AHA Hospitals

NW Hospital type: 01  
 4-6 mi Num of times COO: 00  
 28468 Owner date: Not Reported  
 Higher City: LAKEWOOD  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: ADMIRAL HOME HEALTH INC  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19960920  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0919980  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: M1  
 street address: 4010 WATSON PLAZA DRIVE SUITE 140  
 Phone num: 5624210777  
 Termination reason: 00  
 Term Date: 20080919  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90712  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070146259

## MAP FINDINGS

Map ID			EDR ID
Direction			Database
Distance			
Distance (ft.)	Site		
Elevation			
HX1203			SRHO20070143549
NW	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
28468	Owner date:	Not Reported	
Higher	City:	LAKEWOOD	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	
	Medicare/Medicaid:	Not Reported	
	Facility name:	SOUTH COAST HOME HEALTH SERVICES INC	
	Intermediary/Carrier:	Not Reported	
	Medicaid number:	Not Reported	
	Participation date:	19930224	
	Prior COO date:	Not Reported	
	Prior carrier:	Not Reported	
	Provider ID:	05D0862539	
	Record Status:	A	
	Region code:	09	
	Is Partial Record:	Y	
	state abbrev:	CA	
	ssa state:	05	
	state region cd:	LAB	
	street address:	4010 WATSON PLAZA DRIVE SUITE 210	
	Phone num:	3104970420	
	Termination reason:	12	
	Term Date:	19991119	
	Purpose of action:	Not Reported	
	Provider control:	04	
	Zip:	90712	
	Fips state:	06	
	Fips cnty:	037	
	SSA MSA:	328	
	SSA MSA size code:	A	
	Date accredited:	Not Reported	
	Accred expire date:	Not Reported	
	Accred Org:	Not Reported	
	Num beds:	0000	
	Num cert beds:	0000	
	Source:	US_HOSPITAL_POSCLIA	
	Edr id:	SRHO20070143549	
<hr/>			
HX1204			SRHO20070151462
NW	Hospital type:	01	AHA Hospitals
4-6 mi	Num of times COO:	00	
28468	Owner date:	Not Reported	
Higher	City:	LAKEWOOD	
	Has plan of corr:	Not Reported	
	Compliance status:	Not Reported	
	SSA county code:	200	
	Cross ref number:	Not Reported	
	FMS survey date:	Not Reported	
	Current survey date:	Not Reported	

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Medicare/Medicaid:	Not Reported
Facility name:	JUBILEE HOME HEALTH SERVICES INC
Intermediary/Carrier:	Not Reported
Medicaid number:	Not Reported
Participation date:	19990419
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0959732
Record Status:	A
Region code:	09
Is Partial Record:	Y
state abbrev:	CA
ssa state:	05
state region cd:	LAB
street address:	4010 WATSON PLAZA DR #210
Phone num:	5624970420
Termination reason:	00
Term Date:	20070418
Purpose of action:	Not Reported
Provider control:	04
Zip:	90712
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070151462

HX1205  
 NW  
 4-6 mi  
 28468  
 Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LAKEWOOD
Has plan of corr:	Not Reported
Compliance status:	A
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	20040519
Medicare/Medicaid:	1
Facility name:	JUBILEE HOME HEALTH SERVICES
Intermediary/Carrier:	00140
Medicaid number:	HHA07890G
Participation date:	19900828
Prior COO date:	Not Reported
Prior carrier:	00040
Provider ID:	557098
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported

SRHO20070108281  
 AHA Hospitals

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

state abbrev: CA  
ssa state: 05  
state region cd: L1  
street address: 4010 WATSON PLAZA DR STE 210  
Phone num: 5624970420  
Termination reason: 00  
Term Date: Not Reported  
Purpose of action: 2  
Provider control: 04  
Zip: 90712  
Fips state: 06  
Fips cnty: 037  
SSA MSA: 328  
SSA MSA size code: A  
Date accredited: Not Reported  
Accred expire date: Not Reported  
Accred Org: 0  
Num beds: 0000  
Num cert beds: 0000  
Source: US\_HOSPITAL\_POSOTHER  
Edr id: SRHO20070108281

HX1206  
NW  
4-6 mi  
28468  
Higher

Hospital type: 01  
Num of times COO: 00  
Owner date: Not Reported  
City: LAKEWOOD  
Has plan of corr: Not Reported  
Compliance status: A  
SSA county code: 200  
Cross ref number: Not Reported  
FMS survey date: Not Reported  
Current survey date: 20060725  
Medicare/Medicaid: 1  
Facility name: ADMIRAL HOME HEALTH, INC  
Intermediary/Carrier: 00140  
Medicaid number: HHA57635F  
Participation date: 19951114  
Prior COO date: Not Reported  
Prior carrier: Not Reported  
Provider ID: 557635  
Record Status: A  
Region code: 09  
Is Partial Record: Not Reported  
state abbrev: CA  
ssa state: 05  
state region cd: L4  
street address: 4010 WATSON PLAZA DRIVE SUITE 140  
Phone num: 5624210777  
Termination reason: 00  
Term Date: Not Reported  
Purpose of action: 2  
Provider control: 04  
Zip: 90712  
Fips state: 06

SRHO20070109061  
AHA Hospitals

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: 0  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSOTHER  
 Edr id: SRHO20070109061

HY1207

SRHO20070142386  
 AHA Hospitals

WNW Hospital type: 01  
 4-6 mi Num of times COO: 00  
 28471 Owner date: Not Reported  
 Higher City: LONG BEACH  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: ATLANTIC BURNETT MEDICAL CLINIC  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19930330  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0866499  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Not Reported  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 2403 ATLANTIC AVE  
 Phone num: 3104268717  
 Termination reason: 15  
 Term Date: 19940831  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90806  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070142386

## MAP FINDINGS

Map ID	Direction	Distance	Distance (ft.)	Elevation	Site	EDR ID Database
HY1208	WNW	4-6 mi	28471	Higher	Hospital type: 01 Num of times COO: 00 Owner date: Not Reported City: LONG BEACH Has plan of corr: Not Reported Compliance status: Not Reported SSA county code: 200 Cross ref number: Not Reported FMS survey date: Not Reported Current survey date: Not Reported Medicare/Medicaid: Not Reported Facility name: SAINT NAZARENE MEDICAL CLINIC INC Intermediary/Carrier: Not Reported Medicaid number: Not Reported Participation date: 19980514 Prior COO date: Not Reported Prior carrier: Not Reported Provider ID: 05D0945963 Record Status: A Region code: 09 Is Partial Record: Y state abbrev: CA ssa state: 05 state region cd: M1 street address: 2403 ATLANTIC AVENUE Phone num: 5629890145 Termination reason: 00 Term Date: 20080513 Purpose of action: Not Reported Provider control: 04 Zip: 90806 Fips state: 06 Fips cnty: 037 SSA MSA: 328 SSA MSA size code: A Date accredited: Not Reported Accred expire date: Not Reported Accred Org: Not Reported Num beds: 0000 Num cert beds: 0000 Source: US_HOSPITAL_POSCLIA Edr id: SRHO20070151953	SRHO20070151953 AHA Hospitals
HI1209	West	4-6 mi	28476	Higher	Necessch: 062250008507 Schname05: NEW CITY Mstreet05: 1230 PINE AVE. Mcity05: LONG BEACH Mstate05: CA Mzip05: 90813 Mzip405: Not Reported Member05: 181 Phone05: (562) 436-0689 Locale05: 1	SRPU20071014261 Public Schools

# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Type05: 1  
 Level05: 1  
 Gslo05: KG  
 Gshi05: 08  
 Edr id: SRPU20071014261

HZ1210 West EDR ID: SRDCCA200746911 SRDCCA200746911  
 4-6 mi Facility number: 191671328 Daycare  
 28514 Facility name: YOUNG HORIZONS/EL JARDIN DE LA FELICIDAD  
 Higher Facility eval. code: 8160

Facility office number: 33  
 Facility county number: 19  
 Facility type code: 850  
 Facility status code: 03  
 Address: 507 PACIFIC AVE.  
 City: LONG BEACH  
 State: CA  
 Zip: 90813  
 Alt. address: 501 ATLANTIC AVE.  
 City: LONG BEACH  
 State: CA  
 Zip: 90802  
 Facility investor: YOUNG HORIZONS  
 Licensee type: C  
 License effective date: 931209  
 License expiration date: Not Reported  
 License issue date: Not Reported  
 Program type: STATE PROGRAM CAPACITY (30) AS WELL AS DAY CARE CENTER PRESCHOOL  
 CAPACITY 24 - TOTAL CAPACITY 54 CHILDREN.  
 Original app. received date: 840924  
 Facility closed date: Not Reported  
 Mailing address: 501 ATLANTIC AVE.  
 Mailing city: LONG BEACH  
 Mailing state: CA  
 Mailing zip: 90802  
 Contact person: DANIELLE TRIPLETT  
 Facility capacity: 54  
 Type of clients served: 950  
 Facility phone: 3104378367

1211 ESE Pss school id: 00075429 SRPR20051022727  
 4-6 mi Pss inst: ST BONAVENTURE Private Schools  
 28532 Lograde: K

Higher Higrade: 8  
 Pss address: 16377 BRADBURY LANE  
 Pss city: HUNTINGTON BEACH  
 Pss county no: 059  
 Pss county fips: 06059  
 Pss stabb: CA  
 Pss fips: 06  
 Pss zip5: 92647  
 Pss phone: 7148462472

# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Pss sch days: 180  
 Pss stu day hrs: 7  
 Pss library: Yes  
 Pss enroll ug: Not Reported  
 Pss enroll pk: Not Reported  
 Pss enroll k: 74  
 Pss enroll 1: 70  
 Pss enroll 2: 72  
 Pss enroll 3: 72  
 Pss enroll 4: 72  
 Pss enroll 5: 72  
 Pss enroll 6: 72  
 Pss enroll 7: 70  
 Pss enroll 8: 68  
 Pss enroll 9: Not Reported  
 Pss enroll 10: Not Reported  
 Pss enroll 11: Not Reported  
 Pss enroll 12: Not Reported  
 Pss enroll t: 642  
 Pss enroll tk12: 642  
 Pss race ai: Not Reported  
 Pss race as: Not Reported  
 Pss race h: 52  
 Pss race b: 5  
 Pss race w: 585  
 Pss fte teach: 20.5  
 Pss locale: 3  
 Pss coed: 1  
 Pss type: 1  
 Pss level: 1  
 Pss relig: 1  
 Pss comm type: 2  
 Pss indian pct: Not Reported  
 Pss asian pct: Not Reported  
 Pss hisp pct: 8.1  
 Pss black pct: 0.78  
 Pss white pct: 91.12  
 Pss stdtch rt: 31.32  
 Pss orient: 1  
 Pss county name: ORANGE  
 Pss assoc 1: No Membership Association  
 Pss assoc 2: Not Reported  
 Pss assoc 3: Not Reported  
 Pss assoc 4: Not Reported  
 Pss assoc 5: Not Reported  
 Pss assoc 6: Not Reported  
 Pss assoc 7: Not Reported  
 Source: NCESDATA\_E72D09B4  
 Edr id: SRPR20051022727

HO1212  
 NE  
 4-6 mi  
 28550  
 Higher

EDR ID: SRDCCA200701638  
 Facility number: 306003691  
 Facility name: J AND P HOMES/EUDORA  
 Facility eval. code: 0309

SRDCCA200701638  
 Daycare

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Facility office number: 22  
 Facility county number: 30  
 Facility type code: 730  
 Facility status code: 04  
 Address: 10269 EUDORA AVENUE  
 City: BUENA PARK  
 State: CA  
 Zip: 90620  
 Alt. address: 6891 SAN PEDRO CIRCLE  
 City: BUENA PARK  
 State: CA  
 Zip: 90620  
 Facility investor: "J AND P HOMES, INC. "  
 Licensee type: D  
 License effective date: 70302  
 License expiration date: 080301  
 License issue date: 070302  
 Program type: CAPACITY OF SIX AMBULATORY CLIENTS AGES 7-17 YEARS OLD. LICENSEE PREFERS TO SERVE DEVELOPMENTALLYDISABLED CLIENTS.  
 Original app. received date: 070118  
 Facility closed date: Not Reported  
 Mailing address: 6891 SAN PEDRO CIRCLE  
 Mailing city: BUENA PARK  
 Mailing state: CA  
 Mailing zip: 90620  
 Contact person: PRESCILA BARRIOS  
 Facility capacity: 6  
 Type of clients served: 950  
 Facility phone: 7148275079

HU1213

WNW  
 4-6 mi  
 28569  
 Higher

EDR ID: SRDCCA200705518  
 Facility number: 198000929  
 Facility name: "FOSTER, LOIS FAMILY DAY CARE "  
 Facility eval. code: 8160  
 Facility office number: 33  
 Facility county number: 19  
 Facility type code: 810  
 Facility status code: 03  
 Address: 730 E. WILLOW ST.  
 City: LONG BEACH  
 State: CA  
 Zip: 90806  
 Alt. address: 730 E. WILLOW ST.  
 City: LONG BEACH  
 State: CA  
 Zip: 90806  
 Facility investor: "FOSTER, LOIS L. "  
 Licensee type: A  
 License effective date: 950621  
 License expiration date: Not Reported  
 License issue date: 950621  
 Program type: "MAXIMUM CAPACITY: 12 CHILDREN, WITH NO MORE THAN 4 INFANTS, OR CAPACITY 14 CHILDREN WHEN 2 CHILDREN ARE AT LEAST 6 YEARS OF AGE WITH A MAXIMUM OF 3 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "

SRDCCA200705518  
 Daycare

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Original app. received date: 950110  
 Facility closed date: Not Reported  
 Mailing address: 730 E. WILLOW ST.  
 Mailing city: LONG BEACH  
 Mailing state: CA  
 Mailing zip: 90806  
 Contact person: "FOSTER, LOIS L.       "  
 Facility capacity: 14  
 Type of clients served: 960  
 Facility phone: 5624277223

IA1214  
 ENE  
 4-6 mi  
 28591  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: GARDEN GROVE  
 Has plan of corr: Not Reported  
 Compliance status: A  
 SSA county code: 400  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: 20050929  
 Medicare/Medicaid: 1  
 Facility name: QUALITY HOME HEALTH SERVICES  
 Intermediary/Carrier: 00454  
 Medicaid number: Not Reported  
 Participation date: 20030611  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 058182  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Not Reported  
 state abbrev: CA  
 ssa state: 05  
 state region cd: ORG  
 street address: 11642 KNOTT STREET UNIT 7  
 Phone num: 7143735050  
 Termination reason: 00  
 Term Date: Not Reported  
 Purpose of action: 2  
 Provider control: 04  
 Zip: 92841  
 Fips state: 06  
 Fips cnty: 059  
 SSA MSA: 033  
 SSA MSA size code: B  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: 0  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSOTHER  
 Edr id: SRHO20070011783

SRHO20070011783  
 AHA Hospitals

## MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site	EDR ID Database
IA1215 ENE 4-6 mi 28591 Higher	Hospital type: 01 Num of times COO: 00 Owner date: Not Reported City: GARDEN GROVE Has plan of corr: Not Reported Compliance status: Not Reported SSA county code: 400 Cross ref number: Not Reported FMS survey date: Not Reported Current survey date: Not Reported Medicare/Medicaid: Not Reported Facility name: QUALITY HOME HEALTH SERVICES Intermediary/Carrier: Not Reported Medicaid number: Not Reported Participation date: 20030324 Prior COO date: Not Reported Prior carrier: Not Reported Provider ID: 05D1010780 Record Status: A Region code: 09 Is Partial Record: Y state abbrev: CA ssa state: 05 state region cd: LAB street address: 11642 KNOTT ST UNIT E-7 Phone num: 7143735050 Termination reason: 00 Term Date: 20070323 Purpose of action: Not Reported Provider control: 04 Zip: 92841 Fips state: 06 Fips cnty: 059 SSA MSA: 033 SSA MSA size code: B Date accredited: Not Reported Accred expire date: Not Reported Accred Org: Not Reported Num beds: 0000 Num cert beds: 0000 Source: US_HOSPITAL_POSCLIA Edr id: SRHO20070160588	SRHO20070160588 AHA Hospitals
IB1216 West 4-6 mi 28604 Higher	Hospital type: 01 Num of times COO: 00 Owner date: Not Reported City: LONG BEACH Has plan of corr: Not Reported Compliance status: Not Reported SSA county code: 200 Cross ref number: Not Reported FMS survey date: Not Reported Current survey date: Not Reported	SRHO20070165196 AHA Hospitals

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Medicare/Medicaid: Not Reported  
 Facility name: WOMEN'S HEART MATTERS HEALTHY HEART CENTER  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 20060621  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D1055555  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: M1  
 street address: 250 WEST OCEAN BLVD  
 Phone num: 5629330709  
 Termination reason: 00  
 Term Date: 20080620  
 Purpose of action: Not Reported  
 Provider control: 02  
 Zip: 90802  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070165196

HO1217  
 NE  
 4-6 mi  
 28648  
 Higher

Hospital type: 02  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: BUENA PARK  
 Has plan of corr: 1  
 Compliance status: A  
 SSA county code: 400  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: 20060510  
 Medicare/Medicaid: 1  
 Facility name: ALL AMERICAN HOME  
 Intermediary/Carrier: Not Reported  
 Medicaid number: LTC60718F  
 Participation date: 19960419  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05G967  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Not Reported

SRHO20070005972  
 AHA Hospitals

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

state abbrev: CA  
ssa state: 05  
state region cd: ORG  
street address: 10317 DIANE AVENUE  
Phone num: 7149955514  
Termination reason: 00  
Term Date: Not Reported  
Purpose of action: 2  
Provider control: 02  
Zip: 90620  
Fips state: 06  
Fips cnty: 059  
SSA MSA: 033  
SSA MSA size code: B  
Date accredited: Not Reported  
Accred expire date: Not Reported  
Accred Org: Not Reported  
Num beds: 0006  
Num cert beds: 0006  
Source: US\_HOSPITAL\_POSOTHER  
Edr id: SRHO20070005972

IC1218  
West  
4-6 mi  
28667  
Higher

Hospital type: 01  
Num of times COO: 00  
Owner date: Not Reported  
City: LONG BEACH  
Has plan of corr: Not Reported  
Compliance status: Not Reported  
SSA county code: 200  
Cross ref number: Not Reported  
FMS survey date: Not Reported  
Current survey date: Not Reported  
Medicare/Medicaid: Not Reported  
Facility name: CARDINAL MEDICAL GRP  
Intermediary/Carrier: Not Reported  
Medicaid number: Not Reported  
Participation date: 19950404  
Prior COO date: Not Reported  
Prior carrier: Not Reported  
Provider ID: 05D0899655  
Record Status: A  
Region code: 09  
Is Partial Record: Y  
state abbrev: CA  
ssa state: 05  
state region cd: LAB  
street address: 920 E PACIFIC AVE  
Phone num: 7147441800  
Termination reason: 00  
Term Date: 20070403  
Purpose of action: Not Reported  
Provider control: 04  
Zip: 90813  
Fips state: 06

SRHO20070145717  
AHA Hospitals

# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070145717

ID1219 EDR ID: SRDCCA200703161 SRDCCA200703161  
 ESE Daycare

4-6 mi Facility number: 300608298  
 28671 Facility name: "JUAREZ, OLGA"  
 Higher Facility eval. code: 3404  
 Facility office number: 06  
 Facility county number: 30  
 Facility type code: 810  
 Facility status code: 03  
 Address: 15472 CAPRI CIRCLE  
 City: HUNTINGTONBEACH  
 State: CA  
 Zip: 92647  
 Alt. address: 15472 CAPRI CIRCLE  
 City: HUNTINGTONBEACH  
 State: CA  
 Zip: 92647  
 Facility investor: "JUAREZ, OLGA"  
 Licensee type: A  
 License effective date: 940906  
 License expiration date: Not Reported  
 License issue date: 890701  
 Program type: "MAXIMUM CAPACITY: 6 CHILDREN, INCLUDING LICENSEE'S CHILDREN UNDER 10 YEARS OF AGE WHO RESIDE IN THE HOME, WITH NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY (INFANT MEANS A CHILD UNDER 2 YEARS OLD)."  
 Original app. received date: 890630  
 Facility closed date: Not Reported  
 Mailing address: 15472 CAPRI CIRCLE  
 Mailing city: HUNTINGTON BEACH  
 Mailing state: CA  
 Mailing zip: 92647  
 Contact person: "JUAREZ, OLGA"  
 Facility capacity: 6  
 Type of clients served: 960  
 Facility phone: 7148913021

HJ1220 EDR ID: SRDCCA200714761 SRDCCA200714761  
 NNE Daycare  
 4-6 mi Facility number: 192006892  
 28677 Facility name: HAWKINS FAMILY CHILD CARE  
 Higher Facility eval. code: 6150  
 Facility office number: 33  
 Facility county number: 19

# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Facility type code: 810  
 Facility status code: 03  
 Address: 20803 HAWAIIAN AVENUE  
 City: LAKEWOOD  
 State: CA  
 Zip: 90715  
 Alt. address: 20803 HAWAIIAN AVENUE  
 City: LAKEWOOD  
 State: CA  
 Zip: 90715  
 Facility investor: "HAWKINS, NORMA"  
 Licensee type: A  
 License effective date: 10427  
 License expiration date: Not Reported  
 License issue date: 010427  
 Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4  
 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE  
 WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED  
 "  
 Original app. received date: 010315  
 Facility closed date: Not Reported  
 Mailing address: 20803 HAWAIIAN AVENUE  
 Mailing city: LAKEWOOD  
 Mailing state: CA  
 Mailing zip: 90715  
 Contact person: "HAWKINS, NORMA"  
 Facility capacity: 8  
 Type of clients served: 960  
 Facility phone: 5628651578

HH1221  
 NNE  
 4-6 mi  
 28680  
 Higher

EDR ID: SRDCCA200746873  
 Facility number: 191670506  
 Facility name: ARTESIA HIGH SCHOOL CHILDREN'S CENTER  
 Facility eval. code: 6150  
 Facility office number: 33  
 Facility county number: 19  
 Facility type code: 850  
 Facility status code: 03  
 Address: 20650 NORWALK BLVD.  
 City: LAKEWOOD  
 State: CA  
 Zip: 90715  
 Alt. address: 20650 NORWALK BLVD.  
 City: LAKEWOOD  
 State: CA  
 Zip: 90715  
 Facility investor: ABC UNIFIED SCHOOL DISTRICT  
 Licensee type: C  
 License effective date: 930825  
 License expiration date: Not Reported  
 License issue date: Not Reported  
 Program type: SERVING AMBULATORY CHILDREN AGES 2.5 TO KINDERGARTEN.  
 Original app. received date: 870806  
 Facility closed date: Not Reported

SRDCCA200746873  
 Daycare

# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Mailing address: 16700 NORWALK BLVD.  
 Mailing city: CERRITOS  
 Mailing state: CA  
 Mailing zip: 90701  
 Contact person: "RICO, LAURA"  
 Facility capacity: 104  
 Type of clients served: 950  
 Facility phone: 5622297959

HK1222

North  
 4-6 mi  
 28703  
 Higher

EDR ID: SRDCCA200727795  
 Facility number: 198011435  
 Facility name: DANIEL FAMILY CHILD CARE  
 Facility eval. code: 6170  
 Facility office number: 33  
 Facility county number: 19  
 Facility type code: 810  
 Facility status code: 03  
 Address: 4852 MCNAB AVENUE  
 City: LAKEWOOD  
 State: CA  
 Zip: 90713  
 Alt. address: 4852 MCNAB AVENUE  
 City: LAKEWOOD  
 State: CA  
 Zip: 90713  
 Facility investor: "DANIEL, TERRI"  
 Licensee type: A  
 License effective date: 50330  
 License expiration date: Not Reported  
 License issue date: 050330  
 Program type: "MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY.  
 CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY  
 SCHOOL AND 1 CHILD AT LEAST AGE 6."  
 Original app. received date: 050127  
 Facility closed date: Not Reported  
 Mailing address: 4852 MCNAB AVENUE  
 Mailing city: LAKEWOOD  
 Mailing state: CA  
 Mailing zip: 90713  
 Contact person: "DANIEL, TERRI"  
 Facility capacity: 8  
 Type of clients served: 960  
 Facility phone: 5627310198

SRDCCA200727795  
 Daycare

1223

NE  
 4-6 mi  
 28705  
 Higher

Pss school id: A0307297  
 Pss inst: "PARK MONTESSORI SCHOOL, THE"  
 Lograde: 1  
 Higrade: 3  
 Pss address: 9351 WALKER ST  
 Pss city: CYPRESS  
 Pss county no: 059  
 Pss county fips: 06059

SRPR20051022108  
 Private Schools

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Pss stabb:	CA
Pss fips:	06
Pss zip5:	90630
Pss phone:	5628091948
Pss sch days:	Not Reported
Pss stu day hrs:	7
Pss library:	No
Pss enroll ug:	Not Reported
Pss enroll pk:	0
Pss enroll k:	Not Reported
Pss enroll 1:	5
Pss enroll 2:	8
Pss enroll 3:	21
Pss enroll 4:	Not Reported
Pss enroll 5:	Not Reported
Pss enroll 6:	Not Reported
Pss enroll 7:	Not Reported
Pss enroll 8:	Not Reported
Pss enroll 9:	Not Reported
Pss enroll 10:	Not Reported
Pss enroll 11:	Not Reported
Pss enroll 12:	Not Reported
Pss enroll t:	34
Pss enroll tk12:	34
Pss race ai:	Not Reported
Pss race as:	Not Reported
Pss race h:	Not Reported
Pss race b:	Not Reported
Pss race w:	Not Reported
Pss fte teach:	1
Pss locale:	3
Pss coed:	1
Pss type:	2
Pss level:	1
Pss relig:	3
Pss comm type:	2
Pss indian pct:	Not Reported
Pss asian pct:	Not Reported
Pss hisp pct:	Not Reported
Pss black pct:	Not Reported
Pss white pct:	Not Reported
Pss stdtch rt:	34
Pss orient:	29
Pss county name:	ORANGE
Pss assoc 1:	No Membership Association
Pss assoc 2:	Not Reported
Pss assoc 3:	Not Reported
Pss assoc 4:	Not Reported
Pss assoc 5:	Not Reported
Pss assoc 6:	Not Reported
Pss assoc 7:	Not Reported
Source:	NCESDATA_E72D09B4
Edr id:	SRPR20051022108

## MAP FINDINGS

Map ID	Direction	Distance	Distance (ft.)	Elevation	Site	EDR ID	Database
IE1224	East	4-6 mi	28709	Higher	Ncessch: 061806002234 Schname05: WESTMINSTER HIGH Mstreet05: 14325 GOLDENWEST ST. Mcity05: WESTMINSTER Mstate05: CA Mzip05: 92683 Mzip405: 4905 Member05: 2647 Phone05: (714) 893-1381 Locale05: 3 Type05: 1 Level05: 3 Gslo05: 09 Gshi05: 12 Edr id: SRPU20071015510	SRPU20071015510	Public Schools
HZ1225	West	4-6 mi	28723	Higher	EDR ID: SRDCCA200722894 Facility number: 198009819 Facility name: HARRIS FAMILY CHILD CARE Facility eval. code: 8140 Facility office number: 33 Facility county number: 19 Facility type code: 810 Facility status code: 03 Address: 218 WEST 6TH STREET City: LONG BEACH State: CA Zip: 90802 Alt. address: 218 WEST 6TH STREET City: LONG BEACH State: CA Zip: 90802 Facility investor: "HARRIS, VALENCIA ANN" Licensee type: A License effective date: 40114 License expiration date: Not Reported License issue date: 040114 Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED" Original app. received date: 031103 Facility closed date: Not Reported Mailing address: 218 WEST 6TH STREET Mailing city: LONG BEACH Mailing state: CA Mailing zip: 90802 Contact person: VALENCIA ANN HARRIS Facility capacity: 8 Type of clients served: 960 Facility phone: 5624358150	SRDCCA200722894	Daycare

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

IF1226 NNW 4-6 mi 28736 Higher	EDR ID: Facility number: Facility name: Facility eval. code: Facility office number: Facility county number: Facility type code: Facility status code: Address: City: State: Zip: Alt. address: City: State: Zip: Facility investor: Licensee type: License effective date: License expiration date: License issue date: Program type:  Original app. received date: Facility closed date: Mailing address: Mailing city: Mailing state: Mailing zip: Contact person: Facility capacity: Type of clients served: Facility phone:	SRDCCA200747643 Daycare  191603200 FIRST BAPTIST CHURCH OF LAKEWOOD PRESCHOOL 6150 33 19 850 03 5336 ARBOR ROAD LONG BEACH CA 90808 5336 ARBOR ROAD LONG BEACH CA 90808 FIRST BAPTIST CHURCH OF LAKEWOOD PRESCHOOL C 930204 Not Reported Not Reported "AMBULATOR ONLY, LICENSEE PREFERS TO SERVE CHILDREN AGES 2 YRS 9 MONTHS THRU 5 YEARS OLD. PROGRAM OPERATES A MORNING AND AFTERNOON PROGRAM UNTIL 5PM." " 780508 Not Reported 5336 ARBOR ROAD LONG BEACH CA 90808 LAURA MYLAR 60 950 5624202833	SRDCCA200747643 Daycare
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IF1227 NNW 4-6 mi 28736 Higher	Pss school id: Pss inst: Lograde: Higrade: Pss address: Pss city: Pss county no: Pss county fips: Pss stabb: Pss fips: Pss zip5: Pss phone: Pss sch days: Pss stu day hrs: Pss library: Pss enroll ug: Pss enroll pk:	01898157 FIRST BAPTIST CHURCH OF LAKEWO PK 7 5336 E ARBOR ROAD LONG BEACH 037 06037 CA 06 90808 5624253358 Not Reported 7 Yes Not Reported 98	SRPR20051023779 Private Schools
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# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Pss enroll k:	48
Pss enroll 1:	48
Pss enroll 2:	45
Pss enroll 3:	52
Pss enroll 4:	49
Pss enroll 5:	43
Pss enroll 6:	41
Pss enroll 7:	15
Pss enroll 8:	Not Reported
Pss enroll 9:	Not Reported
Pss enroll 10:	Not Reported
Pss enroll 11:	Not Reported
Pss enroll 12:	Not Reported
Pss enroll t:	439
Pss enroll tk12:	341
Pss race ai:	3
Pss race as:	12
Pss race h:	35
Pss race b:	41
Pss race w:	250
Pss fte teach:	17
Pss locale:	1
Pss coed:	1
Pss type:	1
Pss level:	1
Pss relig:	2
Pss comm type:	1
Pss indian pct:	0.88
Pss asian pct:	3.52
Pss hisp pct:	10.26
Pss black pct:	12.02
Pss white pct:	73.31
Pss stdtch rt:	20.06
Pss orient:	5
Pss county name:	LOS ANGELES
Pss assoc 1:	Association of Christian Schools International (ACSI)
Pss assoc 2:	Christian Schools International (CSI)
Pss assoc 3:	Not Reported
Pss assoc 4:	Not Reported
Pss assoc 5:	Not Reported
Pss assoc 6:	Not Reported
Pss assoc 7:	Not Reported
Source:	NCESDATA_E72D09B4
Edr id:	SRPR20051023779

HJ1228  
 NNE  
 4-6 mi  
 28755  
 Higher

EDR ID: SRDCCA200742749  
 Facility number: 198013364  
 Facility name: FELICIANO FAMILY CHILD CARE  
 Facility eval. code: 8160  
 Facility office number: 33  
 Facility county number: 19  
 Facility type code: 810  
 Facility status code: 03  
 Address: 20763 S. WARDHAM AVE.

SRDCCA200742749  
 Daycare

# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

City: LAKEWOOD  
 State: CA  
 Zip: 90715  
 Alt. address: 20763 S. WARDHAM AVE.  
 City: LAKEWOOD  
 State: CA  
 Zip: 90715  
 Facility investor: YVONNE MALLORY FELICIANO  
 Licensee type: A  
 License effective date: 70517  
 License expiration date: Not Reported  
 License issue date: 070517  
 Program type: "MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY.  
 CAP. 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN  
 OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6.  
 "

Original app. received date: 070323  
 Facility closed date: Not Reported  
 Mailing address: 20763 S. WARDHAM AVE.  
 Mailing city: LAKEWOOD  
 Mailing state: CA  
 Mailing zip: 90715  
 Contact person: YVONNE FELICIANO  
 Facility capacity: 8  
 Type of clients served: 960  
 Facility phone: 5628895827

1229  
 North Ncessch: 060162000016  
 4-6 mi Schname05: PLINY FISK HASKELL MIDDLE  
 28773 Mstreet05: 11525 DEL AMO BLVD.  
 Higher Mcity05: CERRITOS  
 Mstate05: CA  
 Mzip05: 90703  
 Mzip405: 7404  
 Member05: 644  
 Phone05: (562) 860-6529  
 Locale05: 2  
 Type05: 1  
 Level05: 2  
 Gslo05: 06  
 Gshi05: 08  
 Edr id: SRPU20071006139

SRPU20071006139  
 Public Schools

IB1230  
 West Hospital type: 01  
 4-6 mi Num of times COO: 00  
 28788 Owner date: Not Reported  
 Higher City: LONG BEACH  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported

SRHO20070165198  
 AHA Hospitals

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: HEALTHCARE PARTNERS MEDICAL GROUP  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 20060705  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D1056070  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: M1  
 street address: 300 W OCEAN BLVD SUITE A  
 Phone num: 3103544461  
 Termination reason: 00  
 Term Date: 20080704  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90802  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070165198

IF1231  
 NNW  
 4-6 mi  
 28790  
 Higher

EDR ID: SRDCCA200706460  
 Facility number: 198000124  
 Facility name: ORELLANA FAMILY DAY CARE  
 Facility eval. code: 6170  
 Facility office number: 33  
 Facility county number: 19  
 Facility type code: 810  
 Facility status code: 03  
 Address: 4709 HERSHOLT AVE.  
 City: LONG BEACH  
 State: CA  
 Zip: 90808  
 Alt. address: 4709 HERSHOLT AVE.  
 City: LONG BEACH  
 State: CA  
 Zip: 90808  
 Facility investor: "ORELLANA, MARIA ANITA"  
 Licensee type: A  
 License effective date: 940512  
 License expiration date: Not Reported

SRDCCA200706460  
 Daycare

# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

License issue date: 940512  
 Program type: "MAXIMUM CAPACITY: 12 CHILDREN, WITH NO MORE THAN 4 INFANTS, OR CAPACITY 14 CHILDREN WHEN 2 CHILDREN ARE AT LEAST 6 YEARS OF AGE WITH A MAXIMUM OF 3 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "  
 Original app. received date: 940228  
 Facility closed date: Not Reported  
 Mailing address: 4709 HERSHOLT AVE.  
 Mailing city: LONG BEACH  
 Mailing state: CA  
 Mailing zip: 90808  
 Contact person: "ORELLANA, MARIA ANITA "  
 Facility capacity: 14  
 Type of clients served: 960  
 Facility phone: 5624962811

HW1232		SRDCCA200732722
NE	EDR ID: SRDCCA200732722	Daycare
4-6 mi	Facility number: 304310407	
28813	Facility name: "KIM, HAEJIN "	
Higher	Facility eval. code: 3404	
	Facility office number: 06	
	Facility county number: 30	
	Facility type code: 810	
	Facility status code: 03	
	Address: 5306 VISTA REAL	
	City: CYPRESS	
	State: CA	
	Zip: 90630	
	Alt. address: 5306 VISTA REAL	
	City: CYPRESS	
	State: CA	
	Zip: 90630	
	Facility investor: "KIM, HAEJIN "	
	Licensee type: A	
	License effective date: 60412	
	License expiration date: Not Reported	
	License issue date: 060412	
	Program type: MAX. CAP (WHEN THERE IS AN ASSISTANT PRESENT): 12 - NO MORE THAN 4 INFANTS. CAP 14 - NO MORE THAN 3 INFANTS. 1 CHILD IN KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6.	
	Original app. received date: 060209	
	Facility closed date: Not Reported	
	Mailing address: 5306 VISTA REAL	
	Mailing city: CYPRESS	
	Mailing state: CA	
	Mailing zip: 90630	
	Contact person: "KIM, HAEJIN "	
	Facility capacity: 14	
	Type of clients served: 960	
	Facility phone: 7142201041	

IF1233		SRDCCA200750712
NNW	EDR ID: SRDCCA200750712	Daycare
4-6 mi	Facility number: 191605026	
28838		
Higher		

# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Facility name: MONTESSORI SCHOOL-EUREKA  
 Facility eval. code: 6150  
 Facility office number: 33  
 Facility county number: 19  
 Facility type code: 850  
 Facility status code: 03  
 Address: 5306 E. ARBOR RD  
 City: LONG BEACH  
 State: CA  
 Zip: 90808  
 Alt. address: 5306 E. ARBOR RD  
 City: LONG BEACH  
 State: CA  
 Zip: 90808  
 Facility investor: "PIJPAERT, LEONARD & PIETERNELLA"  
 Licensee type: A  
 License effective date: 931003  
 License expiration date: Not Reported  
 License issue date: 901003  
 Program type: Not Reported  
 Original app. received date: 900405  
 Facility closed date: Not Reported  
 Mailing address: P. O. BOX 8605  
 Mailing city: LONG BEACH  
 Mailing state: CA  
 Mailing zip: 90808  
 Contact person: "PIJPAERT, PIETERNELLA"  
 Facility capacity: 56  
 Type of clients served: 950  
 Facility phone: 5624215505

HT1234  
 NNW  
 4-6 mi  
 28848  
 Higher

EDR ID: SRDCCA200751820  
 Facility number: 198004841  
 Facility name: LONG BEACH CITY COLLEGE CDC  
 Facility eval. code: 9130  
 Facility office number: 33  
 Facility county number: 19  
 Facility type code: 850  
 Facility status code: 03  
 Address: 4630 CLARK AVE  
 City: LONG BEACH  
 State: CA  
 Zip: 90808  
 Alt. address: 4901 E. CARSON ST.  
 City: LONG BEACH  
 State: CA  
 Zip: 90808  
 Facility investor: LONG BEACH COMMUNITY COLLEGE  
 Licensee type: A  
 License effective date: 990201  
 License expiration date: Not Reported  
 License issue date: 990201  
 Program type: LISENSE TO SERVE PRESCHOOL CHILDREN AGES: 2 UNTIL ENTRY INTO  
 KINDERGARTEN IN A SCHOOL PARENTING PROGRAM AND ADULT EDUCATION CHILD  
 CARE PROGRAM.

SRDCCA200751820  
 Daycare

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Original app. received date: 981223  
 Facility closed date: Not Reported  
 Mailing address: 4901 E. CARSON ST.  
 Mailing city: LONG BEACH  
 Mailing state: CA  
 Mailing zip: 90808  
 Contact person: "KLINGBEIL,CYNTHIA"  
 Facility capacity: 115  
 Type of clients served: 960  
 Facility phone: 5629384253

IC1235  
 West  
 4-6 mi  
 28857  
 Higher

Pss school id: BB040092  
 Pss inst: ARTESIAN WELL PREPARTORY ACADE  
 Lograde: K  
 Higrade: 8  
 Pss address: 1203 PACIFIC AVE  
 Pss city: LONG BEACH  
 Pss county no: 037  
 Pss county fips: 06037  
 Pss stabb: CA  
 Pss fips: 06  
 Pss zip5: 90813  
 Pss phone: 5624323102  
 Pss sch days: 182  
 Pss stu day hrs: 6.5  
 Pss library: No  
 Pss enroll ug: Not Reported  
 Pss enroll pk: Not Reported  
 Pss enroll k: 2  
 Pss enroll 1: 1  
 Pss enroll 2: Not Reported  
 Pss enroll 3: 1  
 Pss enroll 4: 1  
 Pss enroll 5: 1  
 Pss enroll 6: 3  
 Pss enroll 7: 1  
 Pss enroll 8: 1  
 Pss enroll 9: Not Reported  
 Pss enroll 10: Not Reported  
 Pss enroll 11: Not Reported  
 Pss enroll 12: Not Reported  
 Pss enroll t: 11  
 Pss enroll tk12: 11  
 Pss race ai: 0  
 Pss race as: 0  
 Pss race h: 0  
 Pss race b: 11  
 Pss race w: 0  
 Pss fte teach: 2  
 Pss locale: 1  
 Pss coed: 1  
 Pss type: 1  
 Pss level: 1  
 Pss relig: 2

SRPR20051024624  
 Private Schools

# MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Pss comm type: 1  
 Pss indian pct: 0  
 Pss asian pct: 0  
 Pss hisp pct: 0  
 Pss black pct: 100  
 Pss white pct: 0  
 Pss stdtch rt: 5.5  
 Pss orient: 8  
 Pss county name: LOS ANGELES  
 Pss assoc 1: Association of Christian Schools International (ACSI)  
 Pss assoc 2: Not Reported  
 Pss assoc 3: Not Reported  
 Pss assoc 4: Not Reported  
 Pss assoc 5: Not Reported  
 Pss assoc 6: Not Reported  
 Pss assoc 7: Not Reported  
 Source: NCESDATA\_E72D09B4  
 Edr id: SRPR20051024624

HV1236  
 WNW  
 4-6 mi  
 28870  
 Higher

EDR ID: SRDCCA200710516  
 Facility number: 192000178  
 Facility name: BRENA FAMILY CHILD CARE  
 Facility eval. code: 8160  
 Facility office number: 33  
 Facility county number: 19  
 Facility type code: 810  
 Facility status code: 03  
 Address: 2338 PASADENA AVE  
 City: LONG BEACH  
 State: CA  
 Zip: 90806  
 Alt. address: 2338 PASADENA AVE  
 City: LONG BEACH  
 State: CA  
 Zip: 90806  
 Facility investor: "BRENA, LIZABETH"  
 Licensee type: A  
 License effective date: 991223  
 License expiration date: Not Reported  
 License issue date: 991223  
 Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4

SRDCCA200710516  
 Daycare

" INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE  
 WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED  
 "  
 Original app. received date: 990909  
 Facility closed date: Not Reported  
 Mailing address: 2338 PASADENA AVE  
 Mailing city: LONG BEACH  
 Mailing state: CA  
 Mailing zip: 90806  
 Contact person: "BRENA, LIZABETH"  
 Facility capacity: 8  
 Type of clients served: 960  
 Facility phone: 5629978822

## MAP FINDINGS

Map ID	Direction	Distance	Distance (ft.)	Elevation	Site	EDR ID	Database
HN1237	ENE	4-6 mi	28876	Higher	EDR ID: SRDCCA200704862 Facility number: 300612485 Facility name: "ALFERES, MARY" Facility eval. code: 3404 Facility office number: 06 Facility county number: 30 Facility type code: 810 Facility status code: 03 Address: 10706 LYNN CIRCLE City: CYPRESS State: CA Zip: 90630 Alt. address: 10706 LYNN CIRCLE City: CYPRESS State: CA Zip: 90630 Facility investor: "ALFERES, MARY" Licensee type: A License effective date: 950109 License expiration date: Not Reported License issue date: 920109 Program type: "MAXIMUM CAPACITY: 6 CHILDREN, INCLUDING LICENSEE'S CHILDREN UNDER 10 YEARS OF AGE WHO RESIDE IN THE HOME, WITH NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY (INFANT MEANS A CHILD UNDER 2 YEARS OLD)." Original app. received date: 911011 Facility closed date: Not Reported Mailing address: 10706 LYNN CIRCLE Mailing city: CYPRESS Mailing state: CA Mailing zip: 90630 Contact person: "ALFERS, MARY" Facility capacity: 6 Type of clients served: 960 Facility phone: 7147613086	SRDCCA200704862	Daycare
IG1238	East	4-6 mi	28878	Higher	Pss school id: A9500310 Pss inst: CALVARY SCHOOL OF WESTMINSTER Lograde: K Higrade: 8 Pss address: 7111 TRASK AVE Pss city: WESTMINSTER Pss county no: 059 Pss county fips: 06059 Pss stabb: CA Pss fips: 06 Pss zip5: 92683 Pss phone: 7148979243 Pss sch days: 180 Pss stu day hrs: 7 Pss library: Yes Pss enroll ug: Not Reported Pss enroll pk: Not Reported Pss enroll k: 15	SRPR20051023849	Private Schools

# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Pss enroll 1:	19
Pss enroll 2:	21
Pss enroll 3:	19
Pss enroll 4:	31
Pss enroll 5:	14
Pss enroll 6:	21
Pss enroll 7:	16
Pss enroll 8:	22
Pss enroll 9:	Not Reported
Pss enroll 10:	Not Reported
Pss enroll 11:	Not Reported
Pss enroll 12:	Not Reported
Pss enroll t:	178
Pss enroll tk12:	178
Pss race ai:	1
Pss race as:	13
Pss race h:	42
Pss race b:	10
Pss race w:	112
Pss fte teach:	14
Pss locale:	3
Pss coed:	1
Pss type:	1
Pss level:	1
Pss relig:	2
Pss comm type:	2
Pss indian pct:	0.56
Pss asian pct:	7.3
Pss hisp pct:	23.6
Pss black pct:	5.62
Pss white pct:	62.92
Pss stdtch rt:	12.71
Pss orient:	8
Pss county name:	ORANGE
Pss assoc 1:	Association of Christian Schools International (ACSI)
Pss assoc 2:	Not Reported
Pss assoc 3:	Not Reported
Pss assoc 4:	Not Reported
Pss assoc 5:	Not Reported
Pss assoc 6:	Not Reported
Pss assoc 7:	Not Reported
Source:	NCESDATA_E72D09B4
Edr id:	SRPR20051023849

IH1239  
 NE  
 4-6 mi  
 28879  
 Higher

EDR ID: SRDCCA200749636  
 Facility number: 300614067  
 Facility name: N.O.C. R.O.P. CYPRESS SCHOOL  
 Facility eval. code: 1202  
 Facility office number: 06  
 Facility county number: 30  
 Facility type code: 850  
 Facility status code: 03  
 Address: 9801 VALLEY VIEW  
 City: CYPRESS

SRDCCA200749636  
 Daycare

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

State: CA  
 Zip: 90630  
 Alt. address: 9801 VALLEY VIEW  
 City: CYPRESS  
 State: CA  
 Zip: 92801  
 Facility investor: NORTH ORANGE COUNTY REGIONAL OCCUPATIONAL PROGRAM  
 Licensee type: B  
 License effective date: 930226  
 License expiration date: Not Reported  
 License issue date: 930226  
 Program type: "24 AMBULATORY CHILDREN, AGES 2.9 - 5 YEARS OLD. HOURS: 8:15 AM TO 11:15 AM & 11:35 AM TO 2:30 PM, MONDAY THROUGH THURSDAY."  
 " "  
 Original app. received date: 920727  
 Facility closed date: Not Reported  
 Mailing address: 385 N. MULLER ST.  
 Mailing city: ANAHEIM  
 Mailing state: CA  
 Mailing zip: 92801  
 Contact person: "O'CONNOR, MARLEEN " "  
 Facility capacity: 24  
 Type of clients served: 950  
 Facility phone: 7149521769

IH1240 NE 4-6 mi 28879 Higher	Ncessch: Schname05: Mstreet05: Mcity05: Mstate05: Mzip05: Mzip405: Member05: Phone05: Locale05: Type05: Level05: Gslo05: Gshi05: Edr id:	060263000172 CYPRESS HIGH 9801 VALLEY VIEW ST. CYPRESS CA 90630 3923 2312 (714) 220-4144 3 1 3 09 12 SRPU20071006340	SRPU20071006340 Public Schools
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II1241 West 4-6 mi 28882 Higher	Hospital type: Num of times COO: Owner date: City: Has plan of corr: Compliance status: SSA county code: Cross ref number: FMS survey date: Current survey date: Medicare/Medicaid:	01 00 Not Reported LONG BEACH Not Reported A 200 Not Reported Not Reported 20060123 1	SRHO20070131519 AHA Hospitals
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## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Facility name: LONG BEACH MEDICAL CLINIC  
 Intermediary/Carrier: 02050  
 Medicaid number: Not Reported  
 Participation date: 19920901  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0554919  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Not Reported  
 state abbrev: CA  
 ssa state: 05  
 state region cd: M1  
 street address: 1250 PACIFIC AVENUE  
 Phone num: 5624370831  
 Termination reason: 00  
 Term Date: 20080814  
 Purpose of action: 2  
 Provider control: 04  
 Zip: 90813  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070131519

IJ1242  
 NNE  
 4-6 mi  
 28883  
 Higher

EDR ID: SRDCCA200734817  
 Facility number: 198012572  
 Facility name: BURTON FAMILY CHILD CARE  
 Facility eval. code: 9130  
 Facility office number: 33  
 Facility county number: 19  
 Facility type code: 810  
 Facility status code: 03  
 Address: 12625 WALCROFT ST.  
 City: LAKEWOOD  
 State: CA  
 Zip: 90715  
 Alt. address: 12625 WALCROFT ST.  
 City: LAKEWOOD  
 State: CA  
 Zip: 90715  
 Facility investor: JOHNNIE BURTON  
 Licensee type: A  
 License effective date: 60626  
 License expiration date: Not Reported  
 License issue date: 060626  
 Program type: "MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY.  
 CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY  
 SCHOOL AND 1 CHILD AT LEAST AGE 6."

SRDCCA200734817  
 Daycare

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Original app. received date: 060421  
 Facility closed date: Not Reported  
 Mailing address: 12625 WALCROFT ST.  
 Mailing city: LAKEWOOD  
 Mailing state: CA  
 Mailing zip: 90715  
 Contact person: "BURTON, JOHNNIE       "  
 Facility capacity: 8  
 Type of clients served: 960  
 Facility phone: 5629246546

HT1243  
 NNW        EDR ID:                                SRDCCA200747435                                SRDCCA200747435  
 4-6 mi    Facility number:                             191600943                                        Daycare  
 28927    Facility name:                                 BETHANY LUTHERAN CHURCH PRESCHOOL  
 Higher    Facility eval. code:                            6150

Facility office number: 33  
 Facility county number: 19  
 Facility type code: 850  
 Facility status code: 03  
 Address: 4644 CLARK AVE  
 City: LONG BEACH  
 State: CA  
 Zip: 90808  
 Alt. address: 4644 CLARK AVE  
 City: LONG BEACH  
 State: CA  
 Zip: 90808  
 Facility investor: BETHANY LUTHERAN CHURCH OF LAKEWOOD  
 Licensee type: C  
 License effective date: 930416  
 License expiration date: Not Reported  
 License issue date: Not Reported  
 Program type: "AMBULATORY ONLY, LICENSEE PREFERS TO SERVE CHILDREN AGES  
 2 YEARS THRU 6 YEARS  
 "

Original app. received date: 780614  
 Facility closed date: Not Reported  
 Mailing address: 4644 CLARK AVENUE  
 Mailing city: L B  
 Mailing state: CA  
 Mailing zip: 90808  
 Contact person: NOLA SEAMAN  
 Facility capacity: 60  
 Type of clients served: 950  
 Facility phone: 5624297335

HO1244  
 NE        EDR ID:                                SRDCCA200733485                                SRDCCA200733485  
 4-6 mi    Facility number:                             304310353                                        Daycare  
 29020    Facility name:                                 "NOLAN, JOAN                                        "  
 Higher    Facility eval. code:                            3404

Facility office number: 06  
 Facility county number: 30

# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Facility type code: 810  
 Facility status code: 03  
 Address: 6431 CELESTE CIRCLE  
 City: BUENA PARK  
 State: CA  
 Zip: 90620  
 Alt. address: 6431 CELESTE CIRCLE  
 City: BUENA PARK  
 State: CA  
 Zip: 90620  
 Facility investor: "NOLAN, JOAN"  
 Licensee type: A  
 License effective date: 60110  
 License expiration date: Not Reported  
 License issue date: 060110  
 Program type: "MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY.  
 CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY  
 SCHOOL AND 1 CHILD AT LEAST AGE 6."  
 Original app. received date: 051109  
 Facility closed date: Not Reported  
 Mailing address: 6431 CELESTE CIRCLE  
 Mailing city: BUENA PARK  
 Mailing state: CA  
 Mailing zip: 90620  
 Contact person: "NOLAN, JOAN"  
 Facility capacity: 8  
 Type of clients served: 960  
 Facility phone: 7145271708

IG1245  
 East  
 4-6 mi  
 29024  
 Higher

EDR ID: SRDCCA200754219  
 Facility number: 304270837  
 Facility name: WESTMINSTER SCHOOL DIST. SCHMITT STATE PRESCHOOL  
 Facility eval. code: 1207  
 Facility office number: 06  
 Facility county number: 30  
 Facility type code: 850  
 Facility status code: 03  
 Address: 7200 TRASK AVENUE  
 City: WESTMINSTER  
 State: CA  
 Zip: 92683  
 Alt. address: 15151 TEMPLE STREET  
 City: WESTMINSTER  
 State: CA  
 Zip: 92683  
 Facility investor: WESTMINSTER SCHOOL DISTRICT  
 Licensee type: F  
 License effective date: 11005  
 License expiration date: Not Reported  
 License issue date: 011005  
 Program type: "3 NON AMBULATORY. 21 AMBULATORY CHILDREN. AGES 3-5 YEARS OLD.  
 MONDAY THROUGH FRIDAY, 07:00 AM TO 5:00 PM. ROOM #5.Y"  
 Original app. received date: 010829

SRDCCA200754219  
 Daycare

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Facility closed date: Not Reported  
 Mailing address: 14121 CEDATWOOD AVENUE  
 Mailing city: WESTMINSTER  
 Mailing state: CA  
 Mailing zip: 92683  
 Contact person: VICKY TRAN  
 Facility capacity: 24  
 Type of clients served: 950  
 Facility phone: 7148947264

IG1246		SRPU20071010652
East	Ncessch: 064215006912	Public Schools
4-6 mi	Schname05: SCHMITT ELEMENTARY	
29024	Mstreet05: 7200 TRASK AVE.	
Higher	Mcity05: WESTMINSTER	
	Mstate05: CA	
	Mzip05: 92683	
	Mzip405: 2626	
	Member05: 548	
	Phone05: (714) 894-7264	
	Locale05: 3	
	Type05: 1	
	Level05: 1	
	Gslo05: KG	
	Gshi05: 05	
	Edr id: SRPU20071010652	

IK1247		SRDCCA200754610
NNE	EDR ID: SRDCCA200754610	Daycare
4-6 mi	Facility number: 192006209	
29033	Facility name: PALMS STATE PRESCHOOL	
Higher	Facility eval. code: 8070	
	Facility office number: 33	
	Facility county number: 19	
	Facility type code: 850	
	Facility status code: 03	
	Address: 12445 E. 207TH STREET	
	City: LAKEWOOD	
	State: CA	
	Zip: 90715	
	Alt. address: 16700 NORWALK BOULEVARD	
	City: CERRITOS	
	State: CA	
	Zip: 90703	
	Facility investor: ABC UNIFIED SCHOOL DISTRICT	
	Licensee type: F	
	License effective date: 10316	
	License expiration date: Not Reported	
	License issue date: 010316	
	Program type: MAXIMUM CAPACITY - 24 CHILDREN AGES 2 YEARS OLD THROUGH ENTRY INTO FIRST GRADE. THE FACILITY IS A STATE PRESCHOOL AND OPERATES TWO HALF DAY PROGRAMS. PUBLIC SCHOOL SITE/FACILITY.	
	Original app. received date: 010125	
	Facility closed date: Not Reported	

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Mailing address: 16700 NORWALK BOULEVARD  
 Mailing city: CERRITOS  
 Mailing state: CA  
 Mailing zip: 90703  
 Contact person: "BENITEZ, ELIZABETH"  
 Facility capacity: 24  
 Type of clients served: 950  
 Facility phone: 5629261480

IK1248		SRPU20071006148
NNE	Ncessch: 060162000025	Public Schools
4-6 mi	Schname05: PALMS ELEMENTARY	
29033	Mstreet05: 12445 EAST 207TH ST.	
Higher	Mcity05: LAKEWOOD	
	Mstate05: CA	
	Mzip05: 90715	
	Mzip405: 1619	
	Member05: 633	
	Phone05: (562) 924-5549	
	Locale05: 3	
	Type05: 1	
	Level05: 1	
	Gslo05: KG	
	Gshi05: 06	
	Edr id: SRPU20071006148	

1249		SRHO20070010881
NW	Hospital type: 01	AHA Hospitals
4-6 mi	Num of times COO: 00	
29041	Owner date: Not Reported	
Higher	City: LAKEWOOD	
	Has plan of corr: 1	
	Compliance status: A	
	SSA county code: 200	
	Cross ref number: Not Reported	
	FMS survey date: Not Reported	
	Current survey date: 19930111	
	Medicare/Medicaid: 1	
	Facility name: PHYSITECH PHYSICAL THERAPT	
	Intermediary/Carrier: 00040	
	Medicaid number: Not Reported	
	Participation date: 19930113	
	Prior COO date: Not Reported	
	Prior carrier: Not Reported	
	Provider ID: 056666	
	Record Status: A	
	Region code: 09	
	Is Partial Record: Not Reported	
	state abbrev: CA	
	ssa state: 05	
	state region cd: L4	
	street address: 4007 PARAMOUNT BLVD, SUITE 104	
	Phone num: 3109821498	
	Termination reason: 01	

# MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Term Date: 19960930  
 Purpose of action: 1  
 Provider control: 06  
 Zip: 90712  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSOTHER  
 Edr id: SRHO20070010881

HO1250			SRDCCA200705368
ENE	EDR ID:	SRDCCA200705368	Daycare
4-6 mi	Facility number:	300611577	
29042	Facility name:	"BORDEAU, CARLA KAY	"
Higher	Facility eval. code:	3404	
	Facility office number:	06	
	Facility county number:	30	
	Facility type code:	810	
	Facility status code:	03	
	Address:	6466 CATHAY CIRCLE	
	City:	BUENA PARK	
	State:	CA	
	Zip:	90620	
	Alt. address:	6466 CATHAY CIRCLE	
	City:	BUENA PARK	
	State:	CA	
	Zip:	90620	
	Facility investor:	"BORDEAU, CARLA KAY	"
	Licensee type:	A	
	License effective date:	940410	
	License expiration date:	Not Reported	
	License issue date:	910410	
	Program type:	"MAXIMUM CAPACITY: 12 CHILDREN, WITH NO MORE THAN 4 INFANTS, OR CAPACITY 14 CHILDREN WHEN 2 CHILDREN ARE AT LEAST 6 YEARS OF AGE WITH A MAXIMUM OF 3 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "	
	Original app. received date:	910124	
	Facility closed date:	Not Reported	
	Mailing address:	6466 CATHAY CIRCLE	
	Mailing city:	BUENA PARK	
	Mailing state:	CA	
	Mailing zip:	90620	
	Contact person:	"BORDEAU, CARLA KAY	"
	Facility capacity:	14	
	Type of clients served:	960	
	Facility phone:	7148288349	

## MAP FINDINGS

Map ID	Direction	Distance	Distance (ft.)	Elevation	Site	EDR ID Database
HU1251						SRHO20070010038
WNW					Hospital type: 01	AHA Hospitals
4-6 mi					Num of times COO: 00	
29064					Owner date: Not Reported	
Higher					City: SIGNAL HILL	
					Has plan of corr: Not Reported	
					Compliance status: A	
					SSA county code: 200	
					Cross ref number: Not Reported	
					FMS survey date: Not Reported	
					Current survey date: 20051017	
					Medicare/Medicaid: 1	
					Facility name: MEMORIAL MED CTR OF LONG BEACH	
					Intermediary/Carrier: 00040	
					Medicaid number: HHA07748F	
					Participation date: 19860702	
					Prior COO date: Not Reported	
					Prior carrier: 00140	
					Provider ID: 057748	
					Record Status: A	
					Region code: 09	
					Is Partial Record: Not Reported	
					state abbrev: CA	
					ssa state: 05	
					state region cd: L4	
					street address: 695 E 27TH STREET	
					Phone num: 5629332000	
					Termination reason: 00	
					Term Date: Not Reported	
					Purpose of action: 2	
					Provider control: 02	
					Zip: 90755	
					Fips state: 06	
					Fips cnty: 037	
					SSA MSA: 328	
					SSA MSA size code: A	
					Date accredited: Not Reported	
					Accred expire date: Not Reported	
					Accred Org: 0	
					Num beds: 0000	
					Num cert beds: 0000	
					Source: US_HOSPITAL_POSOTHER	
					Edr id: SRHO20070010038	
HU1252						SRHO20070153314
WNW					Hospital type: 01	AHA Hospitals
4-6 mi					Num of times COO: 00	
29064					Owner date: Not Reported	
Higher					City: SIGNAL HILL	
					Has plan of corr: Not Reported	
					Compliance status: Not Reported	
					SSA county code: 200	
					Cross ref number: Not Reported	
					FMS survey date: Not Reported	
					Current survey date: Not Reported	

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Medicare/Medicaid: Not Reported  
 Facility name: MEMORIAL HOME HEALTH CARE  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 20010531  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0987257  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: M1  
 street address: 695 E 27TH STREET  
 Phone num: 5629334663  
 Termination reason: 00  
 Term Date: 20070530  
 Purpose of action: Not Reported  
 Provider control: 02  
 Zip: 90755  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070153314

ID1253  
 ESE  
 4-6 mi  
 29071  
 Higher

EDR ID: SRDCCA200710131  
 Facility number: 304204425  
 Facility name: "JOHNSON, DIANE"  
 Facility eval. code: 3404  
 Facility office number: 06  
 Facility county number: 30  
 Facility type code: 810  
 Facility status code: 03  
 Address: 15272 KNOLLWOOD CIRCLE  
 City: HUNTINGTON BEACH  
 State: CA  
 Zip: 92647  
 Alt. address: 15272 KNOLLWOOD CIRCLE  
 City: HUNTINGTON BEACH  
 State: CA  
 Zip: 92647  
 Facility investor: "JOHNSON, DIANE"  
 Licensee type: A  
 License effective date: 980320  
 License expiration date: Not Reported  
 License issue date: 980320

SRDCCA200710131  
 Daycare

# MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4  
 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE  
 WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED  
 "

Original app. received date: 980203  
 Facility closed date: Not Reported  
 Mailing address: 15272 KNOLLWOOD CIRCLE  
 Mailing city: HUNTINGTON BEACH  
 Mailing state: CA  
 Mailing zip: 92647  
 Contact person: "JOHNSON, DIANE"  
 Facility capacity: 8  
 Type of clients served: 960  
 Facility phone: 7149014519

IL1254  
 North  
 4-6 mi  
 29088  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: CERRITOS  
 Has plan of corr: 1  
 Compliance status: A  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: 20060712  
 Medicare/Medicaid: 1  
 Facility name: CERRITOS REFERENCE LABORATORIES INC  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19990113  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0955926  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Not Reported  
 state abbrev: CA  
 ssa state: 05  
 state region cd: M1  
 street address: 20124 STATE ROAD  
 Phone num: 5628653609  
 Termination reason: 00  
 Term Date: 20070315  
 Purpose of action: 2  
 Provider control: 04  
 Zip: 90703  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000

SRHO20070152528  
 AHA Hospitals

# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070152528

IL1255  
 North  
 4-6 mi  
 29088  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: CERRITOS  
 Has plan of corr: Not Reported  
 Compliance status: B  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: 20010605  
 Medicare/Medicaid: 1  
 Facility name: A/E MEDICAL LABORATORY CORPORATION  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19990420  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0959795  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Not Reported  
 state abbrev: CA  
 ssa state: 05  
 state region cd: M1  
 street address: 20124 STATE ROAD  
 Phone num: 5628609788  
 Termination reason: 10  
 Term Date: 20010621  
 Purpose of action: 2  
 Provider control: 04  
 Zip: 90703  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070151442

SRHO20070151442  
 AHA Hospitals

IL1256  
 North  
 4-6 mi  
 29088  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: CERRITOS  
 Has plan of corr: Not Reported

SRHO20070150182  
 AHA Hospitals

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Compliance status: A  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: 19971201  
 Medicare/Medicaid: 1  
 Facility name: RV PHYSICIAN LABORATORY SERVICES  
 Intermediary/Carrier: 02050  
 Medicaid number: Not Reported  
 Participation date: 19971006  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0934433  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Not Reported  
 state abbrev: CA  
 ssa state: 05  
 state region cd: M1  
 street address: 20124 STATE ROAD  
 Phone num: 5628650380  
 Termination reason: 10  
 Term Date: 19991130  
 Purpose of action: 1  
 Provider control: 04  
 Zip: 90703  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070150182

1257  
 ENE  
 4-6 mi  
 29113  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: CYPRESS  
 Has plan of corr: 1  
 Compliance status: A  
 SSA county code: 400  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: 19961101  
 Medicare/Medicaid: 1  
 Facility name: CENTERS FOR FAMILY MEDICINE  
 Intermediary/Carrier: 02050  
 Medicaid number: Not Reported  
 Participation date: 19940104  
 Prior COO date: Not Reported

SRHO20070142275  
 AHA Hospitals

# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Prior carrier: Not Reported  
 Provider ID: 05D0881038  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Not Reported  
 state abbrev: CA  
 ssa state: 05  
 state region cd: M1  
 street address: 6812 KATELLA AVENUE  
 Phone num: 7148901223  
 Termination reason: 00  
 Term Date: 20070925  
 Purpose of action: 2  
 Provider control: 04  
 Zip: 90630  
 Fips state: 06  
 Fips cnty: 059  
 SSA MSA: 033  
 SSA MSA size code: B  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070142275

IJ1258  
 NNE  
 4-6 mi  
 29115  
 Higher

EDR ID: SRDCCA200719229  
 Facility number: 198008638  
 Facility name: TASCAN FAMILY CHILD CARE  
 Facility eval. code: 6150  
 Facility office number: 33  
 Facility county number: 19  
 Facility type code: 810  
 Facility status code: 03  
 Address: 12649 LEMMING STREET  
 City: LAKEWOOD  
 State: CA  
 Zip: 90715  
 Alt. address: 12649 LEMMING STREET  
 City: LAKEWOOD  
 State: CA  
 Zip: 90715  
 Facility investor: "TASCAN, LUZ"  
 Licensee type: A  
 License effective date: 30225  
 License expiration date: Not Reported  
 License issue date: 030225  
 Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4  
 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE  
 WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED  
 "  
 Original app. received date: 030113  
 Facility closed date: Not Reported

SRDCCA200719229  
 Daycare

## MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site	EDR ID Database
	Mailing address: 12649 LEMMING STREET Mailing city: LAKEWOOD Mailing state: CA Mailing zip: 90715 Contact person: "TASCON, LUZ" Facility capacity: 8 Type of clients served: 960 Facility phone: 5628097717	
HZ1259 West 4-6 mi 29115 Higher	EDR ID: SRDCCA200719742 Facility number: 198008559 Facility name: GUZMAN FAMILY CHILD CARE Facility eval. code: 8160 Facility office number: 33 Facility county number: 19 Facility type code: 810 Facility status code: 03 Address: 335 W. 5TH STREET City: LONG BEACH State: CA Zip: 90802 Alt. address: 335 W. 5TH STREET City: LONG BEACH State: CA Zip: 90802 Facility investor: "GUZMAN, MYRIAM" Licensee type: A License effective date: 30124 License expiration date: Not Reported License issue date: 030124 Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED" Original app. received date: 021205 Facility closed date: Not Reported Mailing address: 335 W. 5TH STREET Mailing city: LONG BEACH Mailing state: CA Mailing zip: 90802 Contact person: "GUZMAN, MYRIAM" Facility capacity: 8 Type of clients served: 960 Facility phone: 5624363350	SRDCCA200719742 Daycare
IC1260 West 4-6 mi 29121 Higher	EDR ID: SRDCCA200730117 Facility number: 198011540 Facility name: MCGUIRE FAMILY CHILD CARE Facility eval. code: 8160 Facility office number: 33 Facility county number: 19 Facility type code: 810	SRDCCA200730117 Daycare

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Facility status code: 03  
 Address: 1005 CEDAR AVENUE  
 City: LONG BEACH  
 State: CA  
 Zip: 90813  
 Alt. address: 1005 CEDAR AVENUE  
 City: LONG BEACH  
 State: CA  
 Zip: 90813  
 Facility investor: "MCGUIRE, WILHELMENA"  
 Licensee type: A  
 License effective date: 50504  
 License expiration date: Not Reported  
 License issue date: 050504  
 Program type: "MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY.  
 CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY  
 SCHOOL AND 1 CHILD AT LEAST AGE 6."  
 Original app. received date: 050310  
 Facility closed date: Not Reported  
 Mailing address: 1005 CEDAR AVENUE  
 Mailing city: LONG BEACH  
 Mailing state: CA  
 Mailing zip: 90813  
 Contact person: "MCGUIRE, WILHELMENA"  
 Facility capacity: 8  
 Type of clients served: 960  
 Facility phone: 5624320937

IC1261		SRDCCA200709782
West	EDR ID: SRDCCA200709782	Daycare
4-6 mi	Facility number: 198003733	
29123	Facility name: BERRY FAMILY CHILD CARE	
Higher	Facility eval. code: 8160	
	Facility office number: 33	
	Facility county number: 19	
	Facility type code: 810	
	Facility status code: 03	
	Address: 1001 CEDAR AVENUE	
	City: LONG BEACH	
	State: CA	
	Zip: 90813	
	Alt. address: 1001 CEDAR AVENUE	
	City: LONG BEACH	
	State: CA	
	Zip: 90813	
	Facility investor: "BERRY, ALISA D."	
	Licensee type: A	
	License effective date: 980209	
	License expiration date: Not Reported	
	License issue date: 980209	
	Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "	
	Original app. received date: 971216	

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Facility closed date: Not Reported  
 Mailing address: 1001 CEDAR AVENUE  
 Mailing city: LONG BEACH  
 Mailing state: CA  
 Mailing zip: 90813  
 Contact person: "BERRY, ALISA D. "  
 Facility capacity: 8  
 Type of clients served: 960  
 Facility phone: 5624320380

IM1262 NW 4-6 mi 29130 Higher	Ncessch: Schname05: Mstreet05: Mcity05: Mstate05: Mzip05: Mzip405: Member05: Phone05: Locale05: Type05: Level05: Gslo05: Gshi05: Edr id:	062250002705 BURROUGHS ELEMENTARY 1260 EAST 33RD ST. SIGNAL HILL CA 90755 Not Reported 311 (562) 426-8144 3 1 1 KG 05 SRPU20071013801	SRPU20071013801 Public Schools
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IN1263 NE 4-6 mi 29139 Higher	EDR ID: Facility number: Facility name: Facility eval. code: Facility office number: Facility county number: Facility type code: Facility status code: Address: City: State: Zip: Alt. address: City: State: Zip: Facility investor: Licensee type: License effective date: License expiration date: License issue date: Program type: Original app. received date: Facility closed date:	SRDCCA200717240 304206196 "HARRIS, TERESA " 3404 06 30 810 03 10000 BRENDA AVENUE BUENA PARK CA 90620 10000 BRENDA AVENUE BUENA PARK CA 90620 "HARRIS, TERESA " A 10904 Not Reported 010904 "MAXIMUM CAPACITY: 12 CHILDREN, WITH NO MORE THAN 4 INFANTS, OR CAPACITY 14 CHILDREN WHEN 2 CHILDREN ARE AT LEAST 6 YEARS OF AGE WITH A MAXIMUM OF 3 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED " 010806 Not Reported	SRDCCA200717240 Daycare
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# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Mailing address: 10000 BRENDA AVENUE  
 Mailing city: BUENA PARK  
 Mailing state: CA  
 Mailing zip: 90620  
 Contact person: "HARRIS, TERESA"  
 Facility capacity: 14  
 Type of clients served: 960  
 Facility phone: 7145278252

HZ1264  
 West  
 4-6 mi  
 29140  
 Higher

EDR ID: SRDCCA200719602  
 Facility number: 198008427  
 Facility name: LAUSCH FAMILY CHILD CARE  
 Facility eval. code: 8160  
 Facility office number: 33  
 Facility county number: 19  
 Facility type code: 810  
 Facility status code: 03  
 Address: 345 W. 5TH STREET  
 City: LONG BEACH  
 State: CA  
 Zip: 90802  
 Alt. address: 345 W. 5TH STREET  
 City: LONG BEACH  
 State: CA  
 Zip: 90802  
 Facility investor: "LAUSCH, XIMENA"  
 Licensee type: A  
 License effective date: 21205  
 License expiration date: Not Reported  
 License issue date: 021205  
 Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED"

SRDCCA200719602  
 Daycare

Original app. received date: 021105  
 Facility closed date: Not Reported  
 Mailing address: 345 W. 5TH STREET  
 Mailing city: LONG BEACH  
 Mailing state: CA  
 Mailing zip: 90802  
 Contact person: "LAUSCH, XIMENA"  
 Facility capacity: 8  
 Type of clients served: 960  
 Facility phone: 5629830042

IF1265  
 NNW  
 4-6 mi  
 29142  
 Higher

Pss school id: 00070817  
 Pss inst: ST CYPRIAN ELEMENTARY SCHOOL  
 Lograde: K  
 Higrade: 8  
 Pss address: 5133 E ARBOR ROAD  
 Pss city: LONG BEACH  
 Pss county no: 037

SRPR20051022839  
 Private Schools

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Pss county fips:	06037
Pss stabb:	CA
Pss fips:	06
Pss zip5:	90808
Pss phone:	5624257341
Pss sch days:	180
Pss stu day hrs:	6.5
Pss library:	Yes
Pss enroll ug:	Not Reported
Pss enroll pk:	Not Reported
Pss enroll k:	24
Pss enroll 1:	29
Pss enroll 2:	23
Pss enroll 3:	27
Pss enroll 4:	35
Pss enroll 5:	31
Pss enroll 6:	30
Pss enroll 7:	32
Pss enroll 8:	32
Pss enroll 9:	Not Reported
Pss enroll 10:	Not Reported
Pss enroll 11:	Not Reported
Pss enroll 12:	Not Reported
Pss enroll t:	263
Pss enroll tk12:	263
Pss race ai:	1
Pss race as:	7
Pss race h:	100
Pss race b:	1
Pss race w:	154
Pss fte teach:	12.4
Pss locale:	1
Pss coed:	1
Pss type:	1
Pss level:	1
Pss relig:	1
Pss comm type:	1
Pss indian pct:	0.38
Pss asian pct:	2.66
Pss hisp pct:	38.02
Pss black pct:	0.38
Pss white pct:	58.56
Pss stdtch rt:	21.21
Pss orient:	1
Pss county name:	LOS ANGELES
Pss assoc 1:	National Catholic Educational Association (NCEA)
Pss assoc 2:	Not Reported
Pss assoc 3:	Not Reported
Pss assoc 4:	Not Reported
Pss assoc 5:	Not Reported
Pss assoc 6:	Not Reported
Pss assoc 7:	Not Reported
Source:	NCESDATA_E72D09B4
Edr id:	SRPR20051022839

## MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site	EDR ID Database
IO1266 NE 4-6 mi 29147 Higher	Hospital type: 01 Num of times COO: 00 Owner date: Not Reported City: CYPRESS Has plan of corr: Not Reported Compliance status: Not Reported SSA county code: 400 Cross ref number: Not Reported FMS survey date: Not Reported Current survey date: Not Reported Medicare/Medicaid: Not Reported Facility name: SARANG ADULT DAY HEALTH CARE CENTER Intermediary/Carrier: Not Reported Medicaid number: Not Reported Participation date: 20030206 Prior COO date: Not Reported Prior carrier: Not Reported Provider ID: 05D1009092 Record Status: A Region code: 09 Is Partial Record: Y state abbrev: CA ssa state: 05 state region cd: LAB street address: 5171 LINCOLN AVENUE Phone num: 7142360852 Termination reason: 00 Term Date: 20070205 Purpose of action: Not Reported Provider control: 04 Zip: 90630 Fips state: 06 Fips cnty: 059 SSA MSA: 033 SSA MSA size code: B Date accredited: Not Reported Accred expire date: Not Reported Accred Org: Not Reported Num beds: 0000 Num cert beds: 0000 Source: US_HOSPITAL_POSCLIA Edr id: SRHO20070160840	SRHO20070160840 AHA Hospitals
IP1267 ENE 4-6 mi 29150 Higher	EDR ID: SRDCCA200710826 Facility number: 304205305 Facility name: "KAKOVITCH, SWEDLANA" Facility eval. code: 3404 Facility office number: 06 Facility county number: 30 Facility type code: 810 Facility status code: 03 Address: 6594 TEAKWOOD STREET City: CYPRESS	SRDCCA200710826 Daycare

# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

State: CA  
 Zip: 90630  
 Alt. address: 6594 TEAKWOOD STREET  
 City: CYPRESS  
 State: CA  
 Zip: 90630  
 Facility investor: "KAKOVITCH, SWEDLANA"  
 Licensee type: A  
 License effective date: 829  
 License expiration date: Not Reported  
 License issue date: 000829  
 Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED"  
 Original app. received date: 991117  
 Facility closed date: Not Reported  
 Mailing address: 6594 TEAKWOOD STREET  
 Mailing city: CYPRESS  
 Mailing state: CA  
 Mailing zip: 90630  
 Contact person: "KAKOVITCH, SWEDLANA"  
 Facility capacity: 8  
 Type of clients served: 960  
 Facility phone: 7147611359

IQ1268		SRDCCA200700512
NW	EDR ID: SRDCCA200700512	Daycare
4-6 mi	Facility number: 197800400	
29170	Facility name: DREAM HOME CARE III	
Higher	Facility eval. code: 6004	
	Facility office number: 32	
	Facility county number: 19	
	Facility type code: 730	
	Facility status code: 03	
	Address: 3590 GAVIOTA AVE	
	City: LONG BEACH	
	State: CA	
	Zip: 90807	
	Alt. address: 4150 LOCUST AVE	
	City: LONG BEACH	
	State: CA	
	Zip: 90807	
	Facility investor: DREAM HOME CARE	
	Licensee type: C	
	License effective date: 950126	
	License expiration date: Not Reported	
	License issue date: 950126	
	Program type: "LICENSEE PREFERS TO SERVE DEVELOPMENTALLY DISABLED CHILDREN, NON-AMBULATORY, AGES 12 THRU 17 YEARS." "	
	Original app. received date: 941024	
	Facility closed date: Not Reported	
	Mailing address: 4150 LOCUST AVE	
	Mailing city: LONG BEACH	

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Mailing state: CA  
 Mailing zip: 90807  
 Contact person: PAULETTE OWENS-GREEN  
 Facility capacity: 6  
 Type of clients served: 950  
 Facility phone: 5625959348

IR1269			SRDCCA200744739
ESE	EDR ID:	SRDCCA200744739	Daycare
4-6 mi	Facility number:	304370311	
29182	Facility name:	BRIGHT STAR LEARNING CENTER	
Higher	Facility eval. code:	1207	
	Facility office number:	06	
	Facility county number:	30	
	Facility type code:	830	
	Facility status code:	03	
	Address:	6621 GLEN DRIVE	
	City:	HUNTINGTON BEACH	
	State:	CA	
	Zip:	92647	
	Alt. address:	6621 GLEN DRIVE	
	City:	HUNTINGTON BEACH	
	State:	CA	
	Zip:	92647	
	Facility investor:	BRIGHT STAR LEARNING CENTERS	
	Licensee type:	D	
	License effective date:	61206	
	License expiration date:	Not Reported	
	License issue date:	061206	
	Program type:	"28 AMBULATORY CHILDREN, AGES 0-24 MONTHS, MON-FRI, 6:30 A.M. - 6:00 P.M."	
		"	
	Original app. received date:	060927	
	Facility closed date:	Not Reported	
	Mailing address:	"18012 HARTFIELD CIRCLE ""H"" "	
	Mailing city:	HUNTINGTON BEACH	
	Mailing state:	CA	
	Mailing zip:	92647	
	Contact person:	"COGLIANESE, JUDITH E. "	
	Facility capacity:	28	
	Type of clients served:	955	
	Facility phone:	7148954063	

IR1270			SRDCCA200754843
ESE	EDR ID:	SRDCCA200754843	Daycare
4-6 mi	Facility number:	304370309	
29182	Facility name:	BRIGHT STAR LEARNING CENTER	
Higher	Facility eval. code:	1207	
	Facility office number:	06	
	Facility county number:	30	
	Facility type code:	850	
	Facility status code:	03	
	Address:	6621 GLEN DRIVE	
	City:	HUNTINGTON BEACH	

# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

State: CA  
 Zip: 92647  
 Alt. address: 6621 GLEN DRIVE  
 City: HUNTINGTON BEACH  
 State: CA  
 Zip: 92647  
 Facility investor: BRIGHT STAR LEARNING CENTERS  
 Licensee type: D  
 License effective date: 61206  
 License expiration date: Not Reported  
 License issue date: 061206  
 Program type: "139 AMBULATORY CHILDREN, AGES 2-6, MONDAY- FRI, 6:30 A.M.- 6:00 P.M.  
 WAIVER FOR PRESCHOOL CHILDREN TO SHARE RESTROOMS WITH SCHOOL AGE  
 CHILDREN.  
 "

Original app. received date: 061016  
 Facility closed date: Not Reported  
 Mailing address: "18012 HARTFIELD CIRCLE ""H"" "  
 Mailing city: HUNTINGTON BEACH  
 Mailing state: CA  
 Mailing zip: 92647  
 Contact person: "COGLIANESE, JUDITH "  
 Facility capacity: 139  
 Type of clients served: 950  
 Facility phone: 7148954063

IR1271		SRDCCA200744799
ESE	EDR ID: SRDCCA200744799	Daycare
4-6 mi	Facility number: 304370310	
29182	Facility name: BRIGHT STAR LEARNING CENTER	
Higher	Facility eval. code: 1207	
	Facility office number: 06	
	Facility county number: 30	
	Facility type code: 840	
	Facility status code: 03	
	Address: 6621 GLEN DRIVE	
	City: HUNTINGTON BEACH	
	State: CA	
	Zip: 92647	
	Alt. address: 6621 GLEN DRIVE	
	City: HUNTINGTON BEACH	
	State: CA	
	Zip: 92647	
	Facility investor: BRIGHT STAR LEARNING CENTERS	
	Licensee type: D	
	License effective date: 61206	
	License expiration date: Not Reported	
	License issue date: 061206	
	Program type: "131 AMBULATORY CHILDREN, AGES 5-14, MON-FRI, 6:30 A.M.- 6:00 P.M. WAIVER FOR SCHOOL AGE CHILDREN TO SHARE RESTROOMS WITH PRESCHOOL CHILDREN. "	
	Original app. received date: 060927	
	Facility closed date: Not Reported	
	Mailing address: 18012 HARFIELD CIRCLE H	

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Mailing city: HUNTINGTON BEACH  
 Mailing state: CA  
 Mailing zip: 92647  
 Contact person: "COGLIANESE, JUDITH "  
 Facility capacity: 131  
 Type of clients served: 950  
 Facility phone: 7148954063

HT1272

NNW  
 4-6 mi  
 29187  
 Higher

EDR ID: SRDCCA200747313  
 Facility number: 191671133  
 Facility name: TWAIN CHILD DEVELOPMENT CENTER  
 Facility eval. code: 9130  
 Facility office number: 33  
 Facility county number: 19  
 Facility type code: 850  
 Facility status code: 03  
 Address: 4666 SUNFIELD AVE.  
 City: LONG BEACH  
 State: CA  
 Zip: 90808  
 Alt. address: 2209 SEABRIGHT AVE.  
 City: LONG BEACH  
 State: CA  
 Zip: 90810  
 Facility investor: LONG BEACH UNIFIED SCHOOL DISTRICT  
 Licensee type: F  
 License effective date: 931205  
 License expiration date: Not Reported  
 License issue date: 871205  
 Program type: AMBULATORY CHILDREN AGE 2 YEARS OLD UNTIL ENTRY INTO KINDERGARTEN.  
 Original app. received date: 870930  
 Facility closed date: Not Reported  
 Mailing address: 2209 SEABRIGHT AVE.  
 Mailing city: LONG BEACH  
 Mailing state: CA  
 Mailing zip: 90810  
 Contact person: "HAUSER, KELLIE "  
 Facility capacity: 64  
 Type of clients served: 950  
 Facility phone: 5624252735

SRDCCA200747313  
 Daycare

HV1273

WNW  
 4-6 mi  
 29187  
 Higher

EDR ID: SRDCCA200749746  
 Facility number: 198004743  
 Facility name: LONG BEACH BLVD HEAD START  
 Facility eval. code: 8070  
 Facility office number: 33  
 Facility county number: 19  
 Facility type code: 850  
 Facility status code: 03  
 Address: 2236 LONG BEACH BLVD.  
 City: LONG BEACH  
 State: CA

SRDCCA200749746  
 Daycare

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Zip: 90806  
 Alt. address: 2898 ORANGE AVE.  
 City: SIGNAL HILL  
 State: CA  
 Zip: 90806  
 Facility investor: LONG BEACH UNIFIED SCHOOL DISTRICT  
 Licensee type: F  
 License effective date: 981209  
 License expiration date: Not Reported  
 License issue date: 981209  
 Program type: "LAUP FACILITY  
 SERVING CHILDREN AGE 3 YEARS UNTIL ENTRY INTO KINDERGARTEN.  
 TOTAL CAPACITY IS 85 CHILDREN: 20 CHILDREN MAY BE IN ""CLASSROOM 5,""  
 "THE CONVERTED HOUSE.  
 Original app. received date: 981116  
 Facility closed date: Not Reported  
 Mailing address: 2898 ORANGE AVE.  
 Mailing city: SIGNAL HILL  
 Mailing state: CA  
 Mailing zip: 90806  
 Contact person: "HERNANDEZ, ESTHER     "  
 Facility capacity: 85  
 Type of clients served: 950  
 Facility phone: 5624270833

HW1274  
 NE  
 4-6 mi  
 29194  
 Higher

EDR ID: SRDCCA200748547  
 Facility number: 300605377  
 Facility name: CALVARY CHAPEL CHRISTIAN SCHOOL  
 Facility eval. code: 1205  
 Facility office number: 06  
 Facility county number: 30  
 Facility type code: 850  
 Facility status code: 03  
 Address: 5202 LINCOLN AVENUE  
 City: CYPRESS  
 State: CA  
 Zip: 90630  
 Alt. address: 5205 LINCOLN AVENUE  
 City: CYPRESS  
 State: CA  
 Zip: 90630  
 Facility investor: CALVARY CHAPEL OF BUENA PARK/CYPRESS  
 Licensee type: C  
 License effective date: 951214  
 License expiration date: Not Reported  
 License issue date: Not Reported  
 Program type: "71 AMBULATORY CHILDREN AGES 2.6 TO 5 YRS. OLD. MON-FRI.  
 6:00 A.M. TO 6:00 P.M. ROOMS # 1,2,3,4.  
 "  
 Original app. received date: 830922  
 Facility closed date: Not Reported  
 Mailing address: 5205 LINCOLN AVENUE  
 Mailing city: CYPRESS  
 Mailing state: CA

SRDCCA200748547  
 Daycare

# MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Mailing zip: 90630  
 Contact person: "HILL, RENE" "  
 Facility capacity: 71  
 Type of clients served: 950  
 Facility phone: 7142361293

HW1275  
 NE  
 4-6 mi  
 29194  
 Higher

Pss school id: 00086871  
 Pss inst: CALVARY CHAPEL CHRISTIAN SCHOO  
 Lograde: PK  
 Higrade: 6  
 Pss address: 5202 LINCOLN AVE  
 Pss city: CYPRESS  
 Pss county no: 059  
 Pss county fips: 06059  
 Pss stabb: CA  
 Pss fips: 06  
 Pss zip5: 90630  
 Pss phone: 7142361293  
 Pss sch days: 180  
 Pss stu day hrs: 6  
 Pss library: No  
 Pss enroll ug: Not Reported  
 Pss enroll pk: 35  
 Pss enroll k: 27  
 Pss enroll 1: 22  
 Pss enroll 2: 23  
 Pss enroll 3: 11  
 Pss enroll 4: 22  
 Pss enroll 5: 13  
 Pss enroll 6: 8  
 Pss enroll 7: Not Reported  
 Pss enroll 8: Not Reported  
 Pss enroll 9: Not Reported  
 Pss enroll 10: Not Reported  
 Pss enroll 11: Not Reported  
 Pss enroll 12: Not Reported  
 Pss enroll t: 161  
 Pss enroll tk12: 126  
 Pss race ai: Not Reported  
 Pss race as: Not Reported  
 Pss race h: Not Reported  
 Pss race b: Not Reported  
 Pss race w: Not Reported  
 Pss fte teach: 9  
 Pss locale: 3  
 Pss coed: 1  
 Pss type: 1  
 Pss level: 1  
 Pss relig: 2  
 Pss comm type: 2  
 Pss indian pct: Not Reported  
 Pss asian pct: Not Reported  
 Pss hisp pct: Not Reported  
 Pss black pct: Not Reported

SRPR20051023746  
 Private Schools

# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Pss white pct: Not Reported  
 Pss stdtch rt: 14  
 Pss orient: 8  
 Pss county name: ORANGE  
 Pss assoc 1: Association of Christian Schools International (ACSI)  
 Pss assoc 2: Not Reported  
 Pss assoc 3: Not Reported  
 Pss assoc 4: Not Reported  
 Pss assoc 5: Not Reported  
 Pss assoc 6: Not Reported  
 Pss assoc 7: Not Reported  
 Source: NCESDATA\_E72D09B4  
 Edr id: SRPR20051023746

IS1276		SRDCCA200709229
NNW	EDR ID: SRDCCA200709229	Daycare
4-6 mi	Facility number: 198004686	
29194	Facility name: BEILER FAMILY CHILD CARE	
Higher	Facility eval. code: 7110	
	Facility office number: 33	
	Facility county number: 19	
	Facility type code: 810	
	Facility status code: 03	
	Address: 4529 PEPPERWOOD AVE.	
	City: LONG BEACH	
	State: CA	
	Zip: 90808	
	Alt. address: 4529 PEPPERWOOD AVE.	
	City: LONG BEACH	
	State: CA	
	Zip: 90808	
	Facility investor: "BEILER, BEATRICE"	
	Licensee type: A	
	License effective date: 981209	
	License expiration date: Not Reported	
	License issue date: 981209	
	Program type: "MAXIMUM CAPACITY: 12 CHILDREN, WITH NO MORE THAN 4 INFANTS, OR CAPACITY 14 CHILDREN WHEN 2 CHILDREN ARE AT LEAST 6 YEARS OF AGE WITH A MAXIMUM OF 3 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED"	
	Original app. received date: 981026	
	Facility closed date: Not Reported	
	Mailing address: 4529 PEPPERWOOD AVE.	
	Mailing city: LONG BEACH	
	Mailing state: CA	
	Mailing zip: 90808	
	Contact person: "BEILER, BEATRICE"	
	Facility capacity: 14	
	Type of clients served: 960	
	Facility phone: 5624252147	

1277		SRPR20051024933
NNW	Pss school id: 00082797	Private Schools
4-6 mi	Pss inst: BETHANY LUTHERAN SCHOOL	
29250	Lograde: K	
Higher		

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Higrade:	8
Pss address:	5100 E ARBOR ROAD
Pss city:	LONG BEACH
Pss county no:	037
Pss county fips:	06037
Pss stabb:	CA
Pss fips:	06
Pss zip5:	90808
Pss phone:	5624207783
Pss sch days:	178
Pss stu day hrs:	7
Pss library:	Yes
Pss enroll ug:	Not Reported
Pss enroll pk:	Not Reported
Pss enroll k:	29
Pss enroll 1:	32
Pss enroll 2:	39
Pss enroll 3:	36
Pss enroll 4:	34
Pss enroll 5:	46
Pss enroll 6:	51
Pss enroll 7:	56
Pss enroll 8:	55
Pss enroll 9:	Not Reported
Pss enroll 10:	Not Reported
Pss enroll 11:	Not Reported
Pss enroll 12:	Not Reported
Pss enroll t:	378
Pss enroll tk12:	378
Pss race ai:	2
Pss race as:	29
Pss race h:	49
Pss race b:	41
Pss race w:	257
Pss fte teach:	19
Pss locale:	1
Pss coed:	1
Pss type:	1
Pss level:	1
Pss relig:	2
Pss comm type:	1
Pss indian pct:	0.53
Pss asian pct:	7.67
Pss hisp pct:	12.96
Pss black pct:	10.85
Pss white pct:	67.99
Pss stdtch rt:	19.89
Pss orient:	19
Pss county name:	LOS ANGELES
Pss assoc 1:	No Membership Association
Pss assoc 2:	Not Reported
Pss assoc 3:	Not Reported
Pss assoc 4:	Not Reported
Pss assoc 5:	Not Reported
Pss assoc 6:	Not Reported
Pss assoc 7:	Not Reported

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Source: NCESDATA\_E72D09B4  
 Edr id: SRPR20051024933

IF1278 NNW 4-6 mi 29252 Higher	EDR ID: SRDCCA200710555 Facility number: 198005595 Facility name: SNYDER FAMILY CHILD CARE Facility eval. code: 9130 Facility office number: 33 Facility county number: 19 Facility type code: 810 Facility status code: 03 Address: 4812 MONTAIR AVE. City: LONG BEACH State: CA Zip: 90808 Alt. address: 4812 MONTAIR AVE. City: LONG BEACH State: CA Zip: 90808 Facility investor: "SNYDER,STEPHANIE ANN" Licensee type: A License effective date: 991203 License expiration date: Not Reported License issue date: 991203 Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED " Original app. received date: 991012 Facility closed date: Not Reported Mailing address: 4812 MONTAIR AVE. Mailing city: LONG BEACH Mailing state: CA Mailing zip: 90808 Contact person: "SNYDER,STEPHANIE ANN" Facility capacity: 8 Type of clients served: 960 Facility phone: 5629388460	SRDCCA200710555 Daycare
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IA1279 ENE 4-6 mi 29254 Higher	Hospital type: 01 Num of times COO: 00 Owner date: Not Reported City: GARDEN GROVE Has plan of corr: Not Reported Compliance status: Not Reported SSA county code: 400 Cross ref number: Not Reported FMS survey date: Not Reported Current survey date: Not Reported Medicare/Medicaid: Not Reported Facility name: ODYSSEY HEALTHCARE OPERATING A LP DBA Intermediary/Carrier: Not Reported	SRHO20070146997 AHA Hospitals
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## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Medicaid number: Not Reported  
 Participation date: 19960626  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0916599  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: M1  
 street address: 7077 ORANGEWOOD AVENUE, SUITE #201  
 Phone num: 8007972686  
 Termination reason: 00  
 Term Date: 20080625  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 92841  
 Fips state: 06  
 Fips cnty: 059  
 SSA MSA: 033  
 SSA MSA size code: B  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070146997

IA1280  
 ENE  
 4-6 mi  
 29254  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: GARDEN GROVE  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 400  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: ODYSSEY HEALTHCARE OPERATING A, LP DBA  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 20021204  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D1006941  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: M1

SRHO20070156748  
 AHA Hospitals

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

street address: 7077 ORANGEWOOD AVENUE, SUITE #201  
 Phone num: 7142457420  
 Termination reason: 00  
 Term Date: 20081203  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 92841  
 Fips state: 06  
 Fips cnty: 059  
 SSA MSA: 033  
 SSA MSA size code: B  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070156748

IA1281  
 ENE  
 4-6 mi  
 29254  
 Higher

Hospital type: 01  
 Num of times COO: 01  
 Owner date: 20050801  
 City: GARDEN GROVE  
 Has plan of corr: Not Reported  
 Compliance status: A  
 SSA county code: 400  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: 20030306  
 Medicare/Medicaid: 1  
 Facility name: PACIFIC COAST HOSPIECE  
 Intermediary/Carrier: 00454  
 Medicaid number: HPC01756G  
 Participation date: 20030325  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 051756  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Not Reported  
 state abbrev: CA  
 ssa state: 05  
 state region cd: SD  
 street address: 7077 ORANGEWOOD AVENUE, SUITE 227  
 Phone num: 7142457420  
 Termination reason: 00  
 Term Date: Not Reported  
 Purpose of action: 1  
 Provider control: 05  
 Zip: 92841  
 Fips state: 06  
 Fips cnty: 059  
 SSA MSA: 033  
 SSA MSA size code: B

SRHO20070008874  
 AHA Hospitals

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: 0  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSOTHER  
 Edr id: SRHO20070008874

IA1282  
 ENE  
 4-6 mi  
 29254  
 Higher

Hospital type: 01  
 Num of times COO: 01  
 Owner date: 19990801  
 City: GARDEN GROVE  
 Has plan of corr: 1  
 Compliance status: A  
 SSA county code: 400  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: 20030819  
 Medicare/Medicaid: 1  
 Facility name: ODYSSEY HEALTHCARE OF ORANGE COUNTY  
 Intermediary/Carrier: 00040  
 Medicaid number: Not Reported  
 Participation date: 19901001  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 051572  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Not Reported  
 state abbrev: CA  
 ssa state: 05  
 state region cd: SD  
 street address: 7077 ORANGEWOOD AVENUE, STE 201  
 Phone num: 7149344520  
 Termination reason: 00  
 Term Date: Not Reported  
 Purpose of action: 2  
 Provider control: 06  
 Zip: 92841  
 Fips state: 06  
 Fips cnty: 059  
 SSA MSA: 033  
 SSA MSA size code: B  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: 0  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSOTHER  
 Edr id: SRHO20070008825

SRHO20070008825  
 AHA Hospitals

# MAP FINDINGS

Map ID	Direction	Distance	Distance (ft.)	Elevation	Site	EDR ID	Database
HZ1283	West	4-6 mi	29260	Higher	EDR ID: SRDCCA200737512 Facility number: 198012688 Facility name: MOORE FAMILY CHILD CARE Facility eval. code: 8160 Facility office number: 33 Facility county number: 19 Facility type code: 810 Facility status code: 03 Address: 401 W 4TH STREET City: LONG BEACH State: CA Zip: 90802 Alt. address: 401 W 4TH STREET City: LONG BEACH State: CA Zip: 90802 Facility investor: ANNA MOORE Licensee type: A License effective date: 60815 License expiration date: Not Reported License issue date: 060815 Program type: "MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY. CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6. "	SRDCCA200737512	Daycare
IT1284	NNW	4-6 mi	29278	Higher	EDR ID: SRDCCA200706730 Facility number: 198000521 Facility name: "VARGAS, ANGIE FAMILY DAY CARE" Facility eval. code: 7110 Facility office number: 33 Facility county number: 19 Facility type code: 810 Facility status code: 03 Address: 4832 BRIERCREST ST. City: LAKEWOOD State: CA Zip: 90713 Alt. address: 4832 BRIERCREST ST. City: LAKEWOOD State: CA Zip: 90713 Facility investor: "VARGAS, ANGIE LEE" Licensee type: A	SRDCCA200706730	Daycare

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

License effective date: 970803  
 License expiration date: Not Reported  
 License issue date: 950803  
 Program type: "12 CHILDREN INCLUDING LICENSEE'S & ASSISTANT'S CHILDREN UNDER 10 YEARS OF AGE WHEN IN THE HOME, WITH NO MORE THAN 4 INFANTS (INFANT MEANS A CHILD UNDER 2 YEARS OLD)."

Original app. received date: 940726  
 Facility closed date: Not Reported  
 Mailing address: 4832 BRIERCREST ST.  
 Mailing city: LAKEWOOD  
 Mailing state: CA  
 Mailing zip: 90713  
 Contact person: "VARGAS, ANGIE"  
 Facility capacity: 12  
 Type of clients served: 960  
 Facility phone: 5624252950

1285  
 East  
 4-6 mi  
 29291  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: GARDEN GROVE  
 Has plan of corr: 1  
 Compliance status: A  
 SSA county code: 400  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: 19960628  
 Medicare/Medicaid: 1  
 Facility name: INTERHEALTH MEDICAL LABORATORY  
 Intermediary/Carrier: 02050  
 Medicaid number: Not Reported  
 Participation date: 19950306  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0898553  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Not Reported  
 state abbrev: CA  
 ssa state: 05  
 state region cd: M1  
 street address: 7245 GARDEN GROVE BOULEVARD, SUITE E  
 Phone num: 7143798855  
 Termination reason: 01  
 Term Date: 19971231  
 Purpose of action: 2  
 Provider control: 04  
 Zip: 92841  
 Fips state: 06  
 Fips cnty: 059  
 SSA MSA: 033  
 SSA MSA size code: B  
 Date accredited: Not Reported

SRHO20070144568  
 AHA Hospitals

## MAP FINDINGS

Map ID  
Direction  
Distance  
Distance (ft.)  
Elevation

Site

EDR ID  
Database

Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070144568

IO1286			SRDCCA200705721
NE	EDR ID:	SRDCCA200705721	Daycare
4-6 mi	Facility number:	304201008	
29299	Facility name:	"FELICIANO, JOYCE	"
Higher	Facility eval. code:	3404	
	Facility office number:	06	
	Facility county number:	30	
	Facility type code:	810	
	Facility status code:	03	
	Address:	5131 ALASKA AVENUE	
	City:	CYPRESS	
	State:	CA	
	Zip:	90630	
	Alt. address:	5131 ALASKA AVENUE	
	City:	CYPRESS	
	State:	CA	
	Zip:	90630	
	Facility investor:	"FELICIANO, JOYCE	"
	Licensee type:	A	
	License effective date:	950824	
	License expiration date:	Not Reported	
	License issue date:	950824	
	Program type:	"MAXIMUM CAPACITY: 12 CHILDREN, INCLUDING LICENSEE'S CHILDREN UNDER 10 YEARS OF AGE WHO RESIDE IN THE HOME, WITH NO MORE THAN 4 INFANTS. (INFANT MEANS A CHILD UNDER 2 YEARS OLD)."	
	Original app. received date:	950427	
	Facility closed date:	Not Reported	
	Mailing address:	5131 ALASKA AVENUE	
	Mailing city:	CYPRESS	
	Mailing state:	CA	
	Mailing zip:	90630	
	Contact person:	"FELICIANO, JOYCE	"
	Facility capacity:	12	
	Type of clients served:	960	
	Facility phone:	7148282109	

ID1287			SRDCCA200703155
ESE	EDR ID:	SRDCCA200703155	Daycare
4-6 mi	Facility number:	300608310	
29311	Facility name:	"OLINGER, DIXIE	"
Higher	Facility eval. code:	3404	
	Facility office number:	06	
	Facility county number:	30	
	Facility type code:	810	
	Facility status code:	03	
	Address:	15581 OAKSHIRE LANE	

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

City: HUNTINGTON BEACH  
 State: CA  
 Zip: 92647  
 Alt. address: 15581 OAKSHIRE LANE  
 City: HUNTINGTON BEACH  
 State: CA  
 Zip: 92647  
 Facility investor: "OLINGER, DIXIE"  
 Licensee type: A  
 License effective date: 940101  
 License expiration date: Not Reported  
 License issue date: 890701  
 Program type: "MAXIMUM CAPACITY : 12 CHILDREN, INCLUDING LICENSEE'S AND ASSISTANT PROVIDER'S CHILDREN UNDER 12 YEARS WHEN IN THE HOME, WITH NO MORE THAN 4 INFANTS: 'INFANT' MEANS A CHILD UNDER 2 YEARS OLD."  
 Original app. received date: 890630  
 Facility closed date: Not Reported  
 Mailing address: 15581 OAKSHIRE LANE  
 Mailing city: HUNTINGTON BEACH  
 Mailing state: CA  
 Mailing zip: 92647  
 Contact person: "OLINGER, DIXIE"  
 Facility capacity: 12  
 Type of clients served: 960  
 Facility phone: 7148973222

HU1288

WNW Hospital type: 01  
 4-6 mi Num of times COO: 00  
 29351 Owner date: Not Reported  
 Higher City: LONG BEACH  
 Has plan of corr: Not Reported  
 Compliance status: A  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: 20050118  
 Medicare/Medicaid: 1  
 Facility name: HEALTHCARE PARTNERS MEDICAL GROUP  
 Intermediary/Carrier: 02050  
 Medicaid number: Not Reported  
 Participation date: 19920901  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0554421  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Not Reported  
 state abbrev: CA  
 ssa state: 05  
 state region cd: M1  
 street address: 2699 ATLANTIC AVENUE  
 Phone num: 5624263333  
 Termination reason: 00

SRHO20070131791  
 AHA Hospitals

# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Term Date: 20070309  
 Purpose of action: 2  
 Provider control: 04  
 Zip: 90806  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070131791

IG1289  
 East  
 4-6 mi  
 29360  
 Higher

EDR ID: SRDCCA200722712  
 Facility number: 304300495  
 Facility name: "TRAN, XUAN HONG"  
 Facility eval. code: 1207  
 Facility office number: 06  
 Facility county number: 30  
 Facility type code: 810  
 Facility status code: 03  
 Address: 7211 TRASK AVENUE #A  
 City: WESTMINSTER  
 State: CA  
 Zip: 92683  
 Alt. address: 7211 TRASK AVENUE #A  
 City: WESTMINSTER  
 State: CA  
 Zip: 92683  
 Facility investor: "TRAN, XUAN HONG"  
 Licensee type: A  
 License effective date: 40706  
 License expiration date: Not Reported  
 License issue date: 040706  
 Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4  
 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE  
 WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED  
 "  
 Original app. received date: 031113  
 Facility closed date: Not Reported  
 Mailing address: 7211 TRASK AVENUE #A  
 Mailing city: WESTMINSTER  
 Mailing state: CA  
 Mailing zip: 92683  
 Contact person: "TRAN, XUAN HONG"  
 Facility capacity: 8  
 Type of clients served: 960  
 Facility phone: 7148928625

SRDCCA200722712  
 Daycare

## MAP FINDINGS

Map ID	Direction	Distance	Distance (ft.)	Elevation	Site	EDR ID Database
HU1290	WNW	4-6 mi	29360	Higher	Hospital type: 01 Num of times COO: 00 Owner date: Not Reported City: LONG BEACH Has plan of corr: Not Reported Compliance status: Not Reported SSA county code: 200 Cross ref number: Not Reported FMS survey date: Not Reported Current survey date: Not Reported Medicare/Medicaid: Not Reported Facility name: MEMORIAL WOMENS CTR FOR FAMLY PLANNING Intermediary/Carrier: Not Reported Medicaid number: Not Reported Partcipation date: 19941209 Prior COO date: Not Reported Prior carrier: Not Reported Provider ID: 05D0687202 Record Status: A Region code: 09 Is Partial Record: Y state abbrev: CA ssa state: 05 state region cd: LAB street address: 2701 ATLANTIC AVENUE, SUITE B Phone num: 3109332998 Termination reason: 00 Term Date: 20090102 Purpose of action: Not Reported Provider control: 07 Zip: 90806 Fips state: 06 Fips cnty: 037 SSA MSA: 328 SSA MSA size code: A Date accredited: Not Reported Accred expire date: Not Reported Accred Org: Not Reported Num beds: 0000 Num cert beds: 0000 Source: US_HOSPITAL_POSCLIA Edr id: SRHO20070137760	SRHO20070137760 AHA Hospitals
HU1291	WNW	4-6 mi	29360	Higher	Hospital type: 01 Num of times COO: 00 Owner date: Not Reported City: LONG BEACH Has plan of corr: Not Reported Compliance status: Not Reported SSA county code: 200 Cross ref number: Not Reported FMS survey date: Not Reported Current survey date: Not Reported	SRHO20070137541 AHA Hospitals

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Medicare/Medicaid: Not Reported  
 Facility name: JOHN CRIVARO MD INC  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19930106  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0679688  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 2701 ATLANTIC AVE  
 Phone num: 3105957784  
 Termination reason: 08  
 Term Date: 19971222  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90806  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070137541

HV1292  
 WNW  
 4-6 mi  
 29375  
 Higher

EDR ID: SRDCCA200724224  
 Facility number: 198010381  
 Facility name: GODFREY FAMILY CHILD CARE  
 Facility eval. code: 8160  
 Facility office number: 33  
 Facility county number: 19  
 Facility type code: 810  
 Facility status code: 03  
 Address: 2161 LOCUST # C  
 City: LONG BEACH  
 State: CA  
 Zip: 90806  
 Alt. address: 2161 LOCUST # C  
 City: LONG BEACH  
 State: CA  
 Zip: 90806  
 Facility investor: YVONNE MELISSA GODFREY  
 Licensee type: A  
 License effective date: 40504  
 License expiration date: Not Reported  
 License issue date: 040504

SRDCCA200724224  
 Daycare

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED"

Original app. received date: 040322  
 Facility closed date: Not Reported  
 Mailing address: 2161 LOCUST # C  
 Mailing city: LONG BEACH  
 Mailing state: CA  
 Mailing zip: 90806  
 Contact person: "GODFREY, YVONNE"  
 Facility capacity: 8  
 Type of clients served: 960  
 Facility phone: 5625918017

IU1293  
 WNW  
 4-6 mi  
 29387  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: LONG BEACH SURGICAL INSTITUTE  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 20031112  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D1019192  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: M1  
 street address: 701 E 28TH STREET SUITE 300  
 Phone num: 5624267111  
 Termination reason: 00  
 Term Date: 20071111  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90806  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000

SRHO20070158622  
 AHA Hospitals

# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070158622

IU1294 WNW 4-6 mi 29387 Higher	Hospital type: 01 Num of times COO: 00 Owner date: Not Reported City: LONG BEACH Has plan of corr: 1 Compliance status: A SSA county code: 200 Cross ref number: Not Reported FMS survey date: Not Reported Current survey date: 19940302 Medicare/Medicaid: 1 Facility name: IMPACT CENTER OF LONG BEACH Intermediary/Carrier: 02050 Medicaid number: Not Reported Participation date: 19931210 Prior COO date: Not Reported Prior carrier: Not Reported Provider ID: 05D0880342 Record Status: A Region code: 09 Is Partial Record: Not Reported state abbrev: CA ssa state: 05 state region cd: M1 street address: 701 E 28TH ST SUITE 117 Phone num: 3104268140 Termination reason: 12 Term Date: 19951020 Purpose of action: 1 Provider control: 04 Zip: 90806 Fips state: 06 Fips cnty: 037 SSA MSA: 328 SSA MSA size code: A Date accredited: Not Reported Accred expire date: Not Reported Accred Org: Not Reported Num beds: 0000 Num cert beds: 0000 Source: US_HOSPITAL_POSCLIA Edr id: SRHO20070142005	SRHO20070142005 AHA Hospitals
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IU1295 WNW 4-6 mi 29387 Higher	Hospital type: 01 Num of times COO: 00 Owner date: Not Reported City: LONG BEACH Has plan of corr: Not Reported	SRHO20070141962 AHA Hospitals
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## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Compliance status: A  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: 20020730  
 Current survey date: 20060615  
 Medicare/Medicaid: 1  
 Facility name: REPRODUCTIVE PARTNERS ENDOCRINE LAB  
 Intermediary/Carrier: 02050  
 Medicaid number: Not Reported  
 Participation date: 19920901  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0866385  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Not Reported  
 state abbrev: CA  
 ssa state: 05  
 state region cd: M1  
 street address: 701 E 28TH STREET #202  
 Phone num: 5624272229  
 Termination reason: 00  
 Term Date: 20070220  
 Purpose of action: 2  
 Provider control: 04  
 Zip: 90806  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070141962

IU1296  
 WNW  
 4-6 mi  
 29387  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: Not Reported  
 Compliance status: A  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: 20030709  
 Medicare/Medicaid: 1  
 Facility name: SURGICAL INSTITUTE OF LONG BEACH  
 Intermediary/Carrier: 00542  
 Medicaid number: Not Reported  
 Participation date: 20030709  
 Prior COO date: Not Reported

SRHO20070005926  
 AHA Hospitals

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Prior carrier: Not Reported  
 Provider ID: 05C0001602  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Not Reported  
 state abbrev: CA  
 ssa state: 05  
 state region cd: L3  
 street address: 701 EAST 28TH STREET, SUITE 300  
 Phone num: 5624267111  
 Termination reason: 00  
 Term Date: Not Reported  
 Purpose of action: 1  
 Provider control: 01  
 Zip: 90806  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: 2  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSOTHER  
 Edr id: SRHO20070005926

IU1297  
 WNW  
 4-6 mi  
 29387  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: Not Reported  
 Compliance status: A  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: 20060816  
 Medicare/Medicaid: 1  
 Facility name: ATLANTIC UROLOGY MEDICAL GROUP  
 Intermediary/Carrier: 02050  
 Medicaid number: Not Reported  
 Participation date: 19920901  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0554349  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Not Reported  
 state abbrev: CA  
 ssa state: 05  
 state region cd: M1  
 street address: 701 EAST 28TH STREET #319  
 Phone num: 5625955977  
 Termination reason: 00

SRHO20070131647  
 AHA Hospitals

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Term Date: 20070410  
 Purpose of action: 2  
 Provider control: 04  
 Zip: 90806  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070131647

IU1298  
 WNW  
 4-6 mi  
 29387  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: OSTERGARD GYNECOLOGY & FEMALE UROLOGY  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19930106  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0703590  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 701 E 28TH STREET SUITE 212  
 Phone num: 3109337865  
 Termination reason: 00  
 Term Date: 20080831  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90806  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported

SRHO20070140247  
 AHA Hospitals

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070140247

IU1299 SRHO20070150059  
 WNW AHA Hospitals

4-6 mi  
 29387  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: PHILIP J DI SAIA MD  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19970723  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0931146  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 701 EAST 28TH STREET #212  
 Phone num: 5629337851  
 Termination reason: 00  
 Term Date: 20070722  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90806  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070150059

IU1300 SRHO20070139201  
 WNW AHA Hospitals

4-6 mi  
 29387  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LONG BEACH

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Has plan of corr: Not Reported  
 Compliance status: A  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: 20060622  
 Medicare/Medicaid: 1  
 Facility name: CARY EDWARD FEIBLEMAN MD  
 Intermediary/Carrier: 02050  
 Medicaid number: Not Reported  
 Participation date: 19920901  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0686334  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Not Reported  
 state abbrev: CA  
 ssa state: 05  
 state region cd: M1  
 street address: 701 EAST 28TH STREET, SUITE 311  
 Phone num: 5625954777  
 Termination reason: 00  
 Term Date: 20070215  
 Purpose of action: 2  
 Provider control: 04  
 Zip: 90806  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070139201

IU1301  
 WNW  
 4-6 mi  
 29387  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: VAUGHN NIXON MD  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19930225

SRHO20070143829  
 AHA Hospitals

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0862699  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 701 EAST 28TH STREET #318  
 Phone num: 3105955538  
 Termination reason: 08  
 Term Date: 19930225  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90806  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070143829

IU1302  
 WNW  
 4-6 mi  
 29387  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: 1  
 Compliance status: A  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: 20020911  
 Medicare/Medicaid: 1  
 Facility name: INDEPENDENT PHYSICAL THERAPY  
 Intermediary/Carrier: 00040  
 Medicaid number: Not Reported  
 Participation date: 19980507  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 056861  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Not Reported  
 state abbrev: CA  
 ssa state: 05  
 state region cd: L1  
 street address: 701 EAST 28TH STREET, SUITE 419  
 Phone num: 5624900946

SRHO20070010490  
 AHA Hospitals

# MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Termination reason: 00  
 Term Date: Not Reported  
 Purpose of action: 2  
 Provider control: 06  
 Zip: 90806  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSOTHER  
 Edr id: SRHO20070010490

IU1303  
 WNW  
 4-6 mi  
 29387  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: Not Reported  
 Compliance status: A  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: 20020502  
 Medicare/Medicaid: 1  
 Facility name: BREASTLINK MEDICAL GROUP INC  
 Intermediary/Carrier: 02050  
 Medicaid number: Not Reported  
 Participation date: 19961003  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0920535  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Not Reported  
 state abbrev: CA  
 ssa state: 05  
 state region cd: M1  
 street address: 701 E 28TH STREET #201  
 Phone num: 5629337820  
 Termination reason: 00  
 Term Date: 20090119  
 Purpose of action: 2  
 Provider control: 04  
 Zip: 90806  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported

SRHO20070146262  
 AHA Hospitals

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070146262

IQ1304		SRDCCA200700931
NW	EDR ID: SRDCCA200700931	Daycare
4-6 mi	Facility number: 197803967	
29396	Facility name: DREAM HOME CARE I	
Higher	Facility eval. code: 6004	
	Facility office number: 32	
	Facility county number: 19	
	Facility type code: 730	
	Facility status code: 03	
	Address: 3720 GARDENIA AVE.	
	City: LONG BEACH	
	State: CA	
	Zip: 90807	
	Alt. address: 4150 LOCUST AVE	
	City: LONG BEACH	
	State: CA	
	Zip: 90807	
	Facility investor: DREAM CARE HOME INC	
	Licensee type: C	
	License effective date: 20503	
	License expiration date: Not Reported	
	License issue date: 020503	
	Program type: LICENSED TO SERVE AMBULATORY CHILDREN AGES 6-17 YEARS.	
	Original app. received date: 011213	
	Facility closed date: Not Reported	
	Mailing address: 4150 LOCUST AVE	
	Mailing city: LONG BEACH	
	Mailing state: CA	
	Mailing zip: 90807	
	Contact person: CORA MANALANG	
	Facility capacity: 6	
	Type of clients served: 950	
	Facility phone: 5629891884	

II1305		SRDCCA200728068
West	EDR ID: SRDCCA200728068	Daycare
4-6 mi	Facility number: 198011292	
29408	Facility name: SENCION & MEZA-LUNA FAMILY CHILD CARE	
Higher	Facility eval. code: 8160	
	Facility office number: 33	
	Facility county number: 19	
	Facility type code: 810	
	Facility status code: 03	
	Address: 319 W. 12TH STREET	
	City: LONG BEACH	
	State: CA	
	Zip: 90813	
	Alt. address: 319 W. 12TH STREET	

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

City: LONG BEACH  
 State: CA  
 Zip: 90813  
 Facility investor: "SENCION, GABRIELA & MEZA-LUNA, SONIA"  
 Licensee type: A  
 License effective date: 50222  
 License expiration date: Not Reported  
 License issue date: 050222  
 Program type: "MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY.  
 CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY  
 SCHOOL AND 1 CHILD AT LEAST AGE 6."  
 Original app. received date: 041130  
 Facility closed date: Not Reported  
 Mailing address: 319 W. 12TH STREET  
 Mailing city: LONG BEACH  
 Mailing state: CA  
 Mailing zip: 90813  
 Contact person: "SENCION,GABRIELA&MEZA,SONI"  
 Facility capacity: 8  
 Type of clients served: 960  
 Facility phone: 5624954630

IV1306  
 WNW  
 4-6 mi  
 29409  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: LONG BEACH DOCTORS HOSPITAL  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19930111  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0554923  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Not Reported  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 1725 PACIFIC AVE  
 Phone num: 3105993551  
 Termination reason: 10  
 Term Date: 19990104  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90813  
 Fips state: 06

SRHO20070131530  
 AHA Hospitals

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070131530

IV1307  
 WNW  
 4-6 mi  
 29409  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: LONG BEACH DOCTOR'S HOSPITAL-RESP  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19950502  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0900646  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Not Reported  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 1725 PACIFIC AVE  
 Phone num: 5625993551  
 Termination reason: 08  
 Term Date: 19990624  
 Purpose of action: Not Reported  
 Provider control: 02  
 Zip: 90813  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070146142

SRHO20070146142  
 AHA Hospitals

## MAP FINDINGS

Map ID	Direction	Distance	Distance (ft.)	Elevation	Site	EDR ID	Database
IV1308	WNW	4-6 mi	29409	Higher	Hospital type: 01 Num of times COO: 00 Owner date: Not Reported City: LONG BEACH Has plan of corr: Not Reported Compliance status: A SSA county code: 200 Cross ref number: Not Reported FMS survey date: Not Reported Current survey date: 19950613 Medicare/Medicaid: 1 Facility name: LONG BEACH DOCTORS HOSPITAL Intermediary/Carrier: 00040 Medicaid number: Not Reported Participation date: 19660701 Prior COO date: Not Reported Prior carrier: 51051 Provider ID: 050343 Record Status: A Region code: 09 Is Partial Record: Not Reported state abbrev: CA ssa state: 05 state region cd: L4 street address: 1725 PACIFIC AVENUE Phone num: 3105993551 Termination reason: 01 Term Date: 19980624 Purpose of action: 2 Provider control: 04 Zip: 90813 Fips state: 06 Fips cnty: 037 SSA MSA: 328 SSA MSA size code: A Date accredited: 19920606 Accred expire date: 19950612 Accred Org: 1 Num beds: 0043 Num cert beds: 0043 Source: US_HOSPITAL_POSOTHER Edr id: SRHO20070008059	SRHO20070008059	AHA Hospitals
IW1309	North	4-6 mi	29411	Higher	EDR ID: SRDCCA200713787 Facility number: 198005778 Facility name: GREEN FAMILY CHILD CARE Facility eval. code: 7110 Facility office number: 33 Facility county number: 19 Facility type code: 810 Facility status code: 03 Address: 6536 IANITA STREET City: LAKEWOOD	SRDCCA200713787	Daycare

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

State: CA  
 Zip: 90713  
 Alt. address: 6536 IANITA STREET  
 City: LAKEWOOD  
 State: CA  
 Zip: 90713  
 Facility investor: "GREEN, DEANNA"  
 Licensee type: A  
 License effective date: 403  
 License expiration date: Not Reported  
 License issue date: 000403  
 Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4  
 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE  
 WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED  
 "  
 Original app. received date: 000218  
 Facility closed date: Not Reported  
 Mailing address: 6536 IANITA STREET  
 Mailing city: LAKEWOOD  
 Mailing state: CA  
 Mailing zip: 90713  
 Contact person: "GREEN, DEANNA"  
 Facility capacity: 8  
 Type of clients served: 960  
 Facility phone: 5629200275

IV1310  
 WNW  
 4-6 mi  
 29443  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: J & L DE LEON MEDICAL CORPORATION  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19950721  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0903443  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 1745 PACIFIC AVENUE  
 Phone num: 3105910241  
 Termination reason: 08  
 Term Date: 20030720

SRHO20070144279  
 AHA Hospitals

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Purpose of action:	Not Reported
Provider control:	04
Zip:	90813
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070144279

IX1311  
 ENE  
 4-6 mi  
 29450  
 Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	CYPRESS
Has plan of corr:	Not Reported
Compliance status:	A
SSA county code:	400
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	19980429
Medicare/Medicaid:	1
Facility name:	PACIFIC COAST REFERENCE LABORATORY INC
Intermediary/Carrier:	02050
Medicaid number:	Not Reported
Participation date:	19980102
Prior COO date:	Not Reported
Prior carrier:	Not Reported
Provider ID:	05D0938269
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	M1
street address:	11215 KNOTT AVE, SUITE A
Phone num:	7149012211
Termination reason:	12
Term Date:	19991122
Purpose of action:	1
Provider control:	04
Zip:	90630
Fips state:	06
Fips cnty:	059
SSA MSA:	033
SSA MSA size code:	B
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000

SRHO20070154642  
 AHA Hospitals

# MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070154642

IX1312  
 ENE  
 4-6 mi  
 29450  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: CYPRESS  
 Has plan of corr: 1  
 Compliance status: A  
 SSA county code: 400  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: 20040226  
 Medicare/Medicaid: 1  
 Facility name: CONSOLIDATED MEDICAL BIOANALYSIS INC  
 Intermediary/Carrier: 02050  
 Medicaid number: Not Reported  
 Participation date: 19920901  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0553364  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Not Reported  
 state abbrev: CA  
 ssa state: 05  
 state region cd: M1  
 street address: 11215 KNOTT AVE  
 Phone num: 7146577369  
 Termination reason: 00  
 Term Date: 20071116  
 Purpose of action: 5  
 Provider control: 02  
 Zip: 90630  
 Fips state: 06  
 Fips cnty: 059  
 SSA MSA: 033  
 SSA MSA size code: B  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070130571

SRHO20070130571  
 AHA Hospitals

IY1313  
 NNE  
 4-6 mi  
 29450  
 Higher

EDR ID: SRDCCA200752627  
 Facility number: 198004386  
 Facility name: CERRITOS LANE PRESCHOOL  
 Facility eval. code: 7110  
 Facility office number: 33

SRDCCA200752627  
 Daycare

# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Facility county number: 19  
 Facility type code: 850  
 Facility status code: 03  
 Address: 20223 CABRILLO LANE  
 City: CERRITOS  
 State: CA  
 Zip: 90701  
 Alt. address: 20223 CABRILLO LANE  
 City: CERRITOS  
 State: CA  
 Zip: 90701  
 Facility investor: "SMALL WORLD, INC. "  
 Licensee type: D  
 License effective date: 981002  
 License expiration date: Not Reported  
 License issue date: 981002  
 Program type: "LICENSEE PREFERS TO SERVE CHILDREN AGES 2 UNTIL ENTRY INTO  
 FIRST GRADE. SCHOOL-AGE PROGRAM ON SITE, #198004387  
 "

Original app. received date: 980714  
 Facility closed date: Not Reported  
 Mailing address: 1481 GREEN AVE.  
 Mailing city: LOS ALAMITOS  
 Mailing state: CA  
 Mailing zip: 90720  
 Contact person: JUDY SHEPPARD  
 Facility capacity: 77  
 Type of clients served: 950  
 Facility phone: 5628650482

IY1314  
 NNE  
 4-6 mi  
 29450  
 Higher

EDR ID: SRDCCA200743098  
 Facility number: 198004387  
 Facility name: CERRITOS LANE PRESCHOOL  
 Facility eval. code: 6150  
 Facility office number: 33  
 Facility county number: 19  
 Facility type code: 840  
 Facility status code: 03  
 Address: 20223 CABRILLO LANE  
 City: CERRITOS  
 State: CA  
 Zip: 90701  
 Alt. address: 20223 CABRILLO LANE  
 City: CERRITOS  
 State: CA  
 Zip: 90701  
 Facility investor: SMALL WORLD INC.  
 Licensee type: D  
 License effective date: 981002  
 License expiration date: Not Reported  
 License issue date: 981002  
 Program type: "LICENSEE PREFERS TO SERVE CHILDREN AGES 6 TO 12 YEARS OLD.  
 PRESCHOOL PROGRAM ON SITE, #198004386  
 "

SRDCCA200743098  
 Daycare

# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Original app. received date: 980714  
 Facility closed date: Not Reported  
 Mailing address: 4181 GREEN AVE.  
 Mailing city: LOS ALAMITOS  
 Mailing state: CA  
 Mailing zip: 90720  
 Contact person: JUDY SHEPPARD  
 Facility capacity: 28  
 Type of clients served: 950  
 Facility phone: 5628650482

IY1315  
 NNE  
 4-6 mi  
 29450  
 Higher

Pss school id: A9302404  
 Pss inst: CERRITOS LANE PRE-SCHOOL  
 Lograde: PK  
 Higrade: UG  
 Pss address: 20223 CABRILLO LN  
 Pss city: CERRITOS  
 Pss county no: 037  
 Pss county fips: 06037  
 Pss stabb: CA  
 Pss fips: 06  
 Pss zip5: 90702  
 Pss phone: 5628650482  
 Pss sch days: 180  
 Pss stu day hrs: 8  
 Pss library: No  
 Pss enroll ug: 24  
 Pss enroll pk: 86  
 Pss enroll k: Not Reported  
 Pss enroll 1: Not Reported  
 Pss enroll 2: Not Reported  
 Pss enroll 3: Not Reported  
 Pss enroll 4: Not Reported  
 Pss enroll 5: Not Reported  
 Pss enroll 6: Not Reported  
 Pss enroll 7: Not Reported  
 Pss enroll 8: Not Reported  
 Pss enroll 9: Not Reported  
 Pss enroll 10: Not Reported  
 Pss enroll 11: Not Reported  
 Pss enroll 12: Not Reported  
 Pss enroll t: 110  
 Pss enroll tk12: 24  
 Pss race ai: 2  
 Pss race as: 6  
 Pss race h: 5  
 Pss race b: 1  
 Pss race w: 10  
 Pss fte teach: 1.9  
 Pss locale: 2  
 Pss coed: 1  
 Pss type: 1  
 Pss level: 1  
 Pss relig: 3

SRPR20051024244  
 Private Schools

# MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Pss comm type: 1  
 Pss indian pct: 8.33  
 Pss asian pct: 25  
 Pss hisp pct: 20.83  
 Pss black pct: 4.17  
 Pss white pct: 41.67  
 Pss stdtch rt: 12.63  
 Pss orient: 29  
 Pss county name: LOS ANGELES  
 Pss assoc 1: Not Reported  
 Pss assoc 2: Not Reported  
 Pss assoc 3: Not Reported  
 Pss assoc 4: Not Reported  
 Pss assoc 5: Not Reported  
 Pss assoc 6: Not Reported  
 Pss assoc 7: Not Reported  
 Source: NCESDATA\_E72D09B4  
 Edr id: SRPR20051024244

IZ1316  
 NE  
 4-6 mi  
 29453  
 Higher

EDR ID: SRDCCA200704128  
 Facility number: 300615398  
 Facility name: "GRZESKOWIAK, JUDITH"  
 Facility eval. code: 3404  
 Facility office number: 06  
 Facility county number: 30  
 Facility type code: 810  
 Facility status code: 03  
 Address: 6430 MYRA AVENUE  
 City: BUENA PARK  
 State: CA  
 Zip: 90620  
 Alt. address: 6430 MYRA AVENUE  
 City: BUENA PARK  
 State: CA  
 Zip: 90620  
 Facility investor: "GRZESKOWIAK, JUDITH"  
 Licensee type: A  
 License effective date: 921230  
 License expiration date: Not Reported  
 License issue date: 921230  
 Program type: "MAXIMUM CAPACITY: 6 CHILDREN, INCLUDING LICENSEE'S CHILDREN UNDER 10 YEARS OF AGE WHO RESIDE IN THE HOME, WITH NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY (INFANT MEANS A CHILD UNDER 2 YEARS OLD)."  
 Original app. received date: 921113  
 Facility closed date: Not Reported  
 Mailing address: 6430 MYRA AVENUE  
 Mailing city: BUENA PARK  
 Mailing state: CA  
 Mailing zip: 90620  
 Contact person: "GRZESKOWIAK, JUDITH"  
 Facility capacity: 6  
 Type of clients served: 960  
 Facility phone: 7148218393

SRDCCA200704128  
 Daycare

## MAP FINDINGS

Map ID	Direction	Distance	Distance (ft.)	Elevation	Site	EDR ID	Database
IC1317	West	4-6 mi	29453	Higher	EDR ID: SRDCCA200734224 Facility number: 198012124 Facility name: PLATT FAMILY CHILD CARE Facility eval. code: 8160 Facility office number: 33 Facility county number: 19 Facility type code: 810 Facility status code: 03 Address: 905 CHESTNUT City: LONG BEACH State: CA Zip: 90813 Alt. address: 905 CHESTNUT City: LONG BEACH State: CA Zip: 90813 Facility investor: CINDY PLATT Licensee type: A License effective date: 60131 License expiration date: Not Reported License issue date: 060131 Program type: MAX. CAP(WHEN THERE IS AN ASSISTANT PRESENT): 12 - 9 CHILDREN AND 3 INFANTS. CAN NOT EXCHANGE THE INFANTS FOR CHILDREN. Original app. received date: 051103 Facility closed date: Not Reported Mailing address: 905 CHESTNUT Mailing city: LONG BEACH Mailing state: CA Mailing zip: 90813 Contact person: "PLATT, CINDY" Facility capacity: 12 Type of clients served: 960 Facility phone: 5624366749	SRDCCA200734224	Daycare
JA1318	NNE	4-6 mi	29455	Higher	EDR ID: SRDCCA200740427 Facility number: 304310674 Facility name: "DICKERSON, KRISTIN" Facility eval. code: 3404 Facility office number: 06 Facility county number: 30 Facility type code: 810 Facility status code: 03 Address: 8432 CAROB STREET City: CYPRESS State: CA Zip: 90630 Alt. address: 8432 CAROB STREET City: CYPRESS State: CA Zip: 90630 Facility investor: "DICKERSON, KRISTIN" Licensee type: A License effective date: 70517	SRDCCA200740427	Daycare

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

License expiration date: Not Reported  
 License issue date: 070517  
 Program type: "MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY.  
 CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY  
 SCHOOL AND 1 CHILD AT LEAST AGE 6. "  
 Original app. received date: 061106  
 Facility closed date: Not Reported  
 Mailing address: 8432 CAROB STREET  
 Mailing city: CYPRESS  
 Mailing state: CA  
 Mailing zip: 90630  
 Contact person: "DICKERSON, KRISTIN "  
 Facility capacity: 8  
 Type of clients served: 960  
 Facility phone: 7148278766

IM1319		SRDCCA200721401
NW	EDR ID: SRDCCA200721401	Daycare
4-6 mi	Facility number: 198009250	
29486	Facility name: BATES FAMILY CHILD CARE	
Higher	Facility eval. code: 8160	
	Facility office number: 33	
	Facility county number: 19	
	Facility type code: 810	
	Facility status code: 03	
	Address: 3213 LEMON AVENUE	
	City: SIGNAL HILL	
	State: CA	
	Zip: 90755	
	Alt. address: 3213 LEMON AVENUE	
	City: SIGNAL HILL	
	State: CA	
	Zip: 90755	
	Facility investor: "BATES, MARIA & ANA "	
	Licensee type: A	
	License effective date: 30806	
	License expiration date: Not Reported	
	License issue date: 030806	
	Program type: MAX. CAP (WHEN THERE IS AN ASSISTANT PRESENT): 12 - NO MORE THAN 4 INFANTS. CAP 14 - NO MORE THAN 3 INFANTS. 1 CHILD IN KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6.	
	Original app. received date: 030516	
	Facility closed date: Not Reported	
	Mailing address: 3213 LEMON AVENUE	
	Mailing city: SIGNAL HILL	
	Mailing state: CA	
	Mailing zip: 90755	
	Contact person: "BATES, MARIA & ANA "	
	Facility capacity: 14	
	Type of clients served: 960	
	Facility phone: 5629883633	

## MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site	EDR ID Database
IB1320 West 4-6 mi 29503 Higher	Hospital type: 01 Num of times COO: 00 Owner date: Not Reported City: LONG BEACH Has plan of corr: Not Reported Compliance status: Not Reported SSA county code: 200 Cross ref number: Not Reported FMS survey date: Not Reported Current survey date: Not Reported Medicare/Medicaid: Not Reported Facility name: BIO-MEDICAL DIALYSIS Intermediary/Carrier: Not Reported Medicaid number: Not Reported Participation date: 19930722 Prior COO date: Not Reported Prior carrier: Not Reported Provider ID: 05D0554890 Record Status: A Region code: 09 Is Partial Record: Y state abbrev: CA ssa state: 05 state region cd: LAB street address: 440 WEST OCEAN BLVD Phone num: 5624324444 Termination reason: 00 Term Date: 20080831 Purpose of action: Not Reported Provider control: 04 Zip: 90802 Fips state: 06 Fips cnty: 037 SSA MSA: 328 SSA MSA size code: A Date accredited: Not Reported Accred expire date: Not Reported Accred Org: Not Reported Num beds: 0000 Num cert beds: 0000 Source: US_HOSPITAL_POSCLIA Edr id: SRHO20070131517	SRHO20070131517 AHA Hospitals
IB1321 West 4-6 mi 29503 Higher	Hospital type: 01 Num of times COO: 00 Owner date: Not Reported City: LONG BEACH Has plan of corr: 1 Compliance status: A SSA county code: 200 Cross ref number: Not Reported FMS survey date: Not Reported Current survey date: 20030628	SRHO20070008199 AHA Hospitals

# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Medicare/Medicaid: 1  
 Facility name: BIO MEDICAL LONG BEACH COMM HEMODIALYSIS UNIT  
 Intermediary/Carrier: 00400  
 Medicaid number: Not Reported  
 Participation date: 19770805  
 Prior COO date: Not Reported  
 Prior carrier: 00040  
 Provider ID: 052523  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Not Reported  
 state abbrev: CA  
 ssa state: 05  
 state region cd: L4  
 street address: 440 WEST OCEAN BL  
 Phone num: 3104324444  
 Termination reason: 00  
 Term Date: Not Reported  
 Purpose of action: 2  
 Provider control: 01  
 Zip: 90802  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSOTHER  
 Edr id: SRHO20070008199

II1322  
 WNW 4-6 mi 29505 Higher  
 Ncessch: 062250002765  
 Schname05: WASHINGTON MIDDLE  
 Mstreet05: 1450 CEDAR AVE.  
 Mcity05: LONG BEACH  
 Mstate05: CA  
 Mzip05: 90813  
 Mzip405: 1705  
 Member05: 1014  
 Phone05: (562) 591-2434  
 Locale05: 1  
 Type05: 1  
 Level05: 2  
 Gslo05: 06  
 Gshi05: 08  
 Edr id: SRPU20071014054

SRPU20071014054  
 Public Schools

IY1323  
 North 4-6 mi 29523 Higher  
 Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported

SRHO20070140279  
 AHA Hospitals

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

City: LAKEWOOD  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: CENTRAL MEDICAL CLINIC INC  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19930111  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0709576  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Not Reported  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 20145 S PIONEER BLVD  
 Phone num: 3108655285  
 Termination reason: 15  
 Term Date: 19940831  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90715  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070140279

IY1324  
 North  
 4-6 mi  
 29523  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LAKEWOOD  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: WOO-SUNG AHN MD  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported

SRHO20070145449  
 AHA Hospitals

# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Participation date: 19940616  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0887759  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 20145 S PIONEER BLVD  
 Phone num: 5629165020  
 Termination reason: 00  
 Term Date: 20080615  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90715  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070145449

IW1325  
 North  
 4-6 mi  
 29530  
 Higher

EDR ID: SRDCCA200734995  
 Facility number: 198012555  
 Facility name: MURRAY FAMILY CHILD CARE  
 Facility eval. code: 8160  
 Facility office number: 33  
 Facility county number: 19  
 Facility type code: 810  
 Facility status code: 03  
 Address: 6702 EBERLE STREET  
 City: LAKEWOOD  
 State: CA  
 Zip: 90713  
 Alt. address: 6702 EBERLE STREET  
 City: LAKEWOOD  
 State: CA  
 Zip: 90713  
 Facility investor: "MURRAY, ANALIZA"  
 Licensee type: A  
 License effective date: 60531  
 License expiration date: Not Reported  
 License issue date: 060531  
 Program type: "MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY.  
 CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY  
 SCHOOL AND 1 CHILD AT LEAST AGE 6."  
 Original app. received date: 060424

SRDCCA200734995  
 Daycare

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Facility closed date: Not Reported  
 Mailing address: 6702 EBERLE STREET  
 Mailing city: LAKEWOOD  
 Mailing state: CA  
 Mailing zip: 90713  
 Contact person: "MURRAY, ANALIZA"  
 Facility capacity: 8  
 Type of clients served: 960  
 Facility phone: 5628665783

IU1326  
 WNW  
 4-6 mi  
 29531  
 Higher

Hospital type: 03  
 Num of times COO: 03  
 Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: 1  
 Compliance status: A  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: 20051024  
 Current survey date: 20060610  
 Medicare/Medicaid: 1  
 Facility name: ATLANTIC MEMORIAL HEALTHCARE CENTER  
 Intermediary/Carrier: 52280  
 Medicaid number: 940000007  
 Participation date: 19670508  
 Prior COO date: 20030101  
 Prior carrier: 00040  
 Provider ID: 055744  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Not Reported  
 state abbrev: CA  
 ssa state: 05  
 state region cd: L4  
 street address: 2750 ATLANTIC AVE.  
 Phone num: 5624248101  
 Termination reason: 00  
 Term Date: Not Reported  
 Purpose of action: 2  
 Provider control: 03  
 Zip: 90806  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0109  
 Num cert beds: 0109  
 Source: US\_HOSPITAL\_POSOTHER  
 Edr id: SRHO20070008920

SRHO20070008920  
 AHA Hospitals

## MAP FINDINGS

Map ID	Direction	Distance	Distance (ft.)	Elevation	Site	EDR ID Database
IU1327	WNW	4-6 mi	29531	Higher	Hospital type: 01 Num of times COO: 00 Owner date: Not Reported City: LONG BEACH Has plan of corr: Not Reported Compliance status: Not Reported SSA county code: 200 Cross ref number: Not Reported FMS survey date: Not Reported Current survey date: Not Reported Medicare/Medicaid: Not Reported Facility name: AKINS POST ACUTE REHAB HOSPITAL Intermediary/Carrier: Not Reported Medicaid number: Not Reported Participation date: 19931223 Prior COO date: Not Reported Prior carrier: Not Reported Provider ID: 05D0686509 Record Status: A Region code: 09 Is Partial Record: Y state abbrev: CA ssa state: 05 state region cd: LAB street address: 2750 ATLANTIC AVENUE Phone num: 3104248101 Termination reason: 00 Term Date: 20080831 Purpose of action: Not Reported Provider control: 02 Zip: 90806 Fips state: 06 Fips cnty: 037 SSA MSA: 328 SSA MSA size code: A Date accredited: Not Reported Accred expire date: Not Reported Accred Org: Not Reported Num beds: 0000 Num cert beds: 0000 Source: US_HOSPITAL_POSCLIA Edr id: SRHO20070138632	SRHO20070138632 AHA Hospitals
IU1328	WNW	4-6 mi	29531	Higher	Provnum: 055744 Nursinghomename: ATLANTIC MEMORIAL HEALTHCARE CENTER Street: 2750 ATLANTIC AVE. City: LONG BEACH State: CA Zipcode: 90806 Phonenumber: 5624248101 Dateoflastinspection: 20050406 Certifiednumberofbeds: 109 Totalnumberofresidents: 77	SRNH20060900990 Nursing Homes

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Percofoccupiedbeds: 71  
 Categorydescription: Participating in Medicare and Medicaid  
 Typeofownership: For profit - Corporation  
 Locatedwithinahospital: NO  
 Multinursinghomeownership: NO  
 Residentandfamilycouncils: BOTH  
 Edr id: SRNH20060900990

IU1329  
 WNW  
 4-6 mi  
 29539  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: Not Reported  
 Compliance status: A  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: 20051025  
 Medicare/Medicaid: 1  
 Facility name: RATIONAL THERAPEUTICS INC  
 Intermediary/Carrier: 02050  
 Medicaid number: Not Reported  
 Participation date: 19930609  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0871981  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Not Reported  
 state abbrev: CA  
 ssa state: 05  
 state region cd: M1  
 street address: 750 EAST 29TH STREET  
 Phone num: 3109896455  
 Termination reason: 00  
 Term Date: 20071215  
 Purpose of action: 2  
 Provider control: 04  
 Zip: 90806  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070145111

SRHO20070145111  
 AHA Hospitals

## MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site	EDR ID Database
IY1330 North 4-6 mi 29545 Higher	Hospital type: 01 Num of times COO: 00 Owner date: Not Reported City: LAKEWOOD Has plan of corr: Not Reported Compliance status: Not Reported SSA county code: 200 Cross ref number: Not Reported FMS survey date: Not Reported Current survey date: Not Reported Medicare/Medicaid: Not Reported Facility name: RALPHS PHARMACY #250 Intermediary/Carrier: Not Reported Medicaid number: Not Reported Participation date: 20010605 Prior COO date: Not Reported Prior carrier: Not Reported Provider ID: 05D0987437 Record Status: A Region code: 09 Is Partial Record: Y state abbrev: CA ssa state: 05 state region cd: LAB street address: 20137 PIONEER BLVD Phone num: 5629241210 Termination reason: 00 Term Date: 20070604 Purpose of action: Not Reported Provider control: 04 Zip: 90715 Fips state: 06 Fips cnty: 037 SSA MSA: 328 SSA MSA size code: A Date accredited: Not Reported Accred expire date: Not Reported Accred Org: Not Reported Num beds: 0000 Num cert beds: 0000 Source: US_HOSPITAL_POSCLIA Edr id: SRHO20070154854	SRHO20070154854 AHA Hospitals
HV1331 WNW 4-6 mi 29545 Higher	EDR ID: SRDCCA200716490 Facility number: 198007186 Facility name: ROBERSON FAMILY CHILD CARE Facility eval. code: 8160 Facility office number: 33 Facility county number: 19 Facility type code: 810 Facility status code: 03 Address: 2231 LOCUST AVENUE City: LONG BEACH	SRDCCA200716490 Daycare

# MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

State: CA  
 Zip: 90806  
 Alt. address: 2231 LOCUST AVENUE  
 City: LONG BEACH  
 State: CA  
 Zip: 90806  
 Facility investor: "ROBERSON, KATHERANE & WILLIAM"  
 Licensee type: A  
 License effective date: 11205  
 License expiration date: Not Reported  
 License issue date: 011205  
 Program type: "MAXIMUM CAPACITY: 12 CHILDREN WITH NO MORE THAN 4 INFANTS, OR  
 CAPACITY14 CHILDREN WHEN 2 CHILDREN ARE AT LEAST 6 YEARS OF AGE WITH A  
 MAXIMUMOF 3 INFANTS. PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED."  
 "

Original app. received date: 011116  
 Facility closed date: Not Reported  
 Mailing address: 2231 LOCUST AVENUE  
 Mailing city: LONG BEACH  
 Mailing state: CA  
 Mailing zip: 90806  
 Contact person: "ROBERSON, K. & W."  
 Facility capacity: 14  
 Type of clients served: 960  
 Facility phone: 5629977180

IU1332  
 WNW  
 4-6 mi  
 29552  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: MEMORIAL ORTHOPAEDIC SURGICL GROUP  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 20031210  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D1020073  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 2760 ATLANTIC AVENUE  
 Phone num: 5624246666  
 Termination reason: 00  
 Term Date: 20071209

SRHO20070157927  
 AHA Hospitals

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90806  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070157927

1333  
 NNE 4-6 mi 29557  
 Higher  
 Ncessch: 060162000002  
 Schname05: ARTESIA HIGH  
 Mstreet05: 12108 EAST DEL AMO BLVD.  
 Mcity05: LAKEWOOD  
 Mstate05: CA  
 Mzip05: 90715  
 Mzip405: 1516  
 Member05: 1896  
 Phone05: (562) 926-5566  
 Locale05: 3  
 Type05: 1  
 Level05: 3  
 Gslo05: 09  
 Gshi05: 12  
 Edr id: SRPU20071006127

SRPU20071006127  
 Public Schools

1334  
 North 4-6 mi 29560  
 Higher  
 EDR ID: SRDCCA200703437  
 Facility number: 191511518  
 Facility name: SISNEROS FAMILY CHILD CARE  
 Facility eval. code: 6150  
 Facility office number: 33  
 Facility county number: 19  
 Facility type code: 810  
 Facility status code: 03  
 Address: 19939 S. GRIDLEY RD.  
 City: CERRITOS  
 State: CA  
 Zip: 90703  
 Alt. address: 19939 S. GRIDLEY RD.  
 City: CERRITOS  
 State: CA  
 Zip: 90703  
 Facility investor: "SISNEROS, ESTHER E."  
 Licensee type: A  
 License effective date: 950511  
 License expiration date: Not Reported  
 License issue date: Not Reported

SRDCCA200703437  
 Daycare

# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Program type: MAX. CAP (WHEN THERE IS AN ASSISTANT PRESENT): 12 - NO MORE THAN 4  
 INFANTS. CAP 14 - NO MORE THAN 3 INFANTS. 1 CHILD IN  
 KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6.

Original app. received date: 830415

Facility closed date: Not Reported

Mailing address: 19939 S. GRIDLEY RD.

Mailing city: CERRITOS

Mailing state: CA

Mailing zip: 90703

Contact person: "SISNEROS, ESTHER "

Facility capacity: 14

Type of clients served: 960

Facility phone: 5628609387

IN1335		SRPU20071014136
NE	Ncessch: 061044001168	Public Schools
4-6 mi	Schname05: ELIZABETH DICKERSON ELEMENTARY	
29568	Mstreet05: 10051 BERNADETTE AVE.	
Higher	Mcity05: BUENA PARK	
	Mstate05: CA	
	Mzip05: 90620	
	Mzip405: 4326	
	Member05: 388	
	Phone05: (714) 220-6975	
	Locale05: 3	
	Type05: 1	
	Level05: 1	
	Gslo05: KG	
	Gshi05: 06	
	Edr id: SRPU20071014136	

IS1336		SRDCCA200739578
NNW	EDR ID: SRDCCA200739578	Daycare
4-6 mi	Facility number: 198013288	
29571	Facility name: BENTLEY FAMILY CHILD CARE	
Higher	Facility eval. code: 8160	
	Facility office number: 33	
	Facility county number: 19	
	Facility type code: 810	
	Facility status code: 03	
	Address: 4116 CENTRALIA STREET	
	City: LAKEWOOD	
	State: CA	
	Zip: 90712	
	Alt. address: 4116 CENTRALIA STREET	
	City: LAKEWOOD	
	State: CA	
	Zip: 90712	
	Facility investor: EMMA RUTH BENTLEY	
	Licensee type: A	
	License effective date: 70320	
	License expiration date: Not Reported	
	License issue date: 070320	
	Program type: "MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY. CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6. "	

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Original app. received date: 070220  
 Facility closed date: Not Reported  
 Mailing address: 4116 CENTRALIA STREET  
 Mailing city: LAKEWOOD  
 Mailing state: CA  
 Mailing zip: 90712  
 Contact person: "BENTLEY, EMMA"  
 Facility capacity: 8  
 Type of clients served: 960  
 Facility phone: 5624295431

JB1337  
 NE  
 4-6 mi  
 29580  
 Higher

Hospital type: 02  
 Num of times COO: 04  
 Owner date: Not Reported  
 City: CYPRESS  
 Has plan of corr: Not Reported  
 Compliance status: A  
 SSA county code: 400  
 Cross ref number: Not Reported  
 FMS survey date: 20050726  
 Current survey date: 20060531  
 Medicare/Medicaid: 1  
 Facility name: ALL STAR HOME  
 Intermediary/Carrier: Not Reported  
 Medicaid number: LTC60585H  
 Participation date: 19940301  
 Prior COO date: 19960410  
 Prior carrier: Not Reported  
 Provider ID: 05G733  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Not Reported  
 state abbrev: CA  
 ssa state: 05  
 state region cd: ORG  
 street address: 9502 SONWELL PLACE  
 Phone num: 7149955514  
 Termination reason: 00  
 Term Date: Not Reported  
 Purpose of action: 2  
 Provider control: 02  
 Zip: 90630  
 Fips state: 06  
 Fips cnty: 059  
 SSA MSA: 033  
 SSA MSA size code: B  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0006  
 Num cert beds: 0006  
 Source: US\_HOSPITAL\_POSOTHER  
 Edr id: SRHO20070006789

SRHO20070006789  
 AHA Hospitals



## MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site	EDR ID Database
IV1340 WNW 4-6 mi 29598 Higher	EDR ID: SRDCCA200754654 Facility number: 198006417 Facility name: YOUNG HORIZONS Facility eval. code: 8160 Facility office number: 33 Facility county number: 19 Facility type code: 850 Facility status code: 03 Address: 1840 PACIFIC AVENUE City: LONG BEACH State: CA Zip: 90806 Alt. address: 501 ATLANTIC AVENUE City: LONG BEACH State: CA Zip: 90802 Facility investor: YOUNG HORIZONS Licensee type: C License effective date: 10102 License expiration date: Not Reported License issue date: 010102 Program type: STATE PRESCHOOL PROGRAM OPERATING WITH 2 HALF-DAY SESSION SERVING CHILDREN 3 TO 5 YEARS OF AGE. REFER TO WAIVER ON OUTDOOR SCHEDULING. Original app. received date: 001108 Facility closed date: Not Reported Mailing address: 501 ATLANTIC AVENUE Mailing city: LONG BEACH Mailing state: CA Mailing zip: 90802 Contact person: ALBA CLAUNCH Facility capacity: 86 Type of clients served: 950 Facility phone: 5625993136	SRDCCA200754654 Daycare
IO1341 NE 4-6 mi 29603 Higher	Hospital type: 01 Num of times COO: 00 Owner date: Not Reported City: CYPRESS Has plan of corr: Not Reported Compliance status: Not Reported SSA county code: 400 Cross ref number: Not Reported FMS survey date: Not Reported Current survey date: Not Reported Medicare/Medicaid: Not Reported Facility name: AGAPE FAMILY MEDICAL CENTER Intermediary/Carrier: Not Reported Medicaid number: Not Reported Participation date: 20050125 Prior COO date: Not Reported Prior carrier: Not Reported Provider ID: 05D1036248 Record Status: A	SRHO20070157304 AHA Hospitals

# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: M1  
 street address: 5309 LINCOLN AVE  
 Phone num: 7144848111  
 Termination reason: 00  
 Term Date: 20090124  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90630  
 Fips state: 06  
 Fips cnty: 059  
 SSA MSA: 033  
 SSA MSA size code: B  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070157304

JA1342  
 NNE  
 4-6 mi  
 29603  
 Higher

EDR ID: SRDCCA200734028  
 Facility number: 304310344  
 Facility name: "SIMON, INGRID"  
 Facility eval. code: 3404  
 Facility office number: 06  
 Facility county number: 30  
 Facility type code: 810  
 Facility status code: 03  
 Address: 4382 JADE AVE.  
 City: CYPRESS  
 State: CA  
 Zip: 90630  
 Alt. address: 4382 JADE AVE.  
 City: CYPRESS  
 State: CA  
 Zip: 90630  
 Facility investor: "SIMON, INGRID"  
 Licensee type: A  
 License effective date: 60712  
 License expiration date: Not Reported  
 License issue date: 060712  
 Program type: "MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY.  
 CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY  
 SCHOOL AND 1 CHILD AT LEAST AGE 6."  
 Original app. received date: 051025  
 Facility closed date: Not Reported  
 Mailing address: 4382 JADE AVE.  
 Mailing city: CYPRESS  
 Mailing state: CA  
 Mailing zip: 90630

SRDCCA200734028  
 Daycare

# MAP FINDINGS

Map ID	Direction	Distance	Distance (ft.)	Elevation	Site	EDR ID	Database
					Contact person: "SIMON, INGRID "		
					Facility capacity: 8		
					Type of clients served: 960		
					Facility phone: 7148289989		
JB1343	NE	4-6 mi	29609	Higher		SRDCCA200710128	Daycare
					EDR ID: SRDCCA200710128		
					Facility number: 304204405		
					Facility name: "KAVEH, ROBAB "		
					Facility eval. code: 3404		
					Facility office number: 06		
					Facility county number: 30		
					Facility type code: 810		
					Facility status code: 03		
					Address: 5771 LEMON AVENUE		
					City: CYPRESS		
					State: CA		
					Zip: 90630		
					Alt. address: 5771 LEMON AVENUE		
					City: CYPRESS		
					State: CA		
					Zip: 90630		
					Facility investor: "KAVEH, ROBAB "		
					Licensee type: A		
					License effective date: 980129		
					License expiration date: Not Reported		
					License issue date: 980129		
					Program type: "MAXIMUM CAPACITY: 12 CHILDREN, WITH NO MORE THAN 4 INFANTS, OR CAPACITY 14 CHILDREN WHEN 2 CHILDREN ARE AT LEAST 6 YEARS OF AGE WITH A MAXIMUM OF 3 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "		
					Original app. received date: 980122		
					Facility closed date: Not Reported		
					Mailing address: 5771 LEMON AVENUE		
					Mailing city: CYPRESS		
					Mailing state: CA		
					Mailing zip: 90630		
					Contact person: "KAVEH, ROBAB "		
					Facility capacity: 14		
					Type of clients served: 960		
					Facility phone: 7144849943		
JC1344	NE	4-6 mi	29610	Higher		SRPU20071014137	Public Schools
					Ncessch: 061044001169		
					Schname05: CLARA J. KING ELEMENTARY		
					Mstreet05: 8710 MOODY ST.		
					Mcity05: CYPRESS		
					Mstate05: CA		
					Mzip05: 90630		
					Mzip405: 2220		
					Member05: 428		
					Phone05: (714) 220-6980		
					Locale05: 3		
					Type05: 1		
					Level05: 1		

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Gslo05: KG  
 Gshi05: 06  
 Edr id: SRPU20071014137

JD1345		SRHO20070164526
ESE	Hospital type: 01	AHA Hospitals
4-6 mi	Num of times COO: 00	
29612	Owner date: Not Reported	
Higher	City: HUNTINGTON BEACH	
	Has plan of corr: Not Reported	
	Compliance status: Not Reported	
	SSA county code: 400	
	Cross ref number: Not Reported	
	FMS survey date: Not Reported	
	Current survey date: Not Reported	
	Medicare/Medicaid: Not Reported	
	Facility name: HUNTINGTON POINTE SURGERY CENTER	
	Intermediary/Carrier: Not Reported	
	Medicaid number: Not Reported	
	Participation date: 20060106	
	Prior COO date: Not Reported	
	Prior carrier: Not Reported	
	Provider ID: 05D1049466	
	Record Status: A	
	Region code: 09	
	Is Partial Record: Y	
	state abbrev: CA	
	ssa state: 05	
	state region cd: M1	
	street address: 15039 GOLDENWEST STREET	
	Phone num: 7148937400	
	Termination reason: 08	
	Term Date: 20060715	
	Purpose of action: Not Reported	
	Provider control: 04	
	Zip: 92647	
	Fips state: 06	
	Fips cnty: 059	
	SSA MSA: 033	
	SSA MSA size code: B	
	Date accredited: Not Reported	
	Accred expire date: Not Reported	
	Accred Org: Not Reported	
	Num beds: 0000	
	Num cert beds: 0000	
	Source: US_HOSPITAL_POSCLIA	
	Edr id: SRHO20070164526	

JD1346		SRHO20070159523
ESE	Hospital type: 01	AHA Hospitals
4-6 mi	Num of times COO: 00	
29612	Owner date: Not Reported	
Higher	City: HUNTINGTON BEACH	
	Has plan of corr: Not Reported	

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Compliance status: Not Reported  
 SSA county code: 400  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: GOLDENWEST SURGICENTER  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 20030924  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D1017421  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 15039 GOLDEN WEST STREET  
 Phone num: 7148929000  
 Termination reason: 08  
 Term Date: 20050923  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 92647  
 Fips state: 06  
 Fips cnty: 059  
 SSA MSA: 033  
 SSA MSA size code: B  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070159523

IV1347  
 WNW  
 4-6 mi  
 29655  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: PROHEALTH PARTNERS,A MEDICAL GROUP,INC  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19971028  
 Prior COO date: Not Reported

SRHO20070149341  
 AHA Hospitals

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Prior carrier: Not Reported  
 Provider ID: 05D0935379  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: M1  
 street address: 1868 PACIFIC AVENUE  
 Phone num: 5625954718  
 Termination reason: 00  
 Term Date: 20071027  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90806  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070149341

IV1348  
 WNW  
 4-6 mi  
 29655  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: 1  
 Compliance status: A  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: 19941110  
 Medicare/Medicaid: 1  
 Facility name: RICHARD A BERKSON MD  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19920901  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0554300  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Not Reported  
 state abbrev: CA  
 ssa state: 05  
 state region cd: M1  
 street address: 1868 PACIFIC AVE  
 Phone num: 3105954718  
 Termination reason: 12

SRHO20070131515  
 AHA Hospitals

## MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site	EDR ID Database
	Term Date: 19960601 Purpose of action: 1 Provider control: 04 Zip: 90806 Fips state: 06 Fips cnty: 037 SSA MSA: 328 SSA MSA size code: A Date accredited: Not Reported Accred expire date: Not Reported Accred Org: Not Reported Num beds: 0000 Num cert beds: 0000 Source: US_HOSPITAL_POSCLIA Edr id: SRHO20070131515	
1349 SE 4-6 mi 29679 Higher	Ncessch: 062814004346 Schname05: SPRING VIEW MIDDLE Mstreet05: 16662 TRUDY LN. Mcity05: HUNTINGTON BEACH Mstate05: CA Mzip05: 92647 Mzip405: 4261 Member05: 906 Phone05: (714) 846-2891 Locale05: 3 Type05: 1 Level05: 2 Gslo05: 06 Gshi05: 08 Edr id: SRPU20071009696	SRPU20071009696 Public Schools
IU1350 WNW 4-6 mi 29681 Higher	Hospital type: 01 Num of times COO: 00 Owner date: Not Reported City: LONG BEACH Has plan of corr: Not Reported Compliance status: Not Reported SSA county code: 200 Cross ref number: Not Reported FMS survey date: Not Reported Current survey date: Not Reported Medicare/Medicaid: Not Reported Facility name: EARL & LORAIN MILLER CHILDREN'S HOSP Intermediary/Carrier: Not Reported Medicaid number: Not Reported Participation date: 20000706 Prior COO date: Not Reported Prior carrier: Not Reported Provider ID: 05D0975370 Record Status: A Region code: 09	SRHO20070156289 AHA Hospitals

# MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 2801 ATLANTIC AVENUE  
 Phone num: 5629330709  
 Termination reason: 00  
 Term Date: 20081017  
 Purpose of action: Not Reported  
 Provider control: 02  
 Zip: 90806  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070156289

IU1351  
 WNW  
 4-6 mi  
 29681  
 Higher

Hospital type: 03  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: 1  
 Compliance status: A  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: 20061019  
 Current survey date: 20060911  
 Medicare/Medicaid: 1  
 Facility name: LONG BEACH MEMORIAL MC D/P  
 Intermediary/Carrier: 00040  
 Medicaid number: Not Reported  
 Participation date: 19870817  
 Prior COO date: Not Reported  
 Prior carrier: 51051  
 Provider ID: 555280  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Not Reported  
 state abbrev: CA  
 ssa state: 05  
 state region cd: L4  
 street address: 2801 ATLANTIC AVE.  
 Phone num: 5629339085  
 Termination reason: 00  
 Term Date: Not Reported  
 Purpose of action: 2  
 Provider control: 05  
 Zip: 90801

SRHO20070108710  
 AHA Hospitals

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0042  
 Num cert beds: 0042  
 Source: US\_HOSPITAL\_POSOTHER  
 Edr id: SRHO20070108710

IU1352  
 WNW  
 4-6 mi  
 29681  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: LONG BEACH MEMORIAL MEDICAL CENTER  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19921228  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0553826  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 2801 ATLANTIC AVE  
 Phone num: 3109333419  
 Termination reason: 00  
 Term Date: 20070227  
 Purpose of action: Not Reported  
 Provider control: 02  
 Zip: 90806  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070130548

SRHO20070130548  
 AHA Hospitals

## MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site	EDR ID Database
IU1353 WNW 4-6 mi 29681 Higher	Hospital type: 06 Num of times COO: 00 Owner date: Not Reported City: LONG BEACH Has plan of corr: 1 Compliance status: A SSA county code: 200 Cross ref number: Not Reported FMS survey date: Not Reported Current survey date: 20001129 Medicare/Medicaid: 1 Facility name: MILLER CHILDREN'S HOSPITAL Intermediary/Carrier: 00454 Medicaid number: Not Reported Participation date: 20010112 Prior COO date: Not Reported Prior carrier: Not Reported Provider ID: 053309 Record Status: A Region code: 09 Is Partial Record: Not Reported state abbrev: CA ssa state: 05 state region cd: L4 street address: 2801 ATLANTIC AVENUE Phone num: 5629338001 Termination reason: 00 Term Date: Not Reported Purpose of action: 1 Provider control: 03 Zip: 90806 Fips state: 06 Fips cnty: 037 SSA MSA: 328 SSA MSA size code: A Date accredited: 19980627 Accred expire date: 20010627 Accred Org: 1 Num beds: 0171 Num cert beds: 0171 Source: US_HOSPITAL_POSOTHER Edr id: SRHO20070008130	SRHO20070008130 AHA Hospitals
IU1354 WNW 4-6 mi 29681 Higher	Hospital type: 01 Num of times COO: 00 Owner date: Not Reported City: LONG BEACH Has plan of corr: Not Reported Compliance status: A SSA county code: 200 Cross ref number: Not Reported FMS survey date: Not Reported Current survey date: 20040708	SRHO20070131674 AHA Hospitals

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Medicare/Medicaid: 1  
 Facility name: REPRODUCTIVE PARTNERS MEDICAL GROUP IVP AND  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19920901  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0554389  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Not Reported  
 state abbrev: CA  
 ssa state: 05  
 state region cd: M1  
 street address: 2801 ATLANTIC AVENUE, 2ND FLOOR  
 Phone num: 5629333758  
 Termination reason: 00  
 Term Date: 20071209  
 Purpose of action: 5  
 Provider control: 04  
 Zip: 90801  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070131674

IU1355  
 WNW  
 4-6 mi  
 29681  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: 1  
 Compliance status: A  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: 20020816  
 Medicare/Medicaid: 1  
 Facility name: CHILDRENS CLINIC, SERVING CHILDREN AND  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19920901  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0695687  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Not Reported

SRHO20070138574  
 AHA Hospitals

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

state abbrev: CA  
ssa state: 05  
state region cd: M1  
street address: 2801 ATLANTIC AVENUE  
Phone num: 5629330400  
Termination reason: 00  
Term Date: 20090101  
Purpose of action: 2  
Provider control: 02  
Zip: 90801  
Fips state: 06  
Fips cnty: 037  
SSA MSA: 328  
SSA MSA size code: A  
Date accredited: Not Reported  
Accred expire date: Not Reported  
Accred Org: Not Reported  
Num beds: 0000  
Num cert beds: 0000  
Source: US\_HOSPITAL\_POSCLIA  
Edr id: SRHO20070138574

IU1356  
WNW  
4-6 mi  
29681  
Higher

Hospital type: 01  
Num of times COO: 01  
Owner date: 19811107  
City: LONG BEACH  
Has plan of corr: Not Reported  
Compliance status: A  
SSA county code: 200  
Cross ref number: 053508  
FMS survey date: Not Reported  
Current survey date: 19811113  
Medicare/Medicaid: 2  
Facility name: MEMORIAL HOSP MED CTR  
Intermediary/Carrier: 51050  
Medicaid number: Not Reported  
Participation date: 19760901  
Prior COO date: Not Reported  
Prior carrier: Not Reported  
Provider ID: 052353  
Record Status: A  
Region code: 09  
Is Partial Record: Not Reported  
state abbrev: CA  
ssa state: 05  
state region cd: L4  
street address: 2801 ATLANTIC AVE  
Phone num: 3109332000  
Termination reason: 01  
Term Date: 19890523  
Purpose of action: 1  
Provider control: 02  
Zip: 90801  
Fips state: 06

SRHO20070008100  
AHA Hospitals

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSOTHER  
 Edr id: SRHO20070008100

IU1357  
 WNW  
 4-6 mi  
 29681  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: Not Reported  
 Compliance status: B  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: 20010925  
 Medicare/Medicaid: 1  
 Facility name: LONG BEACH MEMORIAL MEDICAL CENTER  
 Intermediary/Carrier: 00040  
 Medicaid number: 05V485  
 Participation date: 19660701  
 Prior COO date: Not Reported  
 Prior carrier: 51051  
 Provider ID: 050485  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Not Reported  
 state abbrev: CA  
 ssa state: 05  
 state region cd: L4  
 street address: 2801 ATLANTIC AVE  
 Phone num: 5629332000  
 Termination reason: 00  
 Term Date: Not Reported  
 Purpose of action: 5  
 Provider control: 03  
 Zip: 90806  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: 20010616  
 Accred expire date: 20040616  
 Accred Org: 1  
 Num beds: 0570  
 Num cert beds: 0528  
 Source: US\_HOSPITAL\_POSOTHER  
 Edr id: SRHO20070006969

SRHO20070006969  
 AHA Hospitals

## MAP FINDINGS

Map ID	Direction	Distance	Distance (ft.)	Elevation	Site	EDR ID Database
IU1358	WNW	4-6 mi	29681	Higher	Provnum: 555280 Nursinghomename: LONG BEACH MEMORIAL MC D/P Street: 2801 ATLANTIC AVE. City: LONG BEACH State: CA Zipcode: 90801 Phonenumber: 5629339085 Dateoflastinspection: 20050826 Certifiednumberofbeds: 42 Totalnumberofresidents: 29 Percofoccupiedbeds: 69 Categorydescription: Participating in Medicare and Medicaid Typeofownership: Non profit - Corporation Locatedwithinahospital: YES Multinursinghomeownership: NO Residentandfamilycouncils: RESIDENT Edr id: SRNH20060913870	SRNH20060913870 Nursing Homes
JE1359	NE	4-6 mi	29682	Higher	EDR ID: SRDCCA200753839 Facility number: 304270808 Facility name: CYPRESS LEARNING TREE Facility eval. code: 1207 Facility office number: 06 Facility county number: 30 Facility type code: 850 Facility status code: 03 Address: 5417 BISHOP STREET City: CYPRESS State: CA Zip: 90630 Alt. address: 4181 GREEN AVENUE City: LOS ALAMITOS State: CA Zip: 90720 Facility investor: "CYPRESS LEARNING TREE, INC. " Licensee type: D License effective date: 10507 License expiration date: Not Reported License issue date: 010507 Program type: "AMBULATORY CHILDREN. 69 CHILDREN 24 MONTHS TO 6 YEARS OLD. 15 TODDLER OPTION CHILDREN 18 TO 30 MONTHS, ROOM #4. HOURS MONDAY THROUGH FRIDAY 6:30 AM TO 6:30 PM " Original app. received date: 010329 Facility closed date: Not Reported Mailing address: 4181 GREEN AVENUE Mailing city: LOS ALAMITOS Mailing state: CA Mailing zip: 90720 Contact person: "ERICKSON, NANCY " Facility capacity: 84 Type of clients served: 950 Facility phone: 7145272744	SRDCCA200753839 Daycare

## MAP FINDINGS

Map ID	Direction	Distance	Distance (ft.)	Elevation	Site	EDR ID Database
JD1360	ESE	4-6 mi	29701	Higher	Hospital type: 01 Num of times COO: 00 Owner date: Not Reported City: HUNTINGTON BEACH Has plan of corr: Not Reported Compliance status: Not Reported SSA county code: 400 Cross ref number: Not Reported FMS survey date: Not Reported Current survey date: Not Reported Medicare/Medicaid: Not Reported Facility name: ASHER CHIROPRACTIC CLINIC Intermediary/Carrier: Not Reported Medicaid number: Not Reported Participation date: 19930602 Prior COO date: Not Reported Prior carrier: Not Reported Provider ID: 05D0577443 Record Status: A Region code: 09 Is Partial Record: Not Reported state abbrev: CA ssa state: 05 state region cd: LAB street address: 15079 GOLDENWEST Phone num: 7148910999 Termination reason: 08 Term Date: 19930604 Purpose of action: Not Reported Provider control: 10 Zip: 92647 Fips state: 06 Fips cnty: 059 SSA MSA: 033 SSA MSA size code: B Date accredited: Not Reported Accred expire date: Not Reported Accred Org: Not Reported Num beds: 0000 Num cert beds: 0000 Source: US_HOSPITAL_POSCLIA Edr id: SRHO20070134129	SRHO20070134129 AHA Hospitals
JF1361	WNW	4-6 mi	29703	Higher	Facility number: 198011276 Facility name: ALVAREZ FAMILY CHILD CARE Facility eval. code: 8160 Facility office number: 33 Facility county number: 19 Facility type code: 810 Facility status code: 03 Address: 120 W. 20TH STREET City: LONG BEACH	SRDCCA200728275 Daycare

# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

State: CA  
 Zip: 90806  
 Alt. address: 120 W. 20TH STREET  
 City: LONG BEACH  
 State: CA  
 Zip: 90806  
 Facility investor: "ALVAREZ, ANGELITA"  
 Licensee type: A  
 License effective date: 50119  
 License expiration date: Not Reported  
 License issue date: 050119  
 Program type: "MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY.  
 CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY  
 SCHOOL AND 1 CHILD AT LEAST AGE 6."  
 Original app. received date: 041201  
 Facility closed date: Not Reported  
 Mailing address: 120 W. 20TH STREET  
 Mailing city: LONG BEACH  
 Mailing state: CA  
 Mailing zip: 90806  
 Contact person: "ALVAREZ, ANGELITA"  
 Facility capacity: 8  
 Type of clients served: 960  
 Facility phone: 5625915817

IW1362			SRDCCA200710615
North	EDR ID:	SRDCCA200710615	Daycare
4-6 mi	Facility number:	198005613	
29705	Facility name:	FLORES FAMILY CHILD CARE	
Higher	Facility eval. code:	7110	
	Facility office number:	33	
	Facility county number:	19	
	Facility type code:	810	
	Facility status code:	03	
	Address:	6604 EBERLE ST.	
	City:	LAKEWOOD	
	State:	CA	
	Zip:	90713	
	Alt. address:	6604 EBERLE ST.	
	City:	LAKEWOOD	
	State:	CA	
	Zip:	90713	
	Facility investor:	"FLORES,CRISTINA"	
	Licensee type:	A	
	License effective date:	991201	
	License expiration date:	Not Reported	
	License issue date:	991201	
	Program type:	"MAXIMUM CAPACITY: 12 CHILDREN, WITH NO MORE THAN 4 INFANTS, OR CAPACITY 14 CHILDREN WHEN 2 CHILDREN ARE AT LEAST 6 YEARS OF AGE WITH A MAXIMUM OF 3 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED"	
	Original app. received date:	991015	
	Facility closed date:	Not Reported	
	Mailing address:	6604 EBERLE ST.	
	Mailing city:	LAKEWOOD	
	Mailing state:	CA	

# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Mailing zip: 90713  
 Contact person: "FLORES,CRISTINA"  
 Facility capacity: 14  
 Type of clients served: 960  
 Facility phone: 5624617209

1363			SRDCCA200732589
NW	EDR ID:	SRDCCA200732589	Daycare
4-6 mi	Facility number:	198012244	
29710	Facility name:	ARIAS FAMILY CHILD CARE	
Higher	Facility eval. code:	8160	
	Facility office number:	33	
	Facility county number:	19	
	Facility type code:	810	
	Facility status code:	03	
	Address:	3201 LEWIS AVE.	
	City:	SIGNAL HILL	
	State:	CA	
	Zip:	90755	
	Alt. address:	3201 LEWIS AVE.	
	City:	SIGNAL HILL	
	State:	CA	
	Zip:	90755	
	Facility investor:	RITA ARIAS	
	Licensee type:	A	
	License effective date:	60221	
	License expiration date:	Not Reported	
	License issue date:	060221	
	Program type:	MAX. CAP(WHEN THERE IS AN ASSISTANT PRESENT): 12 - NO MORE THAN 4 INFANTS. CAP 14 - NO MORE THAN 3 INFANTS. 1 CHILD IN KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6.	
	Original app. received date:	051213	
	Facility closed date:	Not Reported	
	Mailing address:	3201 LEWIS AVE.	
	Mailing city:	SIGNAL HILL	
	Mailing state:	CA	
	Mailing zip:	90755	
	Contact person:	"ARIAS, RITA"	
	Facility capacity:	14	
	Type of clients served:	960	
	Facility phone:	5624929516	

IY1364			SRPU20071005773
NNE	Ncessch:	060010410917	Public Schools
4-6 mi	Schname05:	SOUTHEAST ROP	
29744	Mstreet05:	20122 CABRILLO LN.	
Higher	Mcity05:	CERRITOS	
	Mstate05:	CA	
	Mzip05:	90703	
	Mzip405:	Not Reported	
	Member05:	-1	
	Phone05:	(562) 403-7382	
	Locale05:	2	
	Type05:	3	

# MAP FINDINGS

Map ID	Direction	Distance	Distance (ft.)	Elevation	Site	EDR ID Database
					Level05: 3 Gsl05: 09 Gshi05: 12 Edr id: SRPU20071005773	
I11365	West	4-6 mi	29752	Higher	Hospital type: 01 Num of times COO: 00 Owner date: Not Reported City: LONG BEACH Has plan of corr: Not Reported Compliance status: Not Reported SSA county code: 200 Cross ref number: Not Reported FMS survey date: Not Reported Current survey date: Not Reported Medicare/Medicaid: Not Reported Facility name: CHESTNUT & 14TH ST MED CLINIC Intermediary/Carrier: Not Reported Medicaid number: Not Reported Participation date: 19930323 Prior COO date: Not Reported Prior carrier: Not Reported Provider ID: 05D0865372 Record Status: A Region code: 09 Is Partial Record: Not Reported state abbrev: CA ssa state: 05 state region cd: LAB street address: 1350 CHESTNUT AVE Phone num: 3105991565 Termination reason: 15 Term Date: 19940831 Purpose of action: Not Reported Provider control: 04 Zip: 90813 Fips state: 06 Fips cnty: 037 SSA MSA: 328 SSA MSA size code: A Date accredited: Not Reported Accred expire date: Not Reported Accred Org: Not Reported Num beds: 0000 Num cert beds: 0000 Source: US_HOSPITAL_POSCLIA Edr id: SRHO20070142637	SRHO20070142637 AHA Hospitals
I11366	West	4-6 mi	29752	Higher	Hospital type: 01 Num of times COO: 00 Owner date: Not Reported City: LONG BEACH	SRHO20070147737 AHA Hospitals

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: ANAHEIM AND CHESTNUT MEDICAL CLINIC  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19930723  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0873524  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 1350 CHESTNUT AVENUE  
 Phone num: 3105991565  
 Termination reason: 12  
 Term Date: 20010319  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90813  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070147737

I11367  
 West  
 4-6 mi  
 29752  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: ADORACION A REYES MD  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 20000412

SRHO20070158474  
 AHA Hospitals

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0972608  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 1350 CHESTNUT AVE  
 Phone num: 5625991565  
 Termination reason: 00  
 Term Date: 20080411  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90813  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070158474

II1368  
 West  
 4-6 mi  
 29764  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: 1  
 Compliance status: A  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: 19970221  
 Medicare/Medicaid: 1  
 Facility name: LONG BEACH COMPREHENSIVE HEALTH CENTER  
 Intermediary/Carrier: 02050  
 Medicaid number: Not Reported  
 Participation date: 19920901  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0696400  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Not Reported  
 state abbrev: CA  
 ssa state: 05  
 state region cd: M1  
 street address: 1333 CHESTNUT AVENUE  
 Phone num: 3105998661

SRHO20070138854  
 AHA Hospitals

# MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Termination reason: 00  
 Term Date: 20070223  
 Purpose of action: 1  
 Provider control: 07  
 Zip: 90813  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070138854

I11369  
 West  
 4-6 mi  
 29764  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: COASTAL CLUSTER HEALTH CENTERS  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19950718  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0903275  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: M1  
 street address: 1333 CHESTNUT AVENUE  
 Phone num: 3105998661  
 Termination reason: 00  
 Term Date: 20070717  
 Purpose of action: Not Reported  
 Provider control: 06  
 Zip: 90813  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported

SRHO20070145050  
 AHA Hospitals

## MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site	EDR ID Database
	Accred Org: Not Reported Num beds: 0000 Num cert beds: 0000 Source: US_HOSPITAL_POSCLIA Edr id: SRHO20070145050	
I11370 West 4-6 mi 29764 Higher	Hospital type: 01 Num of times COO: 00 Owner date: Not Reported City: LONG BEACH Has plan of corr: Not Reported Compliance status: Not Reported SSA county code: 200 Cross ref number: 05D0903275 FMS survey date: Not Reported Current survey date: Not Reported Medicare/Medicaid: Not Reported Facility name: LONG BEACH COMPREHENSIVE HEALTH CENTER Intermediary/Carrier: Not Reported Medicaid number: Not Reported Participation date: 19941004 Prior COO date: Not Reported Prior carrier: Not Reported Provider ID: 05D0892675 Record Status: A Region code: 09 Is Partial Record: Y state abbrev: CA ssa state: 05 state region cd: LAB street address: 1333 CHESTNUT AVE Phone num: 3105998661 Termination reason: 08 Term Date: 19941004 Purpose of action: Not Reported Provider control: 06 Zip: 90813 Fips state: 06 Fips cnty: 037 SSA MSA: 328 SSA MSA size code: A Date accredited: Not Reported Accred expire date: Not Reported Accred Org: Not Reported Num beds: 0000 Num cert beds: 0000 Source: US_HOSPITAL_POSCLIA Edr id: SRHO20070144031	SRHO20070144031 AHA Hospitals
JB1371 NE 4-6 mi 29768 Higher	EDR ID: SRDCCA200706849 Facility number: 300615985 Facility name: "KAVEH, PARVIN"	SRDCCA200706849 Daycare

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Facility eval. code: 3404  
 Facility office number: 06  
 Facility county number: 30  
 Facility type code: 810  
 Facility status code: 03  
 Address: 5821 LEMON AVENUE  
 City: CYPRESS  
 State: CA  
 Zip: 90630  
 Alt. address: 5821 LEMON AVENUE  
 City: CYPRESS  
 State: CA  
 Zip: 90630  
 Facility investor: "KAVEH, PARVIN"  
 Licensee type: A  
 License effective date: 940214  
 License expiration date: Not Reported  
 License issue date: 940214  
 Program type: "MAXIMUM CAPACITY: 12 CHILDREN, INCLUDING LICENSEE'S CHILDREN UNDER 10 YEARS OF AGE WHO RESIDE IN THE HOME, WITH NO MORE THAN 4 INFANTS. (INFANT MEANS A CHILD UNDER 2 YEARS OLD)."  
 Original app. received date: 930923  
 Facility closed date: Not Reported  
 Mailing address: 5821 LEMON AVENUE  
 Mailing city: CYPRESS  
 Mailing state: CA  
 Mailing zip: 90630  
 Contact person: "KAVEH, PARVIN"  
 Facility capacity: 12  
 Type of clients served: 960  
 Facility phone: 7147614176

JF1372  
 WNW  
 4-6 mi  
 29814  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: Not Reported  
 Compliance status: A  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: 19880505  
 Medicare/Medicaid: 1  
 Facility name: CERTIFIED X-RAY MOBILE SERVICE  
 Intermediary/Carrier: 02050  
 Medicaid number: Not Reported  
 Participation date: 19880505  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05X0009964  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Not Reported

SRHO20070007851  
 AHA Hospitals

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

state abbrev: CA  
ssa state: 05  
state region cd: L4  
street address: 1933 PACIFIC AVE, STE 1  
Phone num: 2135990609  
Termination reason: 01  
Term Date: 19930630  
Purpose of action: 1  
Provider control: 03  
Zip: 90806  
Fips state: 06  
Fips cnty: 037  
SSA MSA: 328  
SSA MSA size code: A  
Date accredited: Not Reported  
Accred expire date: Not Reported  
Accred Org: Not Reported  
Num beds: 0000  
Num cert beds: 0000  
Source: US\_HOSPITAL\_POSOTHER  
Edr id: SRHO20070007851

IJ1373  
NNE  
4-6 mi  
29820  
Higher

Hospital type: 01  
Num of times COO: 00  
Owner date: Not Reported  
City: LAKEWOOD  
Has plan of corr: Not Reported  
Compliance status: Not Reported  
SSA county code: 200  
Cross ref number: Not Reported  
FMS survey date: Not Reported  
Current survey date: Not Reported  
Medicare/Medicaid: Not Reported  
Facility name: SIERRA HOUSE ICF-DDN  
Intermediary/Carrier: Not Reported  
Medicaid number: Not Reported  
Participation date: 20021021  
Prior COO date: Not Reported  
Prior carrier: Not Reported  
Provider ID: 05D1005387  
Record Status: A  
Region code: 09  
Is Partial Record: Y  
state abbrev: CA  
ssa state: 05  
state region cd: LAB  
street address: 12632 206TH STREET  
Phone num: 5628090042  
Termination reason: 00  
Term Date: 20081020  
Purpose of action: Not Reported  
Provider control: 04  
Zip: 90715  
Fips state: 06

SRHO20070156634  
AHA Hospitals

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070156634

IJ1374  
 NNE  
 4-6 mi  
 29820  
 Higher

Hospital type: 02  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LAKEWOOD  
 Has plan of corr: 1  
 Compliance status: A  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: 20060705  
 Medicare/Medicaid: 1  
 Facility name: SIERRA HOUSE  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19970521  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 55G106  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Not Reported  
 state abbrev: CA  
 ssa state: 05  
 state region cd: L4  
 street address: 12632 206TH STREET  
 Phone num: 5628090043  
 Termination reason: 00  
 Term Date: Not Reported  
 Purpose of action: 2  
 Provider control: 02  
 Zip: 90715  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0006  
 Num cert beds: 0006  
 Source: US\_HOSPITAL\_POSOTHER  
 Edr id: SRHO20070107275

SRHO20070107275  
 AHA Hospitals

## MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site	EDR ID Database
IW1375 North 4-6 mi 29833 Higher	EDR ID: SRDCCA200711003 Facility number: 198005705 Facility name: MATTHEWS FAMILY CHILD CARE Facility eval. code: 8140 Facility office number: 33 Facility county number: 19 Facility type code: 810 Facility status code: 03 Address: 5037 RACHEL AVENUE City: LAKEWOOD State: CA Zip: 90713 Alt. address: 5037 RACHEL AVENUE City: LAKEWOOD State: CA Zip: 90713 Facility investor: "MATTHEWS, MARCY" Licensee type: A License effective date: 317 License expiration date: Not Reported License issue date: 000317 Program type: "MAXIMUM CAPACITY: 12 CHILDREN, WITH NO MORE THAN 4 INFANTS, OR CAPACITY 14 CHILDREN WHEN 2 CHILDREN ARE AT LEAST 6 YEARS OF AGE WITH A MAXIMUM OF 3 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED" Original app. received date: 991203 Facility closed date: Not Reported Mailing address: 5037 RACHEL AVENUE Mailing city: LAKEWOOD Mailing state: CA Mailing zip: 90713 Contact person: "MATTHEWS, MARCY" Facility capacity: 14 Type of clients served: 960 Facility phone: 5629200776	SRDCCA200711003 Daycare
IT1376 NNW 4-6 mi 29838 Higher	Hospital type: 01 Num of times COO: 00 Owner date: Not Reported City: LAKEWOOD Has plan of corr: Not Reported Compliance status: Not Reported SSA county code: 200 Cross ref number: 05D0549671 FMS survey date: Not Reported Current survey date: Not Reported Medicare/Medicaid: Not Reported Facility name: PLANNED PARENTHOOD OF L A LAKEWOOD CTR Intermediary/Carrier: Not Reported Medicaid number: Not Reported Participation date: 19930108 Prior COO date: Not Reported Prior carrier: Not Reported Provider ID: 05D0710251	SRHO20070141614 AHA Hospitals

# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 5525 EAST DEL AMO BLVD  
 Phone num: 2132234462  
 Termination reason: 13  
 Term Date: 19960831  
 Purpose of action: Not Reported  
 Provider control: 02  
 Zip: 90713  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070141614

IO1377  
 NE  
 4-6 mi  
 29839  
 Higher

EDR ID: SRDCCA200709064  
 Facility number: 304204461  
 Facility name: "SCRIMPHER, TAWNYA"  
 Facility eval. code: 3404  
 Facility office number: 06  
 Facility county number: 30  
 Facility type code: 810  
 Facility status code: 03  
 Address: 5101 NEW YORK AVENUE  
 City: CYPRESS  
 State: CA  
 Zip: 90630  
 Alt. address: 5101 NEW YORK AVENUE  
 City: CYPRESS  
 State: CA  
 Zip: 90630  
 Facility investor: "SCRIMPHER, TAWNYA"  
 Licensee type: A  
 License effective date: 990202  
 License expiration date: Not Reported  
 License issue date: 990202  
 Program type: "LICENSE INACTIVE AS OF APRIL 16, 2007"  
 Original app. received date: 980923  
 Facility closed date: Not Reported  
 Mailing address: 5101 NEW YORK AVENUE  
 Mailing city: CYPRESS  
 Mailing state: CA  
 Mailing zip: 90630

SRDCCA200709064  
 Daycare

# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Contact person: "SCRIMPSHER, TAWNYA "  
 Facility capacity: 8  
 Type of clients served: 960  
 Facility phone: 7149957656

JF1378 SRHO20070148124  
 WNW AHA Hospitals

4-6 mi Hospital type: 01  
 29849 Num of times COO: 00  
 Higher Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: OLUSEGUN Z SALAKO MD  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19961216  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0923108  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: M1  
 street address: 1951 PACIFIC AVENUE  
 Phone num: 5622186264  
 Termination reason: 00  
 Term Date: 20081215  
 Purpose of action: Not Reported  
 Provider control: 02  
 Zip: 90806  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070148124

JF1379 SRHO20070142546  
 WNW AHA Hospitals  
 4-6 mi Hospital type: 01  
 29849 Num of times COO: 00  
 Higher Owner date: Not Reported  
 City: LONG BEACH

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: GOOD SAMARITAN FAMILY MEDICAL CLINIC  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19940131  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0882297  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Not Reported  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 1951 PACIFIC AVE  
 Phone num: 3105997594  
 Termination reason: 08  
 Term Date: 19980130  
 Purpose of action: Not Reported  
 Provider control: 02  
 Zip: 90806  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070142546

JG1380  
 WNW  
 4-6 mi  
 29849  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: MARIO I BRAKIN MD  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19930420

SRHO20070131396  
 AHA Hospitals

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0554275  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 2650 ELM AVE #210  
 Phone num: 3105950166  
 Termination reason: 12  
 Term Date: 19960831  
 Purpose of action: Not Reported  
 Provider control: 02  
 Zip: 90806  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070131396

JG1381  
 WNW  
 4-6 mi  
 29849  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: LONG BEACH INTERNAL MEDICAL GROUP  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 20011214  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0994453  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 2650 ELM AVENUE #309  
 Phone num: 5625958549

SRHO20070156314  
 AHA Hospitals

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Termination reason: 00  
 Term Date: 20071213  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90806  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070156314

JG1382  
 WNW  
 4-6 mi  
 29849  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: MEMORIAL MEDICAL GROUP  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19980528  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0946574  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 2650 ELM AVE #209  
 Phone num: 5625958549  
 Termination reason: 08  
 Term Date: 20020527  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90806  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported

SRHO20070149852  
 AHA Hospitals

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070149852

JG1383

WNW  
 4-6 mi  
 29849  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: 1  
 Compliance status: A  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: 19940429  
 Medicare/Medicaid: 1  
 Facility name: LONG BEACH INTERNAL MEDICAL GROUP  
 Intermediary/Carrier: 02050  
 Medicaid number: Not Reported  
 Participation date: 19920901  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0687632  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Not Reported  
 state abbrev: CA  
 ssa state: 05  
 state region cd: M1  
 street address: 2650 ELM AVENUE SUITE 309  
 Phone num: 3105958549  
 Termination reason: 12  
 Term Date: 19950725  
 Purpose of action: 1  
 Provider control: 04  
 Zip: 90806  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070137762

SRHO20070137762  
 AHA Hospitals

JG1384

WNW  
 4-6 mi  
 29863  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported

SRHO20070137976  
 AHA Hospitals

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

City: LONG BEACH  
 Has plan of corr: Not Reported  
 Compliance status: A  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: 20060421  
 Medicare/Medicaid: 1  
 Facility name: PEDIATRIC ADOLESCENT HEMA ONCO ASSO  
 Intermediary/Carrier: 02050  
 Medicaid number: Not Reported  
 Participation date: 19920901  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0682601  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Not Reported  
 state abbrev: CA  
 ssa state: 05  
 state region cd: M1  
 street address: 2653 ELM AVENUE, #200  
 Phone num: 5624921062  
 Termination reason: 00  
 Term Date: 20081215  
 Purpose of action: 2  
 Provider control: 02  
 Zip: 90806  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070137976

JG1385  
 WNW  
 4-6 mi  
 29863  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: 1  
 Compliance status: A  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: 19940413  
 Medicare/Medicaid: 1  
 Facility name: ONCOLOGY HEMATOLOGY CONSULT MED GRP IN  
 Intermediary/Carrier: 02050  
 Medicaid number: Not Reported

SRHO20070131660  
 AHA Hospitals

# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Participation date: 19920901  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0554371  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Not Reported  
 state abbrev: CA  
 ssa state: 05  
 state region cd: M1  
 street address: 2653 ELM AVENUE SUITE 300  
 Phone num: 5625957335  
 Termination reason: 00  
 Term Date: 20081209  
 Purpose of action: 1  
 Provider control: 04  
 Zip: 90806  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070131660

IZ1386  
 NE  
 4-6 mi  
 29867  
 Higher

EDR ID: SRDCCA200722572  
 Facility number: 304300460  
 Facility name: "URBINA, JESSIE & CARRANZA, IRELI"  
 Facility eval. code: 3404  
 Facility office number: 06  
 Facility county number: 30  
 Facility type code: 810  
 Facility status code: 03  
 Address: 10140 HOLDER STREET  
 City: BUENA PARK  
 State: CA  
 Zip: 90620  
 Alt. address: 10140 HOLDER STREET  
 City: BUENA PARK  
 State: CA  
 Zip: 90620  
 Facility investor: "URBINA, JESSIE & CARRANZA, IRELI"  
 Licensee type: A  
 License effective date: 40130  
 License expiration date: Not Reported  
 License issue date: 040130  
 Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4  
 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE  
 WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED  
 "

SRDCCA200722572  
 Daycare

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Original app. received date: 031006  
 Facility closed date: Not Reported  
 Mailing address: 10140 HOLDER STREET  
 Mailing city: BUENA PARK  
 Mailing state: CA  
 Mailing zip: 90620  
 Contact person: "URBINA, J & CARRANZA, I "
 Facility capacity: 8  
 Type of clients served: 960  
 Facility phone: 7147287935

II1387  
 West  
 4-6 mi  
 29881  
 Higher

EDR ID: SRDCCA200750980  
 Facility number: 192001162  
 Facility name: WEST ANAHEIM CHILD CARE CENTER  
 Facility eval. code: 9070  
 Facility office number: 33  
 Facility county number: 19  
 Facility type code: 850  
 Facility status code: 03  
 Address: 440 W. ANAHEIM STREET  
 City: LONG BEACH  
 State: CA  
 Zip: 90813  
 Alt. address: 2898 ORANGE AVE  
 City: SIGNAL HILL  
 State: CA  
 Zip: 90806  
 Facility investor: LONG BEACH UNIFIED SCHOOL DISTRICT  
 Licensee type: F  
 License effective date: 307  
 License expiration date: Not Reported  
 License issue date: 000307  
 Program type: "HEADSTART PROGRAM ONLY. SERVING AGES 2 YEARS UNTIL ENTRY INTO KINDERGARTEN. ROOMS 1,2,& 3 HALF-DAY PROGRAM MAXIMUM 76 CHILDREN. ROOM 4 FULL-DAY PROGRAM MAXIMUM 28 CHILDREN. WAIVER FOR OUTDOOR "ACTIVITY AREA. AMBULATORY ONLY.

SRDCCA200750980  
 Daycare

Original app. received date: 000111  
 Facility closed date: Not Reported  
 Mailing address: 2898 ORANGE AVE  
 Mailing city: SIGNAL HILL  
 Mailing state: CA  
 Mailing zip: 90806  
 Contact person: "SIMBILLO, CARMEN "  
 Facility capacity: 90  
 Type of clients served: 950  
 Facility phone: 5629513842

II1388  
 West  
 4-6 mi  
 29881  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: 1

SRHO20070135849  
 AHA Hospitals

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Compliance status: A  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: 19950112  
 Medicare/Medicaid: 1  
 Facility name: MILES INC  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19920901  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0668899  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Not Reported  
 state abbrev: CA  
 ssa state: 05  
 state region cd: M1  
 street address: 440 W ANAHEIM  
 Phone num: 3104320919  
 Termination reason: 01  
 Term Date: 19950712  
 Purpose of action: 1  
 Provider control: 04  
 Zip: 90813  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070135849

1389  
 ENE  
 4-6 mi  
 29882  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: GARDEN GROVE  
 Has plan of corr: Not Reported  
 Compliance status: A  
 SSA county code: 400  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: 19971217  
 Medicare/Medicaid: 1  
 Facility name: HOSPITAL SERVICES LABORATORY  
 Intermediary/Carrier: 02050  
 Medicaid number: Not Reported  
 Participation date: 19920901  
 Prior COO date: Not Reported

SRHO20070130572  
 AHA Hospitals

# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Prior carrier: Not Reported  
 Provider ID: 05D0553375  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Not Reported  
 state abbrev: CA  
 ssa state: 05  
 state region cd: M1  
 street address: 11450 MARKON DRIVE  
 Phone num: 7146385022  
 Termination reason: 01  
 Term Date: 19981023  
 Purpose of action: 2  
 Provider control: 04  
 Zip: 92841  
 Fips state: 06  
 Fips cnty: 059  
 SSA MSA: 033  
 SSA MSA size code: B  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070130572

1390  
 NW  
 4-6 mi  
 29906  
 Higher

EDR ID: SRDCCA200717453  
 Facility number: 198007755  
 Facility name: BLACKSTON FAMILY CHILD CARE  
 Facility eval. code: 9130  
 Facility office number: 33  
 Facility county number: 19  
 Facility type code: 810  
 Facility status code: 03  
 Address: 3835 CHERRY AVENUE  
 City: LONG BEACH  
 State: CA  
 Zip: 90807  
 Alt. address: 3835 CHERRY AVENUE  
 City: LONG BEACH  
 State: CA  
 Zip: 90807  
 Facility investor: "BLACKSTON, SHANDA"  
 Licensee type: A  
 License effective date: 40715  
 License expiration date: Not Reported  
 License issue date: 040715  
 Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4  
 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE  
 WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED  
 "  
 Original app. received date: 020701  
 Facility closed date: Not Reported

SRDCCA200717453  
 Daycare

# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Mailing address: 3835 CHERRY AVENUE  
 Mailing city: LONG BEACH  
 Mailing state: CA  
 Mailing zip: 90807  
 Contact person: "BLACKSTON, SHANDA"  
 Facility capacity: 8  
 Type of clients served: 960  
 Facility phone: 5629971984

IP1391  
 ENE  
 4-6 mi  
 29908  
 Higher

EDR ID: SRDCCA200756080  
 Facility number: 304370141  
 Facility name: CHILDS-PACE CERRITOS  
 Facility eval. code: 1205  
 Facility office number: 06  
 Facility county number: 30  
 Facility type code: 850  
 Facility status code: 03  
 Address: 3731 CERRITOS AVENUE  
 City: ANAHEIM  
 State: CA  
 Zip: 92804  
 Alt. address: 1860 ANAHEIM AVENUE  
 City: COSTA MESA  
 State: CA  
 Zip: 92627  
 Facility investor: "LEVERE, JOHN"  
 Licensee type: C  
 License effective date: 41103  
 License expiration date: Not Reported  
 License issue date: 041103  
 Program type: 24 AMB. CHILDREN. AGES 3 THROUGH 5 YRS OLD. 7:30AM TO 12:45PM.  
 MON-FRI. RM 25. WAIVERS TO SHARE ELEM SCH RESTROOMWITHSPECIAL  
 NEEDS PROG; USE COMPUTER SYSTEM FOR SIGNIN/OUT;ALLOWOUTDOORPLAY  
 COMMINGLING OF KINDERGARTEN SPECIAL NEEDS PROG & PRESCHOOL.  
 Original app. received date: 041007  
 Facility closed date: Not Reported  
 Mailing address: 2184 MINER STREET# C  
 Mailing city: COSTA MESA  
 Mailing state: CA  
 Mailing zip: 92627  
 Contact person: "PEREZ, MICHAEL"  
 Facility capacity: 24  
 Type of clients served: 950  
 Facility phone: 7142369564

SRDCCA200756080  
 Daycare

IP1392  
 ENE  
 4-6 mi  
 29908  
 Higher

EDR ID: SRDCCA200745820  
 Facility number: 304270744  
 Facility name: CHILDS PACE - CERRITOS  
 Facility eval. code: 1205  
 Facility office number: 06  
 Facility county number: 30  
 Facility type code: 840

SRDCCA200745820  
 Daycare

# MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Facility status code: 03  
 Address: 3731 CERRITOS AVENUE  
 City: CERRITOS  
 State: CA  
 Zip: 92804  
 Alt. address: 1860 ANAHEIM AVE  
 City: COSTA MESA  
 State: CA  
 Zip: 92627  
 Facility investor: "CHILD'S PACE FOUNDATION INC., THE"  
 Licensee type: C  
 License effective date: 1221  
 License expiration date: Not Reported  
 License issue date: 001221  
 Program type: "AMB CHILDREN. AGES 5 THROUGH 12 YRS OLD. MON-FRI.RM 27 HOURS-6:30AM-6:00PM. RM 25 HOURS-1:30PM-6:00PM. PER 09/28/2004  
 FIRE CLEARANCE, NO MORE THAN 35 CHILDREN IN ONE CLASSRM AT ANY  
 "ONE TIME. WAIVER TO USE COMPUTER SYSTEM TO SIGN IN/OUT CHILDREN.  
 Original app. received date: 001128  
 Facility closed date: Not Reported  
 Mailing address: 1860 ANAHEIM AVE  
 Mailing city: COSTA MESA  
 Mailing state: CA  
 Mailing zip: 92627  
 Contact person: "PEREZ,MICHAEL"  
 Facility capacity: 70  
 Type of clients served: 950  
 Facility phone: 7142369564

IP1393 ENE 4-6 mi 29908 Higher	Ncessch: 063603006165 Schname05: CERRITOS ELEMENTARY Mstreet05: 3731 CERRITOS Mcity05: ANAHEIM Mstate05: CA Mzip05: 92804 Mzip405: 4603 Member05: 474 Phone05: (714) 236-3830 Locale05: 3 Type05: 1 Level05: 1 Gslo05: KG Gshi05: 06 Edr id: SRPU20071011086	SRPU20071011086 Public Schools
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IU1394 WNW 4-6 mi 29908 Higher	Hospital type: 01 Num of times COO: 00 Owner date: Not Reported City: LONG BEACH Has plan of corr: Not Reported Compliance status: B SSA county code: 200	SRHO20070008254 AHA Hospitals
--------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: 19880224  
 Medicare/Medicaid: 1  
 Facility name: MEMO HOSP MECICAL CTR LB DIALYSIS CTR  
 Intermediary/Carrier: 51051  
 Medicaid number: Not Reported  
 Participation date: 19840905  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 053508  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Not Reported  
 state abbrev: CA  
 ssa state: 05  
 state region cd: L4  
 street address: 2880 ATLANTIC BLVD, STE 230  
 Phone num: 2135952311  
 Termination reason: 01  
 Term Date: 19880901  
 Purpose of action: 2  
 Provider control: 02  
 Zip: 90801  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSOTHER  
 Edr id: SRHO20070008254

IU1395  
 WNW  
 4-6 mi  
 29908  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: Not Reported  
 Compliance status: A  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: 20040303  
 Medicare/Medicaid: 1  
 Facility name: GREATER LONG BEACH ENDOSCOPY CENTER  
 Intermediary/Carrier: 02050  
 Medicaid number: Not Reported  
 Participation date: 19940701  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05C0001294

SRHO20070006592  
 AHA Hospitals

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Record Status: A  
 Region code: 09  
 Is Partial Record: Not Reported  
 state abbrev: CA  
 ssa state: 05  
 state region cd: L4  
 street address: 2880 ATLANTIC AVE SUITE 180  
 Phone num: 5624262606  
 Termination reason: 00  
 Term Date: Not Reported  
 Purpose of action: 2  
 Provider control: 01  
 Zip: 90806  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: 2  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSOTHER  
 Edr id: SRHO20070006592

IU1396  
 WNW  
 4-6 mi  
 29908  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: SURGERY CENTER OF LONG BEACH  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 20010524  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0986953  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 2880 ATLANTIC AVENUE SUITE 160  
 Phone num: 8668029900  
 Termination reason: 00  
 Term Date: 20070523  
 Purpose of action: Not Reported

SRHO20070154850  
 AHA Hospitals

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Provider control: 04  
 Zip: 90806  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070154850

IU1397  
 WNW  
 4-6 mi  
 29908  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: 1  
 Compliance status: A  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: 20010706  
 Medicare/Medicaid: 1  
 Facility name: SURGERY CENTER OF LONG BEACH  
 Intermediary/Carrier: 00542  
 Medicaid number: Not Reported  
 Participation date: 20010723  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05C0001512  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Not Reported  
 state abbrev: CA  
 ssa state: 05  
 state region cd: L4  
 street address: 2880 ATLANTIC AVENUE, SUITE 160  
 Phone num: 9492894832  
 Termination reason: 00  
 Term Date: Not Reported  
 Purpose of action: 1  
 Provider control: 01  
 Zip: 90806  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: 0  
 Num beds: 0000  
 Num cert beds: 0000

SRHO20070004770  
 AHA Hospitals

# MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Source: US\_HOSPITAL\_POSOTHER  
 Edr id: SRHO20070004770

IU1398		SRHO20070153881
WNW	Hospital type: 01	AHA Hospitals
4-6 mi	Num of times COO: 00	
29908	Owner date: Not Reported	
Higher	City: LONG BEACH	
	Has plan of corr: Not Reported	
	Compliance status: Not Reported	
	SSA county code: 200	
	Cross ref number: Not Reported	
	FMS survey date: Not Reported	
	Current survey date: Not Reported	
	Medicare/Medicaid: Not Reported	
	Facility name: JOHN P CARDIN JR MD	
	Intermediary/Carrier: Not Reported	
	Medicaid number: Not Reported	
	Participation date: 20010222	
	Prior COO date: Not Reported	
	Prior carrier: Not Reported	
	Provider ID: 05D0983452	
	Record Status: A	
	Region code: 09	
	Is Partial Record: Y	
	state abbrev: CA	
	ssa state: 05	
	state region cd: LAB	
	street address: 2880 ATLANTIC AVENUE, SUITE 230	
	Phone num: 5628096504	
	Termination reason: 00	
	Term Date: 20070221	
	Purpose of action: Not Reported	
	Provider control: 04	
	Zip: 90806	
	Fips state: 06	
	Fips cnty: 037	
	SSA MSA: 328	
	SSA MSA size code: A	
	Date accredited: Not Reported	
	Accred expire date: Not Reported	
	Accred Org: Not Reported	
	Num beds: 0000	
	Num cert beds: 0000	
	Source: US_HOSPITAL_POSCLIA	
	Edr id: SRHO20070153881	

IU1399		SRHO20070142136
WNW	Hospital type: 01	AHA Hospitals
4-6 mi	Num of times COO: 00	
29908	Owner date: Not Reported	
Higher	City: LONG BEACH	
	Has plan of corr: 1	
	Compliance status: A	

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: 19970929  
 Medicare/Medicaid: 1  
 Facility name: TALBERT MEDICAL GROUP  
 Intermediary/Carrier: 02050  
 Medicaid number: Not Reported  
 Participation date: 19930818  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0875119  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Not Reported  
 state abbrev: CA  
 ssa state: 05  
 state region cd: M1  
 street address: 2880 ATLANTIC AVE, STE 100  
 Phone num: 5629880088  
 Termination reason: 08  
 Term Date: 19980802  
 Purpose of action: 2  
 Provider control: 04  
 Zip: 90806  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070142136

IU1400  
 WNW  
 4-6 mi  
 29908  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: GREATER LONG BEACH ENDOSCOPY CENTER  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19961010  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported

SRHO20070148049  
 AHA Hospitals

# MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Provider ID: 05D0920822  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: M1  
 street address: 2880 ATLANTIC AVENUE #180  
 Phone num: 5624262626  
 Termination reason: 00  
 Term Date: 20081009  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90806  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070148049

IU1401  
 WNW  
 4-6 mi  
 29908  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: PROHEALTH PARTNERS A MEDICAL GROUP INC  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19970820  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0932449  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 2880 ATLANTIC AVENUE STE 170  
 Phone num: 5625957764  
 Termination reason: 00  
 Term Date: 20070819

SRHO20070148545  
 AHA Hospitals

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90806  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070148545

IU1402  
 WNW  
 4-6 mi  
 29908  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: JOHN P CARDIN JR MD  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19990319  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0958475  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 2880 ATLANTIC AVENUE, SUITE 230  
 Phone num: 5624244404  
 Termination reason: 00  
 Term Date: 20070318  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90806  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000

SRHO20070151875  
 AHA Hospitals

# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070151875

IU1403 WNW 4-6 mi 29908 Higher	Hospital type: 01 Num of times COO: 00 Owner date: Not Reported City: LONG BEACH Has plan of corr: Not Reported Compliance status: Not Reported SSA county code: 200 Cross ref number: Not Reported FMS survey date: Not Reported Current survey date: Not Reported Medicare/Medicaid: Not Reported Facility name: JANINE K JENSEN MD Intermediary/Carrier: Not Reported Medicaid number: Not Reported Participation date: 20000119 Prior COO date: Not Reported Prior carrier: Not Reported Provider ID: 05D0969516 Record Status: A Region code: 09 Is Partial Record: Y state abbrev: CA ssa state: 05 state region cd: LAB street address: 2880 ATLANTIC AVENUE, SUITE 200 Phone num: 5624244277 Termination reason: 08 Term Date: 20060118 Purpose of action: Not Reported Provider control: 04 Zip: 90806 Fips state: 06 Fips cnty: 037 SSA MSA: 328 SSA MSA size code: A Date accredited: Not Reported Accred expire date: Not Reported Accred Org: Not Reported Num beds: 0000 Num cert beds: 0000 Source: US_HOSPITAL_POSCLIA Edr id: SRHO20070150668	SRHO20070150668 AHA Hospitals
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IU1404 WNW 4-6 mi 29912 Higher	Hospital type: 01 Num of times COO: 00 Owner date: Not Reported City: LONG BEACH Has plan of corr: Not Reported	SRHO20070156652 AHA Hospitals
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## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Compliance status: Not Reported  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: CAROLINE RICKARD MD  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 20021003  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D1004723  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 2865 ATLANTIC AVENUE SUITE 250  
 Phone num: 5625957709  
 Termination reason: 00  
 Term Date: 20081002  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90806  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070156652

IU1405  
 WNW  
 4-6 mi  
 29912  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: SANDRA L MAKELA MD  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 20020917  
 Prior COO date: Not Reported

SRHO20070154897  
 AHA Hospitals

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Prior carrier: Not Reported  
 Provider ID: 05D1004020  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 2865 ATLANTIC AVE STE 250  
 Phone num: 5625957709  
 Termination reason: 00  
 Term Date: 20080916  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90806  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070154897

IU1406  
 WNW  
 4-6 mi  
 29912  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: LONG BEACH UROLOGICAL ASSOC  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19931011  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0710782  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Not Reported  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 2865 ATLANTIC AVENUE SUITE 217  
 Phone num: 3104248893  
 Termination reason: 01

SRHO20070141604  
 AHA Hospitals

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Term Date: 19950801  
 Purpose of action: Not Reported  
 Provider control: 02  
 Zip: 90806  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070141604

IU1407  
 WNW  
 4-6 mi  
 29912  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: WOUND HEALING CENTER LABORATORY  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 20051007  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D1046445  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: M1  
 street address: 2865 ATLANTIC AVENUE, # 152  
 Phone num: 5629333136  
 Termination reason: 00  
 Term Date: 20071006  
 Purpose of action: Not Reported  
 Provider control: 02  
 Zip: 90806  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported

SRHO20070160693  
 AHA Hospitals

# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070160693

IU1408  
 WNW  
 4-6 mi  
 29912  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: MEMORIAL RESEARCH MEDICAL CLINIC  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 20011001  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0991876  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 2865 ATLANTIC AVE STE 227  
 Phone num: 5625959366  
 Termination reason: 00  
 Term Date: 20070930  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90806  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070155230

SRHO20070155230  
 AHA Hospitals

IU1409  
 WNW  
 4-6 mi  
 29912  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LONG BEACH

SRHO20070154769  
 AHA Hospitals

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: DR CAROL GRABOWSKI  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19980918  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0951473  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 2865 ATLANTIC AVENUE, SUITE 204  
 Phone num: 5625955056  
 Termination reason: 00  
 Term Date: 20080917  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90806  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070154769

IU1410  
 WNW  
 4-6 mi  
 29912  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: TRACY L KELVIE MD  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 20021003

SRHO20070156384  
 AHA Hospitals

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D1004719  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 2865 ATLANTIC AVENUE SUITE 250  
 Phone num: 5625957709  
 Termination reason: 00  
 Term Date: 20081002  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90806  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070156384

IU1411  
 WNW  
 4-6 mi  
 29912  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: PAMELA R KUSHNER MD  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19931011  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0554315  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: M1  
 street address: 2865 ATLANTIC AVE #207  
 Phone num: 3105956770

SRHO20070131528  
 AHA Hospitals

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Termination reason: 00  
 Term Date: 20071222  
 Purpose of action: Not Reported  
 Provider control: 02  
 Zip: 90806  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070131528

IU1412  
 WNW  
 4-6 mi  
 29912  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: IRENE A MALEK MD  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 20060207  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D1050629  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: M1  
 street address: 2865 ATLANTIC AVENUE, SUITE 226  
 Phone num: 5624929288  
 Termination reason: 08  
 Term Date: 20060812  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90806  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported

SRHO20070164104  
 AHA Hospitals

# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070164104

IU1413 WNW 4-6 mi 29912 Higher	Hospital type: 01 Num of times COO: 00 Owner date: Not Reported City: LONG BEACH Has plan of corr: Not Reported Compliance status: Not Reported SSA county code: 200 Cross ref number: Not Reported FMS survey date: Not Reported Current survey date: Not Reported Medicare/Medicaid: Not Reported Facility name: VANESSA M KALEB MD Intermediary/Carrier: Not Reported Medicaid number: Not Reported Participation date: 20061024 Prior COO date: Not Reported Prior carrier: Not Reported Provider ID: 05D1060475 Record Status: A Region code: 09 Is Partial Record: Y state abbrev: CA ssa state: 05 state region cd: M1 street address: 2865 ATLANTIC AVE STE 250 Phone num: 5625957709 Termination reason: 00 Term Date: 20081023 Purpose of action: Not Reported Provider control: 04 Zip: 90806 Fips state: 06 Fips cnty: 037 SSA MSA: 328 SSA MSA size code: A Date accredited: Not Reported Accred expire date: Not Reported Accred Org: Not Reported Num beds: 0000 Num cert beds: 0000 Source: US_HOSPITAL_POSCLIA Edr id: SRHO20070164936	SRHO20070164936 AHA Hospitals
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IU1414 WNW 4-6 mi 29912 Higher	Hospital type: 01 Num of times COO: 00 Owner date: Not Reported	SRHO20070131651 AHA Hospitals
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## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

City: LONG BEACH  
 Has plan of corr: Not Reported  
 Compliance status: A  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: 19980306  
 Medicare/Medicaid: 1  
 Facility name: LUN W HOM MD  
 Intermediary/Carrier: 02050  
 Medicaid number: Not Reported  
 Participation date: 19920901  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0554985  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Not Reported  
 state abbrev: CA  
 ssa state: 05  
 state region cd: M1  
 street address: 2865 ATLANTIC AVENUE #108  
 Phone num: 5624260301  
 Termination reason: 00  
 Term Date: 20081204  
 Purpose of action: 2  
 Provider control: 04  
 Zip: 90806  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070131651

IU1415  
 WNW  
 4-6 mi  
 29912  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: MONE SANDHU MD  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported

SRHO20070142061  
 AHA Hospitals

# MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Participation date: 19930209  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0861142  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Not Reported  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 2865 ATLANTIC AVE STE 150  
 Phone num: 3105951141  
 Termination reason: 15  
 Term Date: 19940831  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90806  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070142061

IU1416  
 WNW  
 4-6 mi  
 29912  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: 1  
 Compliance status: A  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: 19960206  
 Medicare/Medicaid: 1  
 Facility name: MICHAEL COGAN MD  
 Intermediary/Carrier: 02050  
 Medicaid number: Not Reported  
 Participation date: 19920901  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0554276  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: M1  
 street address: 2865 ATLANTIC AVENUE SUITE 252

SRHO20070131397  
 AHA Hospitals

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Phone num: 5629895722  
 Termination reason: 00  
 Term Date: 20080627  
 Purpose of action: 2  
 Provider control: 04  
 Zip: 90806  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070131397

IU1417  
 WNW  
 4-6 mi  
 29912  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: S GAINER PILLSBURY JR MD  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 20021007  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D1004822  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 2865 ATLANTIC AVE STE 250  
 Phone num: 5625957709  
 Termination reason: 08  
 Term Date: 20041006  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90806  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported

SRHO20070156900  
 AHA Hospitals

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070156900

IU1418  
 WNW  
 4-6 mi  
 29912  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: RAYMOND I MATHEWS MD  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19930419  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0554283  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Not Reported  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 2865 ATLANTIC AVE #101  
 Phone num: 3105951651  
 Termination reason: 04  
 Term Date: 19951119  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90806  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070131514

SRHO20070131514  
 AHA Hospitals

IU1419  
 WNW  
 4-6 mi  
 29912  
 Higher

Hospital type: 01  
 Num of times COO: 00

SRHO20070131542  
 AHA Hospitals

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: Not Reported  
 Compliance status: A  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: 20010713  
 Medicare/Medicaid: 1  
 Facility name: ADULT & PEDIATRIC DERMATOLOGY MEDICAL  
 Intermediary/Carrier: 02050  
 Medicaid number: Not Reported  
 Participation date: 19920901  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0554332  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Not Reported  
 state abbrev: CA  
 ssa state: 05  
 state region cd: M1  
 street address: 2865 ATLANTIC AVE #152  
 Phone num: 5625957581  
 Termination reason: 01  
 Term Date: 20030226  
 Purpose of action: 2  
 Provider control: 04  
 Zip: 90806  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070131542

IU1420  
 WNW  
 4-6 mi  
 29912  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: MAURICE M LAM MD AND ASSOC  
 Intermediary/Carrier: Not Reported

SRHO20070142283  
 AHA Hospitals

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Medicaid number: Not Reported  
 Participation date: 19940219  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0882865  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 2865 ATLANTIC AVE SUITE 106  
 Phone num: 3105950591  
 Termination reason: 00  
 Term Date: 20080216  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90806  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070142283

IU1421  
 WNW  
 4-6 mi  
 29912  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: 1  
 Compliance status: A  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: 19950724  
 Medicare/Medicaid: 1  
 Facility name: WEST COAST ENDOCRINE CLINICAL LABORATORY  
 Intermediary/Carrier: 02050  
 Medicaid number: Not Reported  
 Participation date: 19920901  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0553994  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Not Reported  
 state abbrev: CA  
 ssa state: 05  
 state region cd: M1

SRHO20070130566  
 AHA Hospitals

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

street address: 2865 ATLANTIC AVENUE, SUITE 211  
 Phone num: 5629880040  
 Termination reason: 00  
 Term Date: 20070325  
 Purpose of action: 1  
 Provider control: 04  
 Zip: 90806  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070130566

IU1422  
 WNW  
 4-6 mi  
 29912  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 200  
 Cross ref number: 05D0911147  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: MONICA P LEFF MD  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19990301  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0957772  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 2865 ATLANTIC AVE STE 250  
 Phone num: 5624260673  
 Termination reason: 16  
 Term Date: 20020912  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90806  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A

SRHO20070151602  
 AHA Hospitals

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070151602

IU1423  
 WNW  
 4-6 mi  
 29912  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: 1  
 Compliance status: A  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: 19980515  
 Medicare/Medicaid: 1  
 Facility name: GENE RAY BOUCH  
 Intermediary/Carrier: 02050  
 Medicaid number: Not Reported  
 Participation date: 19920901  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0554245  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Not Reported  
 state abbrev: CA  
 ssa state: 05  
 state region cd: M1  
 street address: 2865 ATLANTIC AVE  
 Phone num: 3104266151  
 Termination reason: 00  
 Term Date: 20070226  
 Purpose of action: 2  
 Provider control: 02  
 Zip: 90806  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070131384

SRHO20070131384  
 AHA Hospitals

## MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site	EDR ID Database
IU1424 WNW 4-6 mi 29912 Higher	Hospital type: 01 Num of times COO: 00 Owner date: Not Reported City: LONG BEACH Has plan of corr: Not Reported Compliance status: Not Reported SSA county code: 200 Cross ref number: Not Reported FMS survey date: Not Reported Current survey date: Not Reported Medicare/Medicaid: Not Reported Facility name: MONICA P LEFF MD Intermediary/Carrier: Not Reported Medicaid number: Not Reported Participation date: 19960126 Prior COO date: Not Reported Prior carrier: Not Reported Provider ID: 05D0911147 Record Status: A Region code: 09 Is Partial Record: Y state abbrev: CA ssa state: 05 state region cd: LAB street address: 2865 ATLANTIC AVENUE, SUITE 250 Phone num: 5625957709 Termination reason: 00 Term Date: 20080125 Purpose of action: Not Reported Provider control: 04 Zip: 90806 Fips state: 06 Fips cnty: 037 SSA MSA: 328 SSA MSA size code: A Date accredited: Not Reported Accred expire date: Not Reported Accred Org: Not Reported Num beds: 0000 Num cert beds: 0000 Source: US_HOSPITAL_POSCLIA Edr id: SRHO20070149291	SRHO20070149291 AHA Hospitals
JC1425 NNE 4-6 mi 29939 Higher	EDR ID: SRDCCA200754635 Facility number: 304270699 Facility name: CYPRESS MONTESSORI ACADEMY Facility eval. code: 1205 Facility office number: 06 Facility county number: 30 Facility type code: 850 Facility status code: 03 Address: 8622 LA SALLE City: CYPRESS	SRDCCA200754635 Daycare

# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

State: CA  
 Zip: 90630  
 Alt. address: 8622 LA SALLE  
 City: CYPRESS  
 State: CA  
 Zip: 90630  
 Facility investor: "GUNARATNE, PRADEEP & PREETH"  
 Licensee type: A  
 License effective date: 1019  
 License expiration date: Not Reported  
 License issue date: 001019  
 Program type: 33 AMBULATORY CHILDREN AGES 2.5 THROUGH 6 YEARS OF AGE.  
 MONDAY THROUGH FRIDAY 07:00 A.M. TO 6:00 P.M.  
 Original app. received date: 000706  
 Facility closed date: Not Reported  
 Mailing address: 8622 LA SALLE  
 Mailing city: CYPRESS  
 Mailing state: CA  
 Mailing zip: 90630  
 Contact person: PREETH GUNARATNE  
 Facility capacity: 33  
 Type of clients served: 950  
 Facility phone: 7148260800

JH1426  
 WNW  
 4-6 mi  
 29949  
 Higher

EDR ID: SRDCCA200718163  
 Facility number: 198007641  
 Facility name: FANTROY FAMILY CHILD CARE  
 Facility eval. code: 8160  
 Facility office number: 33  
 Facility county number: 19  
 Facility type code: 810  
 Facility status code: 03  
 Address: 1475 CHESTNUT AVENUE  
 City: LONG BEACH  
 State: CA  
 Zip: 90813  
 Alt. address: 1475 CHESTNUT AVENUE  
 City: LONG BEACH  
 State: CA  
 Zip: 90813  
 Facility investor: "FANTROY, LYDIA"  
 Licensee type: A  
 License effective date: 21031  
 License expiration date: Not Reported  
 License issue date: 021031  
 Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4  
 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE  
 WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED  
 "  
 Original app. received date: 020620  
 Facility closed date: Not Reported  
 Mailing address: 1475 CHESTNUT AVENUE  
 Mailing city: LONG BEACH  
 Mailing state: CA

SRDCCA200718163  
 Daycare

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Mailing zip: 90813  
 Contact person: "FANTROY, LYDIA "  
 Facility capacity: 8  
 Type of clients served: 960  
 Facility phone: 5622182052

JB1427		SRDCCA200735879
NE	EDR ID: SRDCCA200735879	Daycare
4-6 mi	Facility number: 304310425	
29988	Facility name: "MARTYN, SUZY "	
Higher	Facility eval. code: 3404	
	Facility office number: 06	
	Facility county number: 30	
	Facility type code: 810	
	Facility status code: 03	
	Address: 5772 SHIRL ST.	
	City: CYPRESS	
	State: CA	
	Zip: 90630	
	Alt. address: 5772 SHIRL ST.	
	City: CYPRESS	
	State: CA	
	Zip: 90630	
	Facility investor: "MARTYN, SUZY "	
	Licensee type: A	
	License effective date: 60412	
	License expiration date: Not Reported	
	License issue date: 060412	
	Program type: "MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY. CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6. "	
	Original app. received date: 060224	
	Facility closed date: Not Reported	
	Mailing address: 5772 SHIRL ST.	
	Mailing city: CYPRESS	
	Mailing state: CA	
	Mailing zip: 90630	
	Contact person: "MARTYN, SUZY "	
	Facility capacity: 8	
	Type of clients served: 960	
	Facility phone: 7142090359	

JI1428		SRDCCA200707999
North	EDR ID: SRDCCA200707999	Daycare
4-6 mi	Facility number: 198001953	
30010	Facility name: "HERRBACH, HELEN FAMILY DAY CARE "	
Higher	Facility eval. code: 7110	
	Facility office number: 33	
	Facility county number: 19	
	Facility type code: 810	
	Facility status code: 03	
	Address: 4973 FAUST AVE	
	City: LAKEWOOD	
	State: CA	

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Zip: 90713  
 Alt. address: 4973 FAUST AVE  
 City: LAKEWOOD  
 State: CA  
 Zip: 90713  
 Facility investor: "HERRBACH, HELEN"  
 Licensee type: A  
 License effective date: 960701  
 License expiration date: Not Reported  
 License issue date: 960701  
 Program type: "MAXIMUM CAPACITY: 6 CHILDREN, INCLUDING LICENSEE'S CHILDREN UNDER 10 YEARS OF AGE WHO RESIDE IN THE HOME, WITH NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY (INFANT MEANS A CHILD UNDER 2 YEARS OLD)."  
 Original app. received date: 960228  
 Facility closed date: Not Reported  
 Mailing address: 4973 FAUST AVE  
 Mailing city: LAKEWOOD  
 Mailing state: CA  
 Mailing zip: 90713  
 Contact person: "HERRBACH, HELEN"  
 Facility capacity: 6  
 Type of clients served: 960  
 Facility phone: 5628666717

IV1429  
 WNW  
 4-6 mi  
 30018  
 Higher

EDR ID: SRDCCA200750074  
 Facility number: 191602046  
 Facility name: LONG BEACH DAY NURSERY - WEST BRANCH  
 Facility eval. code: 8140  
 Facility office number: 33  
 Facility county number: 19  
 Facility type code: 850  
 Facility status code: 03  
 Address: 1548 CHESTNUT AVE  
 City: LONG BEACH  
 State: CA  
 Zip: 90813  
 Alt. address: 1548 CHESTNUT AVE  
 City: LONG BEACH  
 State: CA  
 Zip: 90813  
 Facility investor: "LONG BEACH DAY NURSERY, INC"  
 Licensee type: C  
 License effective date: 930727  
 License expiration date: Not Reported  
 License issue date: Not Reported  
 Program type: "AMBULATORY, CAPACITY IS 100 CHILDREN INCLUDING 24 CHILDREN IN THE TODDLER OPTION PROGRAM, AGES 18 THRU 30 MONTHS; 76 CHILDREN AGES THRU 6 YEARS."  
 Original app. received date: 770822  
 Facility closed date: Not Reported  
 Mailing address: 1548 CHESTNUT AVE  
 Mailing city: L B  
 Mailing state: CA  
 Mailing zip: 90813

SRDCCA200750074  
 Daycare

# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Contact person: LINDA BLACKSHIRE  
 Facility capacity: 100  
 Type of clients served: 960  
 Facility phone: 5625910509

JJ1430  
 NNE  
 4-6 mi  
 30069  
 Higher

EDR ID: SRDCCA200750480  
 Facility number: 191605136  
 Facility name: "PARK MONTESSORI SCHOOL, THE"  
 Facility eval. code: 6150  
 Facility office number: 33  
 Facility county number: 19  
 Facility type code: 850  
 Facility status code: 03  
 Address: 12350 E. DEL AMO BLVD #2800  
 City: LAKEWOOD  
 State: CA  
 Zip: 90715  
 Alt. address: 9351 WALKER STREET  
 City: CYPRESS  
 State: CA  
 Zip: 90630  
 Facility investor: "JOSEPH, ELIZABETH PORTIA"  
 Licensee type: A  
 License effective date: 931016  
 License expiration date: Not Reported  
 License issue date: 901016  
 Program type: ""AGE TWO UNTIL ENTRY TO FIRST GRADE"" INCREASE EFFECTIVE 01/15/97  
 Original app. received date: 900517  
 Facility closed date: Not Reported  
 Mailing address: 9351 WALKER STREET  
 Mailing city: CYPRESS  
 Mailing state: CA  
 Mailing zip: 90630  
 Contact person: "JOSEPH, ELIZABETH PORTIA"  
 Facility capacity: 46  
 Type of clients served: 950  
 Facility phone: 5628091948

SRDCCA200750480  
 Daycare

1431  
 SE  
 4-6 mi  
 30075  
 Higher

Ncessch: 062814004338  
 Scname05: MARINE VIEW MIDDLE  
 Mstreet05: 5682 TILBURG DR.  
 Mcity05: HUNTINGTON BEACH  
 Mstate05: CA  
 Mzip05: 92649  
 Mzip405: 4699  
 Member05: 931  
 Phone05: (714) 846-0624  
 Locale05: 3  
 Type05: 1  
 Level05: 2  
 Gslo05: 06

SRPU20071009693  
 Public Schools

# MAP FINDINGS

Map ID	Direction	Distance	Distance (ft.)	Elevation	Site	EDR ID	Database
					Gshi05: Edr id:	08 SRPU20071009693	
JE1432	NE	4-6 mi	30081	Higher	EDR ID: Facility number: Facility name: Facility eval. code: Facility office number: Facility county number: Facility type code: Facility status code: Address: City: State: Zip: Alt. address: City: State: Zip: Facility investor: Licensee type: License effective date: License expiration date: License issue date: Program type:	SRDCCA200713214 Daycare "PREUSS, KIMBERLY" 3404 06 30 810 03 5552 BISHOP ST. CYPRESS CA 90630 5552 BISHOP ST. CYPRESS CA 90630 "PREUSS, KIMBERLY" A 1024 Not Reported 001024 "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED"	SRDCCA200713214 Daycare
					Original app. received date: Facility closed date: Mailing address: Mailing city: Mailing state: Mailing zip: Contact person: Facility capacity: Type of clients served: Facility phone:	000329 Not Reported 5552 BISHOP ST. CYPRESS CA 90630 "PREUSS, KIMBERLY" 8 960 7148268650	
JK1433	WNW	4-6 mi	30104	Higher	EDR ID: Facility number: Facility name: Facility eval. code: Facility office number: Facility county number: Facility type code: Facility status code: Address: City: State: Zip: Alt. address:	SRDCCA200711714 198005410 SANDFORD FAMILY CHILD CARE 8160 33 19 810 03 215 E. BURNETT STREET LONG BEACH CA 90806 215 E. BURNETT STREET	SRDCCA200711714 Daycare

## MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site	EDR ID Database
	City: LONG BEACH State: CA Zip: 90806 Facility investor: "SANDFORD, LORRAINE" Licensee type: A License effective date: 990810 License expiration date: Not Reported License issue date: 990810 Program type: "MAXIMUM CAPACITY: 12 CHILDREN, WITH NO MORE THAN 4 INFANTS, OR CAPACITY 14 CHILDREN WHEN 2 CHILDREN ARE AT LEAST 6 YEARS OF AGE WITH A MAXIMUM OF 3 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED" Original app. received date: 990719 Facility closed date: Not Reported Mailing address: 215 E. BURNETT STREET Mailing city: LONG BEACH Mailing state: CA Mailing zip: 90806 Contact person: "SANDFORD, LORRAINE" Facility capacity: 14 Type of clients served: 960 Facility phone: 5624242511	
JL1434 West 4-6 mi 30124 Higher	Hospital type: 01 Num of times COO: 00 Owner date: Not Reported City: LONG BEACH Has plan of corr: 1 Compliance status: A SSA county code: 200 Cross ref number: Not Reported FMS survey date: Not Reported Current survey date: 19950331 Medicare/Medicaid: 1 Facility name: AKL HOME CARE, INC Intermediary/Carrier: 00140 Medicaid number: Not Reported Participation date: 19950411 Prior COO date: Not Reported Prior carrier: 00040 Provider ID: 557521 Record Status: A Region code: 09 Is Partial Record: Not Reported state abbrev: CA ssa state: 05 state region cd: L4 street address: 400 OCEAMGATE, STE 220 Phone num: 3104321828 Termination reason: 01 Term Date: 19970620 Purpose of action: 1 Provider control: 04 Zip: 90802 Fips state: 06	SRHO20070108152 AHA Hospitals

# MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: 0  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSOTHER  
 Edr id: SRHO20070108152

JL1435			SRPS20071200021
West	Address type:	Physical Address	Prisons
4-6 mi	Facility name:	LONG BEACH	
30131	Facility type:	COMMUNITY CORRECTIONS OFFICE	
Higher	Street:	501 W. OCEAN BLVD., STE 3260	
	City:	LONG BEACH	
	State:	CA	
	Zipcode:	90802	
	Phone number:	(562) 980-3536	
	Fax:	(562) 980-3543	
	Edr id:	SRPS20071200021	

JL1436			SRPS20071200517
West	Address type:	Staff Mail	Prisons
4-6 mi	Facility name:	LONG BEACH	
30131	Facility type:	COMMUNITY CORRECTIONS OFFICE	
Higher	Street:	501 W. OCEAN BLVD., STE 3260	
	City:	LONG BEACH	
	State:	CA	
	Zipcode:	90802	
	Phone number:	Not Reported	
	Fax:	Not Reported	
	Edr id:	SRPS20071200517	

JC1437			SRDCCA200743236
NNE	EDR ID:	SRDCCA200743236	Daycare
4-6 mi	Facility number:	304270101	
30136	Facility name:	ABC DEVELOPMENT PRESCHOOL #5	
Higher	Facility eval. code:	1207	
	Facility office number:	06	
	Facility county number:	30	
	Facility type code:	840	
	Facility status code:	03	
	Address:	8630 MOODY ST.	
	City:	CYPRESS	
	State:	CA	
	Zip:	90630	
	Alt. address:	16633 BLACKBURN DRIVE	
	City:	LA MIRADA	
	State:	CA	
	Zip:	90638	
	Facility investor:	ABC 4 B & J INC.	

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Licensee type: D  
 License effective date: 950120  
 License expiration date: Not Reported  
 License issue date: 950120  
 Program type: "AMB. CHILDREN. AGES 5 THROUGH 12 YRS OLD. MON-FRI. ROOM A, 06:30AM TO 08:00AM & 2:30PM TO 6:00PM, RM A. INCLUDES DAYS ELEM SCHOOL IS CLOSED-M-F, 06:30AM TO 6:00PM, RM A. WAIVER-COMBINE P/S & SCH-AGE CHILDREN FIRST & LAST HR OF DAY.  
 Original app. received date: 941128  
 Facility closed date: Not Reported  
 Mailing address: 16633 BLACKBURN DRIVE  
 Mailing city: LA MIRADA  
 Mailing state: CA  
 Mailing zip: 90638  
 Contact person: JOLENE GUTIERREZ  
 Facility capacity: 30  
 Type of clients served: 950  
 Facility phone: 7149524222

JC1438  
 NNE  
 4-6 mi  
 30136  
 Higher

EDR ID: SRDCCA200752059  
 Facility number: 304270216  
 Facility name: ABC DEVELOPMENT PRESCHOOL #5  
 Facility eval. code: 1207  
 Facility office number: 06  
 Facility county number: 30  
 Facility type code: 850  
 Facility status code: 03  
 Address: 8630 MOODY ST.  
 City: CYPRESS  
 State: CA  
 Zip: 90630  
 Alt. address: 16633 BLACKBURN DRIVE  
 City: LA MIRADA  
 State: CA  
 Zip: 90638  
 Facility investor: ABC B & J INC.  
 Licensee type: A  
 License effective date: 960115  
 License expiration date: Not Reported  
 License issue date: 960115  
 Program type: "AMBULATORY CHILDREN. 24 MONTHS THROUGH 6 YRS OLD. MON-FRI. 06:30AM TO 6:00PM, ROOM B. 08:30AM TO 2:30PM, RM A. WAIVER-COMBINE P/S AND SCH-AGE CHILDREN FIRST & LAST HR OF DAY.  
 Original app. received date: 951221  
 Facility closed date: Not Reported  
 Mailing address: 16633 BLACKBURN DRIVE  
 Mailing city: LA MIRADA  
 Mailing state: CA  
 Mailing zip: 90638  
 Contact person: JOLENE GUTIERREZ  
 Facility capacity: 48  
 Type of clients served: 950  
 Facility phone: 7149524222

SRDCCA200752059  
 Daycare

## MAP FINDINGS

Map ID	Direction	Distance	Distance (ft.)	Elevation	Site	EDR ID	Database
JJ1439	NNE	4-6 mi	30142	Higher	Ncessch: 060162000027 Schname05: MARTIN B. TETZLAFF MIDDLE Mstreet05: 12351 EAST DEL AMO BLVD. Mcity05: CERRITOS Mstate05: CA Mzip05: 90703 Mzip405: 7635 Member05: 662 Phone05: (562) 865-9539 Locale05: 2 Type05: 1 Level05: 2 Gslo05: 06 Gshi05: 08 Edr id: SRPU20071006150	SRPU20071006150	Public Schools
JM1440	West	4-6 mi	30173	Higher	EDR ID: SRDCCA200739260 Facility number: 198013216 Facility name: TYES FAMILY CHILD CARE Facility eval. code: 9130 Facility office number: 33 Facility county number: 19 Facility type code: 810 Facility status code: 03 Address: 428 DAISY AVE. City: LONG BEACH State: CA Zip: 90802 Alt. address: 428 DAISY AVE. City: LONG BEACH State: CA Zip: 90802 Facility investor: YOLANDA TYES Licensee type: A License effective date: 70523 License expiration date: Not Reported License issue date: 070523 Program type: "MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY. CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6. "	SRDCCA200739260	Daycare
					Original app. received date: 070213 Facility closed date: Not Reported Mailing address: 428 DAISY AVE. Mailing city: LONG BEACH Mailing state: CA Mailing zip: 90802 Contact person: "TYES, YOLANDA "		
					Facility capacity: 8 Type of clients served: 960 Facility phone: 5624356653		

# MAP FINDINGS

Map ID	Direction	Distance	Distance (ft.)	Elevation	Site	EDR ID	Database
JA1441	NNE	4-6 mi	30185	Higher	EDR ID: SRDCCA200747749 Facility number: 300601686 Facility name: MONTESSORI CHILDREN'S HOUSE Facility eval. code: 1205 Facility office number: 06 Facility county number: 30 Facility type code: 850 Facility status code: 03 Address: 8271 GAY ST City: CYPRESS State: CA Zip: 90630 Alt. address: 8271 GAY ST City: CYPRESS State: CA Zip: 90630 Facility investor: PERRAH ANN S Licensee type: A License effective date: 931203 License expiration date: Not Reported License issue date: Not Reported Program type: "CHILDREN AGES 2 YEARS THRU 6 YEARS OLD. MONDAY THROUGH FRIDAY, 07:00 A.M. TO 6:00 P.M. "	SRDCCA200747749	Daycare
JA1442	NNE	4-6 mi	30185	Higher	Pss school id: BB040171 Pss inst: MONTESSORI CHILDRENS HOUSE - C Lograde: UG Higrade: UG Pss address: 8271 GAY ST Pss city: CYPRESS Pss county no: 059 Pss county fips: 06059 Pss stabb: CA Pss fips: 06 Pss zip5: 90630 Pss phone: 7149952054 Pss sch days: Not Reported Pss stu day hrs: 6 Pss library: Yes Pss enroll ug: 12 Pss enroll pk: Not Reported Pss enroll k: Not Reported	SRPR20051021872	Private Schools

# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Pss enroll 1: Not Reported  
 Pss enroll 2: Not Reported  
 Pss enroll 3: Not Reported  
 Pss enroll 4: Not Reported  
 Pss enroll 5: Not Reported  
 Pss enroll 6: Not Reported  
 Pss enroll 7: Not Reported  
 Pss enroll 8: Not Reported  
 Pss enroll 9: Not Reported  
 Pss enroll 10: Not Reported  
 Pss enroll 11: Not Reported  
 Pss enroll 12: Not Reported  
 Pss enroll t: 12  
 Pss enroll tk12: 12  
 Pss race ai: 1  
 Pss race as: 4  
 Pss race h: 2  
 Pss race b: 2  
 Pss race w: 3  
 Pss fte teach: 2.6  
 Pss locale: 3  
 Pss coed: 1  
 Pss type: 2  
 Pss level: 3  
 Pss relig: 3  
 Pss comm type: 2  
 Pss indian pct: 8.33  
 Pss asian pct: 33.33  
 Pss hisp pct: 16.67  
 Pss black pct: 16.67  
 Pss white pct: 25  
 Pss stdtch rt: 4.62  
 Pss orient: 29  
 Pss county name: ORANGE  
 Pss assoc 1: No Membership Association  
 Pss assoc 2: Not Reported  
 Pss assoc 3: Not Reported  
 Pss assoc 4: Not Reported  
 Pss assoc 5: Not Reported  
 Pss assoc 6: Not Reported  
 Pss assoc 7: Not Reported  
 Source: NCESDATA\_E72D09B4  
 Edr id: SRPR20051021872

1443  
 ESE Ncessch: 062814004329  
 4-6 mi Schname05: COLLEGE VIEW ELEMENTARY  
 30189 Mstreet05: 6582 LENNOX DR.  
 Higher Mcity05: HUNTINGTON BEACH  
 Mstate05: CA  
 Mzip05: 92647  
 Mzip405: 3452  
 Member05: 516  
 Phone05: (714) 847-3505  
 Locale05: 3

SRPU20071009688  
 Public Schools

# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Type05: 1  
 Level05: 1  
 Gslo05: KG  
 Gshi05: 05  
 Edr id: SRPU20071009688

IU1444

WNW  
 4-6 mi  
 30189  
 Higher

Hospital type: 03  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: 1  
 Compliance status: A  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: 19881013  
 Medicare/Medicaid: 1  
 Facility name: COLUMBIA CONVALESCENT HOME  
 Intermediary/Carrier: 00040  
 Medicaid number: Not Reported  
 Participation date: 19670101  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 055118  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Not Reported  
 state abbrev: CA  
 ssa state: 05  
 state region cd: L4  
 street address: 521 E COLUMBIA STREET  
 Phone num: 2134262557  
 Termination reason: 01  
 Term Date: 19890224  
 Purpose of action: 2  
 Provider control: 03  
 Zip: 90806  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0048  
 Num cert beds: 0048  
 Source: US\_HOSPITAL\_POSOTHER  
 Edr id: SRHO20070009415

SRHO20070009415  
 AHA Hospitals

JM1445

West  
 4-6 mi  
 30209  
 Higher

EDR ID: SRDCCA200715639  
 Facility number: 192005884  
 Facility name: LOVE FAMILY CHILD CARE

SRDCCA200715639  
 Daycare

# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Facility eval. code: 8160  
 Facility office number: 33  
 Facility county number: 19  
 Facility type code: 810  
 Facility status code: 03  
 Address: 527 DAISY AVE  
 City: LONG BEACH  
 State: CA  
 Zip: 90802  
 Alt. address: 527 DAISY AVE  
 City: LONG BEACH  
 State: CA  
 Zip: 90802  
 Facility investor: "LOVE, LAKEYSHA" "  
 Licensee type: A  
 License effective date: 10220  
 License expiration date: Not Reported  
 License issue date: 010220  
 Program type: "MAXIMUM CAPACITY: 12 CHILDREN, WITH NO MORE THAN 4 INFANTS, OR  
 CAPACITY 14 CHILDREN WHEN 2 CHILDREN ARE AT LEAST 6 YEARS OF AGE WITH A  
 MAXIMUM OF 3 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "  
 Original app. received date: 001208  
 Facility closed date: Not Reported  
 Mailing address: 527 DAISY AVE  
 Mailing city: LONG BEACH  
 Mailing state: CA  
 Mailing zip: 90802  
 Contact person: "LOVE, LAKEYSHIA" "  
 Facility capacity: 14  
 Type of clients served: 960  
 Facility phone: 5629014078

JM1446  
 West  
 4-6 mi  
 30210  
 Higher

EDR ID: SRDCCA200721779  
 Facility number: 198009050  
 Facility name: PADILLA FAMILY CHILD CARE  
 Facility eval. code: 8160  
 Facility office number: 33  
 Facility county number: 19  
 Facility type code: 810  
 Facility status code: 03  
 Address: 529 DAISY  
 City: LONG BEACH  
 State: CA  
 Zip: 90802  
 Alt. address: 529 DAISY  
 City: LONG BEACH  
 State: CA  
 Zip: 90802  
 Facility investor: "PADILLA, GLORIA" "  
 Licensee type: A  
 License effective date: 30527  
 License expiration date: Not Reported  
 License issue date: 030527  
 Program type: "MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY.  
 CAP. 8 - NO MORE THAN 2 INFANTS,1 CHILD IN KINDERGARTEN OR ELEMENTARY  
 SCHOOL AND 1 CHILD AT LEAST AGE 6. "  
 SRDCCA200721779  
 Daycare

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Original app. received date: 030401  
 Facility closed date: Not Reported  
 Mailing address: 529 DAISY  
 Mailing city: LONG BEACH  
 Mailing state: CA  
 Mailing zip: 90802  
 Contact person: "PADILLA, GLORIA"  
 Facility capacity: 8  
 Type of clients served: 960  
 Facility phone: 5624362198

JN1447		SRPU20071014015
NNW	Ncessch: 062250002724	Public Schools
4-6 mi	Schname05: HOOVER MIDDLE	
30215	Mstreet05: 3501 COUNTRY CLUB DR.	
Higher	Mcity05: LAKEWOOD	
	Mstate05: CA	
	Mzip05: 90712	
	Mzip405: 3429	
	Member05: 1169	
	Phone05: (562) 421-1213	
	Locale05: 3	
	Type05: 1	
	Level05: 2	
	Gslo05: 06	
	Gshi05: 08	
	Edr id: SRPU20071014015	

JC1448		SRDCCA200728031
NNE	EDR ID: SRDCCA200728031	Daycare
4-6 mi	Facility number: 304310060	
30223	Facility name: "PRATO, TINA"	
Higher	Facility eval. code: 3404	
	Facility office number: 06	
	Facility county number: 30	
	Facility type code: 810	
	Facility status code: 03	
	Address: 8561 LASALLE STREET #59	
	City: CYPRESS	
	State: CA	
	Zip: 90630	
	Alt. address: 8561 LASALLE STREET #59	
	City: CYPRESS	
	State: CA	
	Zip: 90630	
	Facility investor: "PRATO, TINA"	
	Licensee type: A	
	License effective date: 50425	
	License expiration date: Not Reported	
	License issue date: 050425	
	Program type: "MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY. CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6."	
	Original app. received date: 050210	

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Facility closed date: Not Reported  
 Mailing address: 8561 LASALLE STREET #59  
 Mailing city: CYPRESS  
 Mailing state: CA  
 Mailing zip: 90630  
 Contact person: "PRATO, TINA"  
 Facility capacity: 8  
 Type of clients served: 960  
 Facility phone: 7142291224

JO1449  
 SE  
 4-6 mi  
 30229  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: HUNTINGTON BEACH  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 400  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: MORRIS SILVER MD  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19981113  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0953916  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Not Reported  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 17071 SPRINGDALE STREET  
 Phone num: 7143779333  
 Termination reason: 08  
 Term Date: 19981114  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 92649  
 Fips state: 06  
 Fips cnty: 059  
 SSA MSA: 033  
 SSA MSA size code: B  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070152408

SRHO20070152408  
 AHA Hospitals

## MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site	EDR ID Database
JO1450 SE 4-6 mi 30229 Higher	Hospital type: 01 Num of times COO: 00 Owner date: Not Reported City: HUNTINGTON BEACH Has plan of corr: Not Reported Compliance status: Not Reported SSA county code: 400 Cross ref number: Not Reported FMS survey date: Not Reported Current survey date: Not Reported Medicare/Medicaid: Not Reported Facility name: ARMANDO HOOL MD Intermediary/Carrier: Not Reported Medicaid number: Not Reported Participation date: 19930226 Prior COO date: Not Reported Prior carrier: Not Reported Provider ID: 05D0862784 Record Status: A Region code: 09 Is Partial Record: Y state abbrev: CA ssa state: 05 state region cd: LAB street address: 17071 SPRINGDALE STREET Phone num: 7143379333 Termination reason: 00 Term Date: 20080831 Purpose of action: Not Reported Provider control: 04 Zip: 92649 Fips state: 06 Fips cnty: 059 SSA MSA: 033 SSA MSA size code: B Date accredited: Not Reported Accred expire date: Not Reported Accred Org: Not Reported Num beds: 0000 Num cert beds: 0000 Source: US_HOSPITAL_POSCLIA Edr id: SRHO20070143976	SRHO20070143976 AHA Hospitals
JF1451 WNW 4-6 mi 30252 Higher	EDR ID: SRDCCA200736868 Facility number: 198012696 Facility name: FOSTER FAMILY CHILD CARE Facility eval. code: 8150 Facility office number: 33 Facility county number: 19 Facility type code: 810 Facility status code: 03 Address: 232 WEST 21ST City: LONG BEACH	SRDCCA200736868 Daycare

# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

State: CA  
 Zip: 90806  
 Alt. address: 232 WEST 21ST  
 City: LONG BEACH  
 State: CA  
 Zip: 90806  
 Facility investor: LOLA MAE FOSTER  
 Licensee type: A  
 License effective date: 61116  
 License expiration date: Not Reported  
 License issue date: 061116  
 Program type: "MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY.  
 CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY  
 SCHOOL AND 1 CHILD AT LEAST AGE 6. "

Original app. received date: 060622  
 Facility closed date: Not Reported  
 Mailing address: 232 WEST 21ST  
 Mailing city: LONG BEACH  
 Mailing state: CA  
 Mailing zip: 90806  
 Contact person: "FOSTER, LOLA "  
 Facility capacity: 8  
 Type of clients served: 960  
 Facility phone: 5628269803

JH1452  
 West 4-6 mi 30255  
 Higher

EDR ID: SRDCCA200700877  
 Facility number: 197803075  
 Facility name: HV GROUP HOME  
 Facility eval. code: 2001  
 Facility office number: 32  
 Facility county number: 19  
 Facility type code: 730  
 Facility status code: 03  
 Address: 490 WEST 14TH STREET  
 City: LONG BEACH  
 State: CA  
 Zip: 90813  
 Alt. address: 490 WEST 14TH STREET  
 City: LONG BEACH  
 State: CA  
 Zip: 90813  
 Facility investor: "H.V. GROUP HOME, INC. "  
 Licensee type: C  
 License effective date: 216  
 License expiration date: Not Reported  
 License issue date: 000216  
 Program type: "LICENSE FOR 29 AMBULATORY CHILDREN AGES 11-17 YEARS, PROVIDED THAT  
 THE TOTAL CAPACITY OF THE SKILLED NURSING FACILITY AND THE GROUP HOME  
 DOES NOT EXCEED 65. "

Original app. received date: 991217  
 Facility closed date: Not Reported  
 Mailing address: 490 WEST 14TH STREET  
 Mailing city: LONG BEACH

SRDCCA200700877  
 Daycare

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Mailing state: CA  
 Mailing zip: 90813  
 Contact person: MARYAM RIBADU  
 Facility capacity: 29  
 Type of clients served: 950  
 Facility phone: 5625918701

JH1453  
 West  
 4-6 mi  
 30255  
 Higher

Hospital type: 02  
 Num of times COO: 02  
 Owner date: 19860501  
 City: LONG BEACH  
 Has plan of corr: Not Reported  
 Compliance status: B  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: 19870624  
 Medicare/Medicaid: 2  
 Facility name: SEASIDE CARE CTR  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19781101  
 Prior COO date: 19831201  
 Prior carrier: Not Reported  
 Provider ID: 05G023  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Not Reported  
 state abbrev: CA  
 ssa state: 05  
 state region cd: L4  
 street address: 490 W 14TH ST  
 Phone num: 2135918701  
 Termination reason: 05  
 Term Date: 19870630  
 Purpose of action: 3  
 Provider control: 01  
 Zip: 90813  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0099  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSOTHER  
 Edr id: SRHO20070006438

SRHO20070006438  
 AHA Hospitals

JH1454  
 West  
 4-6 mi  
 30255  
 Higher

Hospital type: 02  
 Num of times COO: 00

SRHO20070005259  
 AHA Hospitals

# MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: 1  
 Compliance status: A  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: 20051130  
 Medicare/Medicaid: 1  
 Facility name: HARBOR VIEW CARE CENTER  
 Intermediary/Carrier: Not Reported  
 Medicaid number: 940000100  
 Participation date: 19891027  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05A376  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Not Reported  
 state abbrev: CA  
 ssa state: 05  
 state region cd: L4  
 street address: 490 W. 14TH STREET  
 Phone num: 5625918701  
 Termination reason: 00  
 Term Date: Not Reported  
 Purpose of action: 2  
 Provider control: 03  
 Zip: 90813  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0039  
 Num cert beds: 0039  
 Source: US\_HOSPITAL\_POSOTHER  
 Edr id: SRHO20070005259

JH1455  
 West  
 4-6 mi  
 30255  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: HARBOR VIEW ADOLESCENT CENTER  
 Intermediary/Carrier: Not Reported

SRHO20070141757  
 AHA Hospitals

# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Medicaid number: Not Reported  
 Participation date: 19930112  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0712091  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 490 W 14TH STREET  
 Phone num: 5625918701  
 Termination reason: 00  
 Term Date: 20080831  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90813  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070141757

JH1456  
 West  
 4-6 mi  
 30255  
 Higher

Provnum: 05A376  
 Nursinghomename: HARBOR VIEW CARE CENTER  
 Street: 490 W. 14TH STREET  
 City: LONG BEACH  
 State: CA  
 Zipcode: 90813  
 Phonenumber: 5625918701  
 Dateoflastinspection: 20051130  
 Certifiednumberofbeds: 39  
 Totalnumberofresidents: 23  
 Percofoccupiedbeds: 59  
 Categorydescription: Participating in Medicaid Only  
 Typeofownership: For profit - Corporation  
 Locatedwithinahospital: NO  
 Multinursinghomeownership: YES  
 Residentandfamilycouncils: RESIDENT  
 Edr id: SRNH20060901406

SRNH20060901406  
 Nursing Homes

JH1457  
 West  
 4-6 mi  
 30255  
 Higher

Pss school id: A9101287  
 Pss inst: REGENCY HIGH SCHOOL  
 Lograde: 7  
 Higrade: 12

SRPR20051022808  
 Private Schools

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Pss address:	490 W 14TH ST
Pss city:	LONG BEACH
Pss county no:	037
Pss county fips:	06037
Pss stabb:	CA
Pss fips:	06
Pss zip5:	90813
Pss phone:	5625918701
Pss sch days:	210
Pss stu day hrs:	5.5
Pss library:	No
Pss enroll ug:	Not Reported
Pss enroll pk:	Not Reported
Pss enroll k:	Not Reported
Pss enroll 1:	Not Reported
Pss enroll 2:	Not Reported
Pss enroll 3:	Not Reported
Pss enroll 4:	Not Reported
Pss enroll 5:	Not Reported
Pss enroll 6:	Not Reported
Pss enroll 7:	2
Pss enroll 8:	3
Pss enroll 9:	3
Pss enroll 10:	16
Pss enroll 11:	10
Pss enroll 12:	19
Pss enroll t:	53
Pss enroll tk12:	53
Pss race ai:	0
Pss race as:	0
Pss race h:	21
Pss race b:	21
Pss race w:	11
Pss fte teach:	5
Pss locale:	1
Pss coed:	1
Pss type:	4
Pss level:	2
Pss relig:	3
Pss comm type:	1
Pss indian pct:	0
Pss asian pct:	0
Pss hisp pct:	39.62
Pss black pct:	39.62
Pss white pct:	20.75
Pss stdtch rt:	10.6
Pss orient:	29
Pss county name:	LOS ANGELES
Pss assoc 1:	No Membership Association
Pss assoc 2:	Not Reported
Pss assoc 3:	Not Reported
Pss assoc 4:	Not Reported
Pss assoc 5:	Not Reported
Pss assoc 6:	Not Reported
Pss assoc 7:	Not Reported
Source:	NCESDATA_E72D09B4

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Edr id: SRPR20051022808

<p>JF1458          WNW          4-6 mi          30281          Higher</p>	<p>Hospital type: 01          Num of times COO: 00          Owner date: Not Reported          City: LONG BEACH          Has plan of corr: Not Reported          Compliance status: Not Reported          SSA county code: 200          Cross ref number: Not Reported          FMS survey date: Not Reported          Current survey date: Not Reported          Medicare/Medicaid: Not Reported          Facility name: CHOK P WAN MD          Intermediary/Carrier: Not Reported          Medicaid number: Not Reported          Participation date: 20010627          Prior COO date: Not Reported          Prior carrier: Not Reported          Provider ID: 05D0988440          Record Status: A          Region code: 09          Is Partial Record: Y          state abbrev: CA          ssa state: 05          state region cd: LAB          street address: 2153 PACIFIC AVE PO BOX 6096          Phone num: 5624278971          Termination reason: 00          Term Date: 20070626          Purpose of action: Not Reported          Provider control: 02          Zip: 90806          Fips state: 06          Fips cnty: 037          SSA MSA: 328          SSA MSA size code: A          Date accredited: Not Reported          Accred expire date: Not Reported          Accred Org: Not Reported          Num beds: 0000          Num cert beds: 0000          Source: US_HOSPITAL_POSCLIA          Edr id: SRHO20070153225</p>	<p>SRHO20070153225          AHA Hospitals</p>
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<p>JF1459          WNW          4-6 mi          30281          Higher</p>	<p>Hospital type: 01          Num of times COO: 00          Owner date: Not Reported          City: LONG BEACH          Has plan of corr: 1          Compliance status: A          SSA county code: 200</p>	<p>SRHO20070138100          AHA Hospitals</p>
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# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: 19970703  
 Medicare/Medicaid: 1  
 Facility name: PAK T YEE MD  
 Intermediary/Carrier: 02050  
 Medicaid number: Not Reported  
 Participation date: 19920901  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0673737  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: M1  
 street address: 2153 PACIFIC AVE  
 Phone num: 3104278971  
 Termination reason: 12  
 Term Date: 20011031  
 Purpose of action: 2  
 Provider control: 04  
 Zip: 90806  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070138100

JP1460  
 NE  
 4-6 mi  
 30318  
 Higher

EDR ID: SRDCCA200746306  
 Facility number: 304370123  
 Facility name: A CHILD'S ADVENTURE (ACA) SWAIN ELEMENTARY SCHOOL  
 Facility eval. code: 1207  
 Facility office number: 06  
 Facility county number: 30  
 Facility type code: 840  
 Facility status code: 03  
 Address: 5791 NEWMAN STREET  
 City: CYPRESS  
 State: CA  
 Zip: 90630  
 Alt. address: 3811 HOLDEN CIRCLE  
 City: LOS ALAMITOS  
 State: CA  
 Zip: 90720  
 Facility investor: "ROBERT A. MORRIS, INC.  
 Licensee type: D

SRDCCA200746306  
 Daycare

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

License effective date: 40831  
 License expiration date: Not Reported  
 License issue date: 040831  
 Program type: 64 AMBULATORY CHILDREN. AGES 4.9 THROUGH 12 YEARS OLD.  
 MON-FRI. 06:30 AM TO 6:00 PM. WAIVERS TO SHARE ELEMENTARY  
 SCHOOL RESTROOMS AND PLAY YARD. PROGRAM USES PORTABLE.  
 Original app. received date: 040727  
 Facility closed date: Not Reported  
 Mailing address: 3811 HOLDEN CIRCLE  
 Mailing city: LOS ALAMITOS  
 Mailing state: CA  
 Mailing zip: 90720  
 Contact person: "KANUSE, KRISTY        "  
 Facility capacity: 64  
 Type of clients served: 950  
 Facility phone: 7148288379

JJ1461  
 NNE  
 4-6 mi  
 30322  
 Higher

EDR ID: SRDCCA200702644  
 Facility number: 191604892  
 Facility name: WESTRICK FAMILY CHLD CARE  
 Facility eval. code: 6150  
 Facility office number: 33  
 Facility county number: 19  
 Facility type code: 810  
 Facility status code: 03  
 Address: 12507 ELVINS STREET  
 City: LAKEWOOD  
 State: CA  
 Zip: 90715  
 Alt. address: 12507 ELVINS STREET  
 City: LAKEWOOD  
 State: CA  
 Zip: 90715  
 Facility investor: "WESTRICK, MARLENE J. & ANTHONY J.        "  
 Licensee type: A  
 License effective date: 930426  
 License expiration date: Not Reported  
 License issue date: 900426  
 Program type: "MAXIMUM CAPACITY: 12 CHILDREN, INCLUDING LICENSEE'S AND ASSISTANT'S  
 CHILDREN WHEN IN THE HOME, NO MORE THAN 4 INFANTS (INFANT MEANS A  
 CHILD UNDER 2 YEARS OLD).  
 "  
 Original app. received date: 900228  
 Facility closed date: Not Reported  
 Mailing address: 12507 ELVINS STREET  
 Mailing city: LAKEWOOD  
 Mailing state: CA  
 Mailing zip: 90715  
 Contact person: "WESTRICK, MARLENE J.        "  
 Facility capacity: 12  
 Type of clients served: 960  
 Facility phone: 5629244975

SRDCCA200702644  
 Daycare

# MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site	EDR ID Database
JD1462 ESE 4-6 mi 30331 Higher	EDR ID: SRDCCA200707224 Facility number: 304202963 Facility name: "KOONZE, IMELDA & CHARLIE" Facility eval. code: 3406 Facility office number: 06 Facility county number: 30 Facility type code: 810 Facility status code: 03 Address: 7121 RUTGERS AVENUE City: WESTMINSTER State: CA Zip: 92683 Alt. address: 7121 RUTGERS AVENUE City: WESTMINSTER State: CA Zip: 92683 Facility investor: "KOONZE, IMELDA & CHARLIE" Licensee type: A License effective date: 970722 License expiration date: Not Reported License issue date: 970722 Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED" Original app. received date: 970227 Facility closed date: Not Reported Mailing address: 7121 RUTGERS AVENUE Mailing city: WESTMINSTER Mailing state: CA Mailing zip: 92683 Contact person: "KOONZE, IMELDA & CHARLIE" Facility capacity: 8 Type of clients served: 960 Facility phone: 7148912823	SRDCCA200707224 Daycare
IU1463 WNW 4-6 mi 30338 Higher	Hospital type: 01 Num of times COO: 00 Owner date: Not Reported City: LONG BEACH Has plan of corr: Not Reported Compliance status: A SSA county code: 200 Cross ref number: Not Reported FMS survey date: Not Reported Current survey date: 19981218 Medicare/Medicaid: 1 Facility name: MEMORIAL DERMATOLOGICAL Intermediary/Carrier: 02050 Medicaid number: Not Reported Participation date: 19920901 Prior COO date: Not Reported Prior carrier: Not Reported	SRHO20070131789 AHA Hospitals

# MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Provider ID: 05D0554415  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Not Reported  
 state abbrev: CA  
 ssa state: 05  
 state region cd: M1  
 street address: 532 E 29TH ST  
 Phone num: 3104244222  
 Termination reason: 12  
 Term Date: 19990430  
 Purpose of action: 2  
 Provider control: 04  
 Zip: 90806  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070131789

JF1464  
 WNW  
 4-6 mi  
 30342  
 Higher

EDR ID: SRDCCA200751213  
 Facility number: 198005888  
 Facility name: PACIFIC HEAD START  
 Facility eval. code: 9070  
 Facility office number: 33  
 Facility county number: 19  
 Facility type code: 850  
 Facility status code: 03  
 Address: 2179 PACIFIC AVE  
 City: LONG BEACH  
 State: CA  
 Zip: 90806  
 Alt. address: 2898 ORANGE AVE  
 City: SIGNAL HILL  
 State: CA  
 Zip: 90806  
 Facility investor: LONG BEACH UNIFIED SCHOOL DISTRICT  
 Licensee type: F  
 License effective date: 1107  
 License expiration date: Not Reported  
 License issue date: 000907  
 Program type: LICENSEE SERVES CHILDREN AGES 2 YEARS UNTIL ENTRY INTO KINDERGARTEN.  
 ONE CHILD MAY BE NON-AMBULATORY. WAIVER ON OUTDOOR ACTIVITY SPACE.  
 Original app. received date: 000315  
 Facility closed date: Not Reported  
 Mailing address: 2898 ORANGE AVE  
 Mailing city: SIGNAL HILL  
 Mailing state: CA

SRDCCA200751213  
 Daycare

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Mailing zip: 90806  
 Contact person: "LEK, EMELY"  
 Facility capacity: 75  
 Type of clients served: 950  
 Facility phone: 5624270833

JM1465

West  
 4-6 mi  
 30360  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: HA SON NGUYEN MD  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 20020702  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D1001187  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 630 W 3RD STREET  
 Phone num: 5625902241  
 Termination reason: 00  
 Term Date: 20080701  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90802  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070156524

SRHO20070156524  
 AHA Hospitals

JM1466

West  
 4-6 mi  
 30360  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported

SRHO20070146565  
 AHA Hospitals

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

City: LONG BEACH  
 Has plan of corr: 1  
 Compliance status: A  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: 19980224  
 Medicare/Medicaid: 1  
 Facility name: XAVIER FAMILY MED CLNC/A PROF CORP  
 Intermediary/Carrier: 02050  
 Medicaid number: Not Reported  
 Participation date: 19960530  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0915510  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: M1  
 street address: 630 W 3RD STREET  
 Phone num: 5625902241  
 Termination reason: 08  
 Term Date: 20060315  
 Purpose of action: 1  
 Provider control: 04  
 Zip: 90802  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070146565

1467  
 ESE  
 4-6 mi  
 30400  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: WESTMINSTER  
 Has plan of corr: 1  
 Compliance status: A  
 SSA county code: 400  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: 19990617  
 Medicare/Medicaid: 1  
 Facility name: MEMORIAL PROMPT CARE MED GRPOUP INC  
 Intermediary/Carrier: 02050  
 Medicaid number: Not Reported

SRHO20070142887  
 AHA Hospitals

# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Participation date: 19920901  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0860606  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Not Reported  
 state abbrev: CA  
 ssa state: 05  
 state region cd: M1  
 street address: 15464 GOLDENWEST ST  
 Phone num: 7148919008  
 Termination reason: 00  
 Term Date: 20070917  
 Purpose of action: 2  
 Provider control: 04  
 Zip: 92683  
 Fips state: 06  
 Fips cnty: 059  
 SSA MSA: 033  
 SSA MSA size code: B  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070142887

JM1468

West  
 4-6 mi  
 30411  
 Higher

EDR ID: SRDCCA200750699  
 Facility number: 191604502  
 Facility name: EDISON CHILD DEVELOPMENT CENTER  
 Facility eval. code: 9130  
 Facility office number: 33  
 Facility county number: 19  
 Facility type code: 850  
 Facility status code: 03  
 Address: 640 W. 7TH STREET  
 City: LONG BEACH  
 State: CA  
 Zip: 90813  
 Alt. address: 2209 SEABRIGHT AVE.  
 City: LONG BEACH  
 State: CA  
 Zip: 90810  
 Facility investor: LONG BEACH UNIFIED SCHOOL DISTRICT  
 Licensee type: F  
 License effective date: 931106  
 License expiration date: Not Reported  
 License issue date: 900806  
 Program type: SERVES AMBULATORY CHILDREN AGES 2 UNTIL ENTRY INTO KINDERGARTEN.  
 Original app. received date: 891011  
 Facility closed date: Not Reported  
 Mailing address: 2209 SEABRIGHT AVE.

SRDCCA200750699  
 Daycare

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Mailing city: LONG BEACH  
 Mailing state: CA  
 Mailing zip: 90810  
 Contact person: PEARLIE BAILEY  
 Facility capacity: 84  
 Type of clients served: 950  
 Facility phone: 5624376114

JO1469  
 SE  
 4-6 mi  
 30441  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: HUNTINGTON BEACH  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 400  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: DR KEN D LACROIX  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19930520  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0869748  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 6094 WARNER AVE  
 Phone num: 7148428841  
 Termination reason: 01  
 Term Date: 20020325  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 92647  
 Fips state: 06  
 Fips cnty: 059  
 SSA MSA: 033  
 SSA MSA size code: B  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070146216

SRHO20070146216  
 AHA Hospitals

## MAP FINDINGS

Map ID	Direction	Distance	Distance (ft.)	Elevation	Site	EDR ID Database
JQ1470	WNW	4-6 mi	30441	Higher	Hospital type: 01 Num of times COO: 00 Owner date: Not Reported City: LONG BEACH Has plan of corr: Not Reported Compliance status: Not Reported SSA county code: 200 Cross ref number: Not Reported FMS survey date: Not Reported Current survey date: Not Reported Medicare/Medicaid: Not Reported Facility name: AZRA A NISAR MD FAMILY MEDICAL PED Intermediary/Carrier: Not Reported Medicaid number: Not Reported Participation date: 20020515 Prior COO date: Not Reported Prior carrier: Not Reported Provider ID: 05D0999543 Record Status: A Region code: 09 Is Partial Record: Y state abbrev: CA ssa state: 05 state region cd: LAB street address: 2240 PACIFIC AVE, SUITE A Phone num: 5624984510 Termination reason: 00 Term Date: 20080514 Purpose of action: Not Reported Provider control: 04 Zip: 90804 Fips state: 06 Fips cnty: 037 SSA MSA: 328 SSA MSA size code: A Date accredited: Not Reported Accred expire date: Not Reported Accred Org: Not Reported Num beds: 0000 Num cert beds: 0000 Source: US_HOSPITAL_POSCLIA Edr id: SRHO20070154957	SRHO20070154957 AHA Hospitals
JR1471	NW	4-6 mi	30444	Higher	Hospital type: 01 Num of times COO: 01 Owner date: 20060402 City: LONG BEACH Has plan of corr: Not Reported Compliance status: A SSA county code: 200 Cross ref number: Not Reported FMS survey date: Not Reported Current survey date: 20041117	SRHO20070011668 AHA Hospitals

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Medicare/Medicaid: 1  
 Facility name: MADISON HOME HEALTH CARE  
 Intermediary/Carrier: 00454  
 Medicaid number: HHA08284F  
 Participation date: 20041117  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 058284  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Not Reported  
 state abbrev: CA  
 ssa state: 05  
 state region cd: L4  
 street address: 1050 E WARDLOW ROAD, SUITE 101  
 Phone num: 5629977242  
 Termination reason: 00  
 Term Date: Not Reported  
 Purpose of action: 1  
 Provider control: 04  
 Zip: 90807  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: 2  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSOTHER  
 Edr id: SRHO20070011668

JR1472  
 NW  
 4-6 mi  
 30444  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: A-1 HEALTHCARE MANAGEMENT INC  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 20030709  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D1014559  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y

SRHO20070159352  
 AHA Hospitals

# MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

state abbrev: CA  
ssa state: 05  
state region cd: M1  
street address: 1050 EAST WARDLOW ROAD, SUITE #101  
Phone num: 5629977242  
Termination reason: 00  
Term Date: 20070708  
Purpose of action: Not Reported  
Provider control: 04  
Zip: 90807  
Fips state: 06  
Fips cnty: 037  
SSA MSA: 328  
SSA MSA size code: A  
Date accredited: Not Reported  
Accred expire date: Not Reported  
Accred Org: Not Reported  
Num beds: 0000  
Num cert beds: 0000  
Source: US\_HOSPITAL\_POSCLIA  
Edr id: SRHO20070159352

JK1473  
WNW  
4-6 mi  
30477  
Higher

EDR ID: SRDCCA200736842  
Facility number: 198012660  
Facility name: ORELLANA FAMILY CHILD CARE  
Facility eval. code: 6170  
Facility office number: 33  
Facility county number: 19  
Facility type code: 810  
Facility status code: 03  
Address: 2476 EARL AVE.  
City: LONG BEACH  
State: CA  
Zip: 90806  
Alt. address: 2476 EARL AVE.  
City: LONG BEACH  
State: CA  
Zip: 90806  
Facility investor: MARIA ORELLANA  
Licensee type: A  
License effective date: 60809  
License expiration date: Not Reported  
License issue date: 060809  
Program type: "MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY.  
CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY  
SCHOOL AND 1 CHILD AT LEAST AGE 6. "

Original app. received date: 060616  
Facility closed date: Not Reported  
Mailing address: 2476 EARL AVE.  
Mailing city: LONG BEACH  
Mailing state: CA  
Mailing zip: 90806  
Contact person: MARIA ORELLANA  
Facility capacity: 8

SRDCCA200736842  
Daycare

# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Type of clients served: 960  
 Facility phone: 5624260824

JP1474		SRPU20071014139
NE	Necessch: 061044001173	Public Schools
4-6 mi	Schname05: CHRISTINE P. SWAIN ELEMENTARY	
30481	Mstreet05: 5851 NEWMAN ST.	
Higher	Mcity05: CYPRESS	
	Mstate05: CA	
	Mzip05: 90630	
	Mzip405: 3322	
	Member05: 443	
	Phone05: (714) 220-6985	
	Locale05: 3	
	Type05: 1	
	Level05: 1	
	Gslo05: KG	
	Gshi05: 06	
	Edr id: SRPU20071014139	

1475		SRDCCA200738284
West	EDR ID: SRDCCA200738284	Daycare
4-6 mi	Facility number: 198013000	
30495	Facility name: ROSALES FAMILY CHILD CARE	
Higher	Facility eval. code: 8160	
	Facility office number: 33	
	Facility county number: 19	
	Facility type code: 810	
	Facility status code: 03	
	Address: 1136 DAISY AVENUE	
	City: LONG BEACH	
	State: CA	
	Zip: 90813	
	Alt. address: 1136 DAISY AVENUE	
	City: LONG BEACH	
	State: CA	
	Zip: 90813	
	Facility investor: MARIA GLORIA ROSALES	
	Licensee type: A	
	License effective date: 70109	
	License expiration date: Not Reported	
	License issue date: 070109	
	Program type: "MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY. CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6. "	
	Original app. received date: 061012	
	Facility closed date: Not Reported	
	Mailing address: 1136 DAISY AVENUE	
	Mailing city: LONG BEACH	
	Mailing state: CA	
	Mailing zip: 90813	
	Contact person: "ROSALES, MARIA GLORIA "	
	Facility capacity: 8	
	Type of clients served: 960	

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Facility phone: 5624370854

JF1476		SRDCCA200705545
WNW	EDR ID: SRDCCA200705545	Daycare
4-6 mi	Facility number: 198000960	
30502	Facility name: KENT FAMILY CHILD CARE	
Higher	Facility eval. code: 8160	
	Facility office number: 33	
	Facility county number: 19	
	Facility type code: 810	
	Facility status code: 03	
	Address: 2121 CEDAR AVE	
	City: LONG BEACH	
	State: CA	
	Zip: 90806	
	Alt. address: 2121 CEDAR AVE	
	City: LONG BEACH	
	State: CA	
	Zip: 90806	
	Facility investor: "KENT, DORA"	
	Licensee type: A	
	License effective date: 951020	
	License expiration date: Not Reported	
	License issue date: 951020	
	Program type: "MAXIMUM CAPACITY: 6 CHILDREN, INCLUDING LICENSEE'S CHILDREN UNDER 10 YEARS OF AGE WHO RESIDE IN THE HOME, WITH NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY (INFANT MEANS A CHILD UNDER 2 YEARS OLD)."	
	Original app. received date: 950124	
	Facility closed date: Not Reported	
	Mailing address: 2121 CEDAR AVE	
	Mailing city: LONG BEACH	
	Mailing state: CA	
	Mailing zip: 90806	
	Contact person: "KENT, DORA"	
	Facility capacity: 6	
	Type of clients served: 960	
	Facility phone: 5622182016	

JK1477		SRHO20070158193
WNW	Hospital type: 01	AHA Hospitals
4-6 mi	Num of times COO: 00	
30519	Owner date: Not Reported	
Higher	City: LONG BEACH	
	Has plan of corr: Not Reported	
	Compliance status: Not Reported	
	SSA county code: 200	
	Cross ref number: Not Reported	
	FMS survey date: Not Reported	
	Current survey date: Not Reported	
	Medicare/Medicaid: Not Reported	
	Facility name: ALLIANCE HEALTH PACIFIC CLINIC	
	Intermediary/Carrier: Not Reported	
	Medicaid number: Not Reported	
	Participation date: 20000713	

# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0975696  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 2272 PACIFIC AVE  
 Phone num: 3105345590  
 Termination reason: 08  
 Term Date: 20040712  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90805  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070158193

JH1478  
 WNW  
 4-6 mi  
 30535  
 Higher

EDR ID: SRDCCA200724610  
 Facility number: 198010463  
 Facility name: GUTIERREZ FAMILY CHILD CARE  
 Facility eval. code: 8160  
 Facility office number: 33  
 Facility county number: 19  
 Facility type code: 810  
 Facility status code: 03  
 Address: 1526 MAGNOLIA AVENUE  
 City: LONG BEACH  
 State: CA  
 Zip: 90813  
 Alt. address: 1526 MAGNOLIA AVENUE  
 City: LONG BEACH  
 State: CA  
 Zip: 90813  
 Facility investor: "GUTIERREZ, SUSAN"  
 Licensee type: A  
 License effective date: 60516  
 License expiration date: Not Reported  
 License issue date: 060516  
 Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4  
 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE  
 WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED  
 "

SRDCCA200724610  
 Daycare

Original app. received date: 040420

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Facility closed date: Not Reported  
 Mailing address: 1526 MAGNOLIA AVENUE  
 Mailing city: LONG BEACH  
 Mailing state: CA  
 Mailing zip: 90813  
 Contact person: "GUTIERREZ, SUSAN"  
 Facility capacity: 8  
 Type of clients served: 960  
 Facility phone: 5625993803

JR1479  
 NW  
 4-6 mi  
 30535  
 Higher

Hospital type: 01  
 Num of times COO: 01  
 Owner date: 20010101  
 City: LONG BEACH  
 Has plan of corr: Not Reported  
 Compliance status: B  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: 20040610  
 Current survey date: 20040206  
 Medicare/Medicaid: 2  
 Facility name: DARNELL HH SRVS  
 Intermediary/Carrier: 00454  
 Medicaid number: HHA57658F  
 Participation date: 19960116  
 Prior COO date: Not Reported  
 Prior carrier: 00040  
 Provider ID: 557658  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Not Reported  
 state abbrev: CA  
 ssa state: 05  
 state region cd: L1  
 street address: 1051 EAST WARDLOW ROAD  
 Phone num: 5624244660  
 Termination reason: 05  
 Term Date: 20040804  
 Purpose of action: 2  
 Provider control: 04  
 Zip: 90807  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: 0  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSOTHER  
 Edr id: SRHO20070109042

SRHO20070109042  
 AHA Hospitals

## MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site	EDR ID Database
JR1480 NW 4-6 mi 30535 Higher	Hospital type: 01 Num of times COO: 00 Owner date: Not Reported City: LONG BEACH Has plan of corr: Not Reported Compliance status: Not Reported SSA county code: 200 Cross ref number: Not Reported FMS survey date: Not Reported Current survey date: Not Reported Medicare/Medicaid: Not Reported Facility name: DARNELL HOME HEALTH SERVICES Intermediary/Carrier: Not Reported Medicaid number: Not Reported Participation date: 19951229 Prior COO date: Not Reported Prior carrier: Not Reported Provider ID: 05D0910179 Record Status: A Region code: 09 Is Partial Record: Y state abbrev: CA ssa state: 05 state region cd: M1 street address: 1051 EAST WARDLOW ROAD Phone num: 5624244660 Termination reason: 08 Term Date: 20051228 Purpose of action: Not Reported Provider control: 02 Zip: 90807 Fips state: 06 Fips cnty: 037 SSA MSA: 328 SSA MSA size code: A Date accredited: Not Reported Accred expire date: Not Reported Accred Org: Not Reported Num beds: 0000 Num cert beds: 0000 Source: US_HOSPITAL_POSCLIA Edr id: SRHO20070149803	SRHO20070149803 AHA Hospitals
JG1481 WNW 4-6 mi 30539 Higher	Hospital type: 01 Num of times COO: 00 Owner date: Not Reported City: LONG BEACH Has plan of corr: Not Reported Compliance status: Not Reported SSA county code: 200 Cross ref number: Not Reported FMS survey date: Not Reported Current survey date: Not Reported	SRHO20070160148 AHA Hospitals

# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Medicare/Medicaid: Not Reported  
 Facility name: SAV ON DRUGS #9458  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 20050310  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D1038082  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: M1  
 street address: 233 E WILLOW STREET  
 Phone num: 5629899868  
 Termination reason: 00  
 Term Date: 20070309  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90806  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070160148

JN1482  
 NNW  
 4-6 mi  
 30541  
 Higher

EDR ID: SRDCCA200702597  
 Facility number: 191604868  
 Facility name: KLAPPROTH FAMILY DAY CARE  
 Facility eval. code: 8140  
 Facility office number: 33  
 Facility county number: 19  
 Facility type code: 810  
 Facility status code: 03  
 Address: 3736 FAIRMAN STREET  
 City: LAKEWOOD  
 State: CA  
 Zip: 90712  
 Alt. address: 3736 FAIRMAN STREET  
 City: LAKEWOOD  
 State: CA  
 Zip: 90712  
 Facility investor: "KLAPPROTH, CONNIE MARIE"  
 Licensee type: A  
 License effective date: 930406  
 License expiration date: Not Reported  
 License issue date: 900406

SRDCCA200702597  
 Daycare

# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED"

Original app. received date: 900220  
 Facility closed date: Not Reported  
 Mailing address: 3736 FAIRMAN STREET  
 Mailing city: "LAKEWOOD, "  
 Mailing state: CA  
 Mailing zip: 90712  
 Contact person: "KLAPPROTH, CONNIE M. "  
 Facility capacity: 8  
 Type of clients served: 960  
 Facility phone: 5624296623

JS1483  
 East  
 4-6 mi  
 30551  
 Higher

EDR ID: SRDCCA200749375  
 Facility number: 304270008  
 Facility name: BLESSED SACRAMENT SCHOOL  
 Facility eval. code: 1203  
 Facility office number: 06  
 Facility county number: 30  
 Facility type code: 850  
 Facility status code: 03  
 Address: 14146 OLIVE STREET  
 City: WESTMINSTER  
 State: CA  
 Zip: 92683  
 Alt. address: 14146 OLIVE STREET  
 City: WESTMINSTER  
 State: CA  
 Zip: 92683  
 Facility investor: ROMAN CATHOLIC DIOCESE OF ORANGE  
 Licensee type: C  
 License effective date: 940901  
 License expiration date: Not Reported  
 License issue date: 940901  
 Program type: "AMBULATORY, 30 CHILDREN. AGES 3 YEARS-6 YEARS OLD. MONDAY - FRIDAY, 6:30 A.M.- 6:00 P.M."

SRDCCA200749375  
 Daycare

Original app. received date: 940228  
 Facility closed date: Not Reported  
 Mailing address: 2811 EAST VILLA REAL DRIVE  
 Mailing city: ORANGE  
 Mailing state: CA  
 Mailing zip: 92667  
 Contact person: ROISIN MCAREE  
 Facility capacity: 30  
 Type of clients served: 950  
 Facility phone: 7148937701

1484  
 ENE  
 4-6 mi  
 30565  
 Higher

EDR ID: SRDCCA200720670  
 Facility number: 304206831

SRDCCA200720670  
 Daycare

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Facility name: "BOHN, BONNIE" "  
 Facility eval. code: 3404  
 Facility office number: 06  
 Facility county number: 30  
 Facility type code: 810  
 Facility status code: 03  
 Address: 10681 TAMMY STREET  
 City: CYPRESS  
 State: CA  
 Zip: 90630  
 Alt. address: 10681 TAMMY STREET  
 City: CYPRESS  
 State: CA  
 Zip: 90630  
 Facility investor: "BOHN, BONNIE" "  
 Licensee type: A  
 License effective date: 21001  
 License expiration date: Not Reported  
 License issue date: 021001  
 Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4  
 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE  
 WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED  
 "  
 Original app. received date: 020826  
 Facility closed date: Not Reported  
 Mailing address: 10681 TAMMY STREET  
 Mailing city: CYPRESS  
 Mailing state: CA  
 Mailing zip: 90630  
 Contact person: "BOHN, BONNIE" "  
 Facility capacity: 8  
 Type of clients served: 960  
 Facility phone: 7147616377

JT1485  
 East  
 4-6 mi  
 30574  
 Higher

EDR ID: SRDCCA200723521  
 Facility number: 304300352  
 Facility name: "PHAN, HANH" "  
 Facility eval. code: 1207  
 Facility office number: 06  
 Facility county number: 30  
 Facility type code: 810  
 Facility status code: 03  
 Address: 13832 IOWA STREET #D  
 City: WESTMINSTER  
 State: CA  
 Zip: 92683  
 Alt. address: 13832 IOWA STREET #D  
 City: WESTMINSTER  
 State: CA  
 Zip: 92683  
 Facility investor: "PHAN, HANH" "  
 Licensee type: A  
 License effective date: 40507  
 License expiration date: Not Reported

SRDCCA200723521  
 Daycare

# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

License issue date: 040507  
 Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4  
 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE  
 WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED  
 "

Original app. received date: 030725  
 Facility closed date: Not Reported  
 Mailing address: 13832 IOWA STREET #D  
 Mailing city: WESTMINSTER  
 Mailing state: CA  
 Mailing zip: 92683  
 Contact person: "PHAN, HANH"  
 Facility capacity: 8  
 Type of clients served: 960  
 Facility phone: 7149036843

JM1486			SRPU20071014002
West	Ncessch: 062250002711		Public Schools
4-6 mi	Schname05: EDISON ELEMENTARY		
30586	Mstreet05: 625 MAINE AVE.		
Higher	Mcity05: LONG BEACH		
	Mstate05: CA		
	Mzip05: 90802		
	Mzip405: 1143		
	Member05: 1025		
	Phone05: (562) 590-8481		
	Locale05: 1		
	Type05: 1		
	Level05: 1		
	Gslo05: KG		
	Gshi05: 05		
	Edr id: SRPU20071014002		

JU1487			SRDCCA200708533
NW	EDR ID: SRDCCA200708533		Daycare
4-6 mi	Facility number: 198001821		
30594	Facility name: "POLO, ROSALBA FAMILY DAY CARE"		
Higher	Facility eval. code: 7110		
	Facility office number: 33		
	Facility county number: 19		
	Facility type code: 810		
	Facility status code: 03		
	Address: 4255 PARAMOUNT BLVD.		
	City: LAKEWOOD		
	State: CA		
	Zip: 90712		
	Alt. address: 4255 PARAMOUNT BLVD.		
	City: LAKEWOOD		
	State: CA		
	Zip: 90712		
	Facility investor: "POLO, ROSALBA"		
	Licensee type: A		
	License effective date: 960201		
	License expiration date: Not Reported		

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

License issue date: 960201  
 Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4  
 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE  
 WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED  
 "

Original app. received date: 960108  
 Facility closed date: Not Reported  
 Mailing address: 4255 PARAMOUNT BLVD.  
 Mailing city: LAKEWOOD  
 Mailing state: CA  
 Mailing zip: 90712  
 Contact person: "POLO, ROSALBA"  
 Facility capacity: 8  
 Type of clients served: 960  
 Facility phone: 5624213579

1488  
 NW  
 4-6 mi  
 30617  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: RALPHS PHARMACY #196  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 20000822  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0977246  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 2250 E CARSON ST  
 Phone num: 3108844722  
 Termination reason: 00  
 Term Date: 20080821  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90807  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported

SRHO20070155706  
 AHA Hospitals

# MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070155706

JV1489 North EDR ID: SRDCCA200707303 SRDCCA200707303  
 4-6 mi Facility number: 198002985 Daycare  
 30636 Facility name: GUETTLER FAMILY CHILD CARE  
 Higher Facility eval. code: 7110

Facility office number: 33  
 Facility county number: 19  
 Facility type code: 810  
 Facility status code: 03  
 Address: 5138 CARFAX AVENUE  
 City: LAKEWOOD  
 State: CA  
 Zip: 90713  
 Alt. address: 5138 CARFAX AVENUE  
 City: LAKEWOOD  
 State: CA  
 Zip: 90713  
 Facility investor: "GUETTLER, TONIA"  
 Licensee type: A  
 License effective date: 970515  
 License expiration date: Not Reported  
 License issue date: 970515  
 Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED IF "MORE THAN 6 CHILDREN IN CARE."  
 Original app. received date: 970331  
 Facility closed date: Not Reported  
 Mailing address: 5138 CARFAX AVENUE  
 Mailing city: LAKEWOOD  
 Mailing state: CA  
 Mailing zip: 90713  
 Contact person: "GUETTLER, TONIA"  
 Facility capacity: 8  
 Type of clients served: 960  
 Facility phone: 5628671294

JW1490 ENE EDR ID: SRDCCA200735227 SRDCCA200735227  
 4-6 mi Facility number: 304310444 Daycare  
 30644 Facility name: "HARGROVE, KRISTIN"  
 Higher Facility eval. code: 3401

Facility office number: 06  
 Facility county number: 30  
 Facility type code: 810  
 Facility status code: 03  
 Address: 7131 MARSHALL WAY  
 City: "STANTON,"  
 State: CA

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Zip: 90680  
 Alt. address: 7131 MARSHALL WAY  
 City: "STANTON, "  
 State: CA  
 Zip: 90680  
 Facility investor: "HARGROVE, KRISTIN "  
 Licensee type: A  
 License effective date: 60718  
 License expiration date: Not Reported  
 License issue date: 060718  
 Program type: "MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY.  
 CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY  
 SCHOOL AND 1 CHILD AT LEAST AGE 6. "  
 Original app. received date: 060308  
 Facility closed date: Not Reported  
 Mailing address: 7131 MARSHALL WAY  
 Mailing city: "STANTON, "  
 Mailing state: CA  
 Mailing zip: 90680  
 Contact person: "HARGROVE, KRISTIN "  
 Facility capacity: 8  
 Type of clients served: 960  
 Facility phone: 7142301313

1491		SRDCCA200732341
West	EDR ID:	
4-6 mi	Facility number:	198011880
30650	Facility name:	CASTRO FAMILY CHILD CARE
Higher	Facility eval. code:	8160
	Facility office number:	33
	Facility county number:	19
	Facility type code:	810
	Facility status code:	03
	Address:	748 MAINE AVENUE
	City:	LONG BEACH
	State:	CA
	Zip:	90813
	Alt. address:	748 MAINE AVENUE
	City:	LONG BEACH
	State:	CA
	Zip:	90813
	Facility investor:	"CASTRO, GLORIA "
	Licensee type:	A
	License effective date:	50808
	License expiration date:	Not Reported
	License issue date:	050808
	Program type:	"MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY. CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6. "
	Original app. received date:	050701
	Facility closed date:	Not Reported
	Mailing address:	748 MAINE AVENUE
	Mailing city:	LONG BEACH
	Mailing state:	CA
	Mailing zip:	90813

## MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site	EDR ID Database
	Contact person: "CASTRO, GLORIA" Facility capacity: 8 Type of clients served: 960 Facility phone: 5625907552	
JB1492 NE 4-6 mi 30692 Higher	EDR ID: SRDCCA200734818 Facility number: 304310488 Facility name: "RAMIREZ, MARTHA" Facility eval. code: 3404 Facility office number: 06 Facility county number: 30 Facility type code: 810 Facility status code: 03 Address: 6081 LEMON AVENUE #D City: CYPRESS State: CA Zip: 90630 Alt. address: 6081 LEMON AVENUE #D City: CYPRESS State: CA Zip: 90630 Facility investor: "RAMIREZ, MARTHA" Licensee type: A License effective date: 60715 License expiration date: Not Reported License issue date: 060715 Program type: "MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY. CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6." Original app. received date: 060420 Facility closed date: Not Reported Mailing address: 6081 LEMON AVENUE #D Mailing city: CYPRESS Mailing state: CA Mailing zip: 90630 Contact person: "RAMIREZ, MARTHA" Facility capacity: 8 Type of clients served: 960 Facility phone: 7148210630	SRDCCA200734818 Daycare
JV1493 North 4-6 mi 30711 Higher	EDR ID: SRDCCA200704317 Facility number: 191607554 Facility name: SELTZER FAMILY DAY CARE Facility eval. code: 7110 Facility office number: 33 Facility county number: 19 Facility type code: 810 Facility status code: 03 Address: 5154 CARFAX City: LAKEWOOD State: CA Zip: 90713	SRDCCA200704317 Daycare

# MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Alt. address: 5154 CARFAX  
 City: LAKEWOOD  
 State: CA  
 Zip: 90713  
 Facility investor: "SELTZER, MARILYN L. "  
 Licensee type: A  
 License effective date: 950204  
 License expiration date: Not Reported  
 License issue date: 920204  
 Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4  
 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE  
 WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED  
 "  
 Original app. received date: 920109  
 Facility closed date: Not Reported  
 Mailing address: 5154 CARFAX  
 Mailing city: LAKEWOOD  
 Mailing state: CA  
 Mailing zip: 90713  
 Contact person: "SELTZER, MARILYN L. "  
 Facility capacity: 8  
 Type of clients served: 960  
 Facility phone: 5629202727

JM1494  
 West  
 4-6 mi  
 30730  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: CHILDRENS CLINIC FAM HLTH CTR AT,THE  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 20041027  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D1032647  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: M1  
 street address: 730 WEST 3RD STREET  
 Phone num: 5629330400  
 Termination reason: 00  
 Term Date: 20081026  
 Purpose of action: Not Reported  
 Provider control: 02

SRHO20070158816  
 AHA Hospitals

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Zip: 90802  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070158816

JM1495 West 4-6 mi 30730 Higher	Ncessch: 062250010828 Schname05: CESAR CHAVEZ ELEMENTARY Mstreet05: 730 WEST THIRD ST. Mcity05: LONG BEACH Mstate05: CA Mzip05: 90802 Mzip405: Not Reported Member05: 526 Phone05: (562) 590-0904 Locale05: 1 Type05: 1 Level05: 1 Gslo05: KG Gshi05: 05 Edr id: SRPU20071014268	SRPU20071014268 Public Schools
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JK1496 WNW 4-6 mi 30747 Higher	Hospital type: 01 Num of times COO: 00 Owner date: Not Reported City: LONG BEACH Has plan of corr: Not Reported Compliance status: Not Reported SSA county code: 200 Cross ref number: Not Reported FMS survey date: Not Reported Current survey date: Not Reported Medicare/Medicaid: Not Reported Facility name: ATLANTIC PROF SER/FRANK LOWE MD Intermediary/Carrier: Not Reported Medicaid number: Not Reported Participation date: 19930121 Prior COO date: Not Reported Prior carrier: Not Reported Provider ID: 05D0696287 Record Status: A Region code: 09 Is Partial Record: Not Reported state abbrev: CA ssa state: 05	SRHO20070138723 AHA Hospitals
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## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

state region cd: LAB  
street address: 2360 PACIFIC AVE SUITE E  
Phone num: 3109880352  
Termination reason: 08  
Term Date: 19940831  
Purpose of action: Not Reported  
Provider control: 04  
Zip: 90806  
Fips state: 06  
Fips cnty: 037  
SSA MSA: 328  
SSA MSA size code: A  
Date accredited: Not Reported  
Accred expire date: Not Reported  
Accred Org: Not Reported  
Num beds: 0000  
Num cert beds: 0000  
Source: US\_HOSPITAL\_POSCLIA  
Edr id: SRHO20070138723

JJ1497  
NNE  
4-6 mi  
30781  
Higher

EDR ID: SRDCCA200731506  
Facility number: 198012003  
Facility name: SALINAS FAMILY CHILD CARE  
Facility eval. code: 6170  
Facility office number: 33  
Facility county number: 19  
Facility type code: 810  
Facility status code: 03  
Address: 12240 EBERLE PLACE  
City: CERRITOS  
State: CA  
Zip: 90703  
Alt. address: 12240 EBERLE PLACE  
City: CERRITOS  
State: CA  
Zip: 90703  
Facility investor: GABRIELA SALINAS  
Licensee type: A  
License effective date: 50901  
License expiration date: Not Reported  
License issue date: 050901  
Program type: "MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY.  
CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY  
SCHOOL AND 1 CHILD AT LEAST AGE 6. "

Original app. received date: 050819  
Facility closed date: Not Reported  
Mailing address: 12240 EBERLE DRIVE  
Mailing city: CERRITOS  
Mailing state: CA  
Mailing zip: 90703  
Contact person: "SALINAS, GABRIELA "

Facility capacity: 8  
Type of clients served: 960  
Facility phone: 5624025001

SRDCCA200731506  
Daycare

## MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site	EDR ID Database
JX1498 NNE 4-6 mi 30786 Higher	EDR ID: SRDCCA200707054 Facility number: 300615923 Facility name: "CUNNINGHAM, GINA & MICONI, DAVIDA" Facility eval. code: 3401 Facility office number: 06 Facility county number: 30 Facility type code: 810 Facility status code: 03 Address: 4752 AMBERWOOD AVE. City: LA PALMA State: CA Zip: 90623 Alt. address: 4752 AMBERWOOD AVE. City: LA PALMA State: CA Zip: 90623 Facility investor: "CUNNINGHAM, GINA & MICONI, DAVIDA" Licensee type: A License effective date: 940107 License expiration date: Not Reported License issue date: 940107 Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED" Original app. received date: 930811 Facility closed date: Not Reported Mailing address: 4752 AMBERWOOD AVE. Mailing city: LA PALMA Mailing state: CA Mailing zip: 90623 Contact person: "CUNNINGHAM, GINA & MICONI," Facility capacity: 8 Type of clients served: 960 Facility phone: 7148285537	SRDCCA200707054 Daycare
JG1499 WNW 4-6 mi 30790 Higher	Hospital type: 01 Num of times COO: 00 Owner date: Not Reported City: LONG BEACH Has plan of corr: Not Reported Compliance status: A SSA county code: 200 Cross ref number: Not Reported FMS survey date: Not Reported Current survey date: 20060718 Medicare/Medicaid: 1 Facility name: FAMILY PLANNING ASSOCIATES MEDICAL Intermediary/Carrier: 02050 Medicaid number: Not Reported Participation date: 19920901 Prior COO date: Not Reported Prior carrier: Not Reported	SRHO20070136123 AHA Hospitals

# MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Provider ID: 05D0668307  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Not Reported  
 state abbrev: CA  
 ssa state: 05  
 state region cd: M1  
 street address: 2777 LONG BEACH BOULEVARD, SUITE 200  
 Phone num: 5625955653  
 Termination reason: 00  
 Term Date: 20070322  
 Purpose of action: 2  
 Provider control: 04  
 Zip: 90806  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070136123

1500  
 NE  
 4-6 mi  
 30807  
 Higher

EDR ID: SRDCCA200707568  
 Facility number: 304204084  
 Facility name: "MILLER, JENNIFER" "  
 Facility eval. code: 3404  
 Facility office number: 06  
 Facility county number: 30  
 Facility type code: 810  
 Facility status code: 03  
 Address: 6552 SEQUOIA DRIVE  
 City: BUENA PARK  
 State: CA  
 Zip: 90620  
 Alt. address: 6552 SEQUOIA DRIVE  
 City: BUENA PARK  
 State: CA  
 Zip: 90620  
 Facility investor: "MILLER, JENNIFER" "  
 Licensee type: A  
 License effective date: 980701  
 License expiration date: Not Reported  
 License issue date: 980701  
 Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4  
 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE  
 WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED  
 "  
 Original app. received date: 970715  
 Facility closed date: Not Reported  
 Mailing address: 6552 SEQUOIA DRIVE

SRDCCA200707568  
 Daycare

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Mailing city: BUENA PARK  
 Mailing state: CA  
 Mailing zip: 90620  
 Contact person: "MILLER, JENNIFER" "  
 Facility capacity: 8  
 Type of clients served: 960  
 Facility phone: 7148282070

JK1501  
 WNW  
 4-6 mi  
 30819  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: L & S MEDICAL CARE  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19960201  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0911325  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Not Reported  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 2377 PACIFIC AVE  
 Phone num: 3109893236  
 Termination reason: 08  
 Term Date: 19980130  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90806  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070149656

SRHO20070149656  
 AHA Hospitals

## MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site	EDR ID Database
JK1502 WNW 4-6 mi 30840 Higher	Hospital type: 01 Num of times COO: 00 Owner date: Not Reported City: LONG BEACH Has plan of corr: Not Reported Compliance status: Not Reported SSA county code: 200 Cross ref number: Not Reported FMS survey date: Not Reported Current survey date: Not Reported Medicare/Medicaid: Not Reported Facility name: ACTIVE ADULT DAY HEALTH CARE Intermediary/Carrier: Not Reported Medicaid number: Not Reported Participation date: 20050425 Prior COO date: Not Reported Prior carrier: Not Reported Provider ID: 05D1039893 Record Status: A Region code: 09 Is Partial Record: Y state abbrev: CA ssa state: 05 state region cd: M1 street address: 2385 PACIFIC AVE Phone num: 5624267772 Termination reason: 00 Term Date: 20070424 Purpose of action: Not Reported Provider control: 04 Zip: 90806 Fips state: 06 Fips cnty: 037 SSA MSA: 328 SSA MSA size code: A Date accredited: Not Reported Accred expire date: Not Reported Accred Org: Not Reported Num beds: 0000 Num cert beds: 0000 Source: US_HOSPITAL_POSCLIA Edr id: SRHO20070159751	SRHO20070159751 AHA Hospitals
JK1503 WNW 4-6 mi 30852 Higher	Hospital type: 01 Num of times COO: 00 Owner date: Not Reported City: LONG BEACH Has plan of corr: Not Reported Compliance status: Not Reported SSA county code: 200 Cross ref number: Not Reported FMS survey date: Not Reported Current survey date: Not Reported	SRHO20070148107 AHA Hospitals

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Medicare/Medicaid: Not Reported  
 Facility name: WILLOW MEDICAL LABORATORY  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19970610  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0929257  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 2404 PACIFIC AVENUE  
 Phone num: 5624265538  
 Termination reason: 12  
 Term Date: 19990609  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90806  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070148107

JY1504  
 NNW  
 4-6 mi  
 30867  
 Higher

EDR ID: SRDCCA200705921  
 Facility number: 198000703  
 Facility name: "JAINOOR, CARMEN & MOHAMED FAMILY DAY CARE"  
 Facility eval. code: 7110  
 Facility office number: 33  
 Facility county number: 19  
 Facility type code: 810  
 Facility status code: 03  
 Address: 5012 HERSHOLT AVE.  
 City: LAKEWOOD  
 State: CA  
 Zip: 90712  
 Alt. address: 5012 HERSHOLT AVE.  
 City: LAKEWOOD  
 State: CA  
 Zip: 90712  
 Facility investor: "JAINOOR, CARMEN J. & MOHAMED R."  
 Licensee type: A  
 License effective date: 941031  
 License expiration date: Not Reported  
 License issue date: 941031

SRDCCA200705921  
 Daycare

# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Program type: "MAXIMUM CAPACITY: 12 CHILDREN, WITH NO MORE THAN 4 INFANTS, OR CAPACITY 14 CHILDREN WHEN 2 CHILDREN ARE AT LEAST 6 YEARS OF AGE WITH A MAXIMUM OF 3 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "

Original app. received date: 940930  
 Facility closed date: Not Reported  
 Mailing address: 5012 HERSHOLT AVE.  
 Mailing city: LAKEWOOD  
 Mailing state: CA  
 Mailing zip: 90712  
 Contact person: "JAINOOR, CARMEN/MOHAMED "  
 Facility capacity: 14  
 Type of clients served: 960  
 Facility phone: 5628673291

JV1505		SRDCCA200715990
North	EDR ID: SRDCCA200715990	Daycare
4-6 mi	Facility number: 198007251	
30881	Facility name: HUIZA FAMILY CHILD CARE	
Higher	Facility eval. code: 7110	
	Facility office number: 33	
	Facility county number: 19	
	Facility type code: 810	
	Facility status code: 03	
	Address: 6357 DASHWOOD STREET	
	City: LAKEWOOD	
	State: CA	
	Zip: 90713	
	Alt. address: 6357 DASHWOOD STREET	
	City: LAKEWOOD	
	State: CA	
	Zip: 90713	
	Facility investor: "HUIZA, CLAUDIA "	
	Licensee type: A	
	License effective date: 20524	
	License expiration date: Not Reported	
	License issue date: 020524	
	Program type: "MAXIMUM CAPACITY: 12 CHILDREN, WITH NO MORE THAN 4 INFANTS, OR CAPACITY 14 CHILDREN WHEN 2 CHILDREN ARE AT LEAST 6 YEARS OF AGE WITH A MAXIMUM OF 3 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "	
	Original app. received date: 011213	
	Facility closed date: Not Reported	
	Mailing address: 6357 DASHWOOD STREET	
	Mailing city: LAKEWOOD	
	Mailing state: CA	
	Mailing zip: 90713	
	Contact person: "HUIZA, CLAUDIA "	
	Facility capacity: 14	
	Type of clients served: 960	
	Facility phone: 5629252358	

JK1506		SRDCCA200749352
WNW	EDR ID: SRDCCA200749352	Daycare
4-6 mi	Facility number: 191609482	
30887	Facility name: YOUNG HORIZONS	
Higher		

# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Facility eval. code: 8160  
 Facility office number: 33  
 Facility county number: 19  
 Facility type code: 850  
 Facility status code: 03  
 Address: 2418 PACIFIC AVENUE  
 City: LONG BEACH  
 State: CA  
 Zip: 90813  
 Alt. address: 501 ATLANTIC AVE  
 City: LONG BEACH  
 State: CA  
 Zip: 90802  
 Facility investor: YOUNG HORIZONS  
 Licensee type: C  
 License effective date: 930913  
 License expiration date: Not Reported  
 License issue date: 930913  
 Program type: PRE-SCHOOL CHILDREN AGES 2 TO 6 YEARS. FULLY TITLE IV FUNDED PROGRAM.  
 Original app. received date: 930525  
 Facility closed date: Not Reported  
 Mailing address: 501 ATLANTIC AVE  
 Mailing city: LONG BEACH  
 Mailing state: CA  
 Mailing zip: 90802  
 Contact person: ELAINE TRIPLETT  
 Facility capacity: 30  
 Type of clients served: 950  
 Facility phone: 3104246933

JZ1507  
 NE  
 4-6 mi  
 30890  
 Higher

EDR ID: SRDCCA200732483  
 Facility number: 304310214  
 Facility name: "PADILLA, VIRGINIA" "  
 Facility eval. code: 3401  
 Facility office number: 06  
 Facility county number: 30  
 Facility type code: 810  
 Facility status code: 03  
 Address: 5171 DOVER DRIVE  
 City: LA PALMA  
 State: CA  
 Zip: 90623  
 Alt. address: 5171 DOVER DRIVE  
 City: LA PALMA  
 State: CA  
 Zip: 90623  
 Facility investor: "PADILLA, VIRGINIA" "  
 Licensee type: A  
 License effective date: 60629  
 License expiration date: Not Reported  
 License issue date: 060629  
 Program type: "MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY.  
 CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY  
 SCHOOL AND 1 CHILD AT LEAST AGE 6. "

SRDCCA200732483  
 Daycare

# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Original app. received date: 050623  
 Facility closed date: Not Reported  
 Mailing address: 5171 DOVER DRIVE  
 Mailing city: LA PALMA  
 Mailing state: CA  
 Mailing zip: 90623  
 Contact person: "PADILLA, VIRGINIA"  
 Facility capacity: 8  
 Type of clients served: 960  
 Facility phone: 7142353771

J11508  
 North  
 4-6 mi  
 30929  
 Higher

EDR ID: SRDCCA200703673  
 Facility number: 191610770  
 Facility name: MORENO FAMILY DAY CARE  
 Facility eval. code: 7110  
 Facility office number: 33  
 Facility county number: 19  
 Facility type code: 810  
 Facility status code: 03  
 Address: 6139 MCKNIGHT  
 City: LAKEWOOD  
 State: CA  
 Zip: 90713  
 Alt. address: 6139 MCKNIGHT  
 City: LAKEWOOD  
 State: CA  
 Zip: 90713  
 Facility investor: "MORENO, MARCELINA"  
 Licensee type: A  
 License effective date: 950614  
 License expiration date: Not Reported  
 License issue date: Not Reported  
 Program type: "MAXIMUM CAPACITY: 12 CHILDREN, INCLUDING LICENSEE'S CHILDREN UNDER 10 YEARS OF AGE WHO RESIDE IN THE HOME, WITH NO MORE THAN 4 INFANTS. (INFANT MEANS A CHILD UNDER 2 YEARS OLD)."

SRDCCA200703673  
 Daycare

Original app. received date: 820602  
 Facility closed date: Not Reported  
 Mailing address: 6139 MCKNIGHT  
 Mailing city: LAKEWOOD  
 Mailing state: CA  
 Mailing zip: 90713  
 Contact person: "MORENO, MARCELINA"  
 Facility capacity: 12  
 Type of clients served: 960  
 Facility phone: 5629209283

KA1509  
 WNW  
 4-6 mi  
 30940  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: Not Reported

SRHO20070131527  
 AHA Hospitals

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Compliance status: Not Reported  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: KEE IN YANG  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19950710  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0554312  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 2840 LONG BEACH BOULEVARD SUITE 465  
 Phone num: 5625957647  
 Termination reason: 00  
 Term Date: 20080831  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90806  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070131527

KA1510  
 WNW  
 4-6 mi  
 30940  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: Not Reported  
 Compliance status: A  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: 20051007  
 Medicare/Medicaid: 1  
 Facility name: VALERIUS MEDICAL GROUP AND RESEARCH CENTER OF  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19970911  
 Prior COO date: Not Reported

SRHO20070150298  
 AHA Hospitals

# MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Prior carrier: Not Reported  
 Provider ID: 05D0933376  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Not Reported  
 state abbrev: CA  
 ssa state: 05  
 state region cd: M1  
 street address: 2840 LONG BEACH BLVD #365  
 Phone num: 5629892374  
 Termination reason: 00  
 Term Date: 20071006  
 Purpose of action: 1  
 Provider control: 04  
 Zip: 90806  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070150298

KA1511  
 WNW  
 4-6 mi  
 30940  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: CURTIS LI MD  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19930630  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0554319  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Not Reported  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 2840 LONG BEACH BLVD #130  
 Phone num: 3109880043  
 Termination reason: 15

SRHO20070131529  
 AHA Hospitals

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Term Date: 19950629  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90806  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070131529

KA1512  
 WNW  
 4-6 mi  
 30940  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: MEMORIAL CARDIOLOGY MED GR INC  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19930107  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0554414  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Not Reported  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 2840 LONG BEACH BLVD #120  
 Phone num: 3105958671  
 Termination reason: 12  
 Term Date: 19931201  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90806  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported

SRHO20070131676  
 AHA Hospitals

# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070131676

KA1513

WNW Hospital type: 01  
 4-6 mi Num of times COO: 00  
 30940 Owner date: Not Reported  
 Higher City: LONG BEACH  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: GEORGE H TARRYK MD  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19990716  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0962922  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 2840 LONG BEACH BLVD SUITE 465  
 Phone num: 5629895844  
 Termination reason: 00  
 Term Date: 20070715  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90806  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070152700

SRHO20070152700  
 AHA Hospitals

KA1514

WNW Hospital type: 01  
 4-6 mi Num of times COO: 00  
 30940 Owner date: Not Reported  
 Higher City: LONG BEACH

SRHO20070139531  
 AHA Hospitals

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: MAGELLA MEDICAL GROUP INC  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19930114  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0693350  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 2840 LONG BEACH BLVD STE 120  
 Phone num: 3109880081  
 Termination reason: 00  
 Term Date: 20080831  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90806  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070139531

KA1515  
 WNW  
 4-6 mi  
 30940  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: 1  
 Compliance status: A  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: 20010821  
 Medicare/Medicaid: 1  
 Facility name: COLUMBIA PEDIATRICS MEDICAL GROUP INC  
 Intermediary/Carrier: 02050  
 Medicaid number: Not Reported  
 Participation date: 19920901

SRHO20070131659  
 AHA Hospitals

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0554369  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Not Reported  
 state abbrev: CA  
 ssa state: 05  
 state region cd: M1  
 street address: 2840 LONG BEACH BOULEVARD SUITE 315  
 Phone num: 5625955479  
 Termination reason: 00  
 Term Date: 20080403  
 Purpose of action: 2  
 Provider control: 04  
 Zip: 90806  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070131659

KA1516  
 WNW  
 4-6 mi  
 30940  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: 1  
 Compliance status: A  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: 19960711  
 Medicare/Medicaid: 1  
 Facility name: LONG BEACH OBSTETRICALS  
 Intermediary/Carrier: 02050  
 Medicaid number: Not Reported  
 Participation date: 19920901  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0554404  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Not Reported  
 state abbrev: CA  
 ssa state: 05  
 state region cd: M1  
 street address: 2840 LNG BCH BLVD 230  
 Phone num: 3105951961

SRHO20070131675  
 AHA Hospitals

# MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Termination reason: 00  
 Term Date: 20070604  
 Purpose of action: 2  
 Provider control: 04  
 Zip: 90806  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070131675

JU1517

NW  
 4-6 mi  
 30941  
 Higher

EDR ID: SRDCCA200704070  
 Facility number: 191609074  
 Facility name: DATTARAY FAMILY DAY CARE  
 Facility eval. code: 7110  
 Facility office number: 33  
 Facility county number: 19  
 Facility type code: 810  
 Facility status code: 03  
 Address: 4212 DEEBOYAR AVENUE  
 City: LAKEWOOD  
 State: CA  
 Zip: 90712  
 Alt. address: 4212 DEEBOYAR AVENUE  
 City: LAKEWOOD  
 State: CA  
 Zip: 90712  
 Facility investor: "DATTARAY, TAPASRI"  
 Licensee type: A  
 License effective date: 930504  
 License expiration date: Not Reported  
 License issue date: 930504  
 Program type: "MAXIMUM CAPACITY: 12 CHILDREN, WITH NO MORE THAN 4 INFANTS, OR CAPACITY 14 CHILDREN WHEN 2 CHILDREN ARE AT LEAST 6 YEARS OF AGE WITH A MAXIMUM OF 3 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED"  
 Original app. received date: 930209  
 Facility closed date: Not Reported  
 Mailing address: 4212 DEEBOYAR AVENUE  
 Mailing city: LAKEWOOD  
 Mailing state: CA  
 Mailing zip: 90712  
 Contact person: "DATTARAY, TAPASRI"  
 Facility capacity: 14  
 Type of clients served: 960  
 Facility phone: 5624253433

SRDCCA200704070  
 Daycare

## MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site	EDR ID Database
1518 North 4-6 mi 30951 Higher	EDR ID: SRDCCA200732533 Facility number: 198011863 Facility name: JEFFERSON FAMILY CHILD CARE Facility eval. code: 6170 Facility office number: 33 Facility county number: 19 Facility type code: 810 Facility status code: 03 Address: 11162 GONSALVES PL. City: CERRITOS State: CA Zip: 90703 Alt. address: 11162 GONSALVES PL. City: CERRITOS State: CA Zip: 90703 Facility investor: "JEFFERSON, SHERMAL" Licensee type: A License effective date: 50909 License expiration date: Not Reported License issue date: 050909 Program type: "MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY. CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6." Original app. received date: 050711 Facility closed date: Not Reported Mailing address: 11162 GONSALVES PL. Mailing city: CERRITOS Mailing state: CA Mailing zip: 90703 Contact person: "JEFFERSON, SHERMAL" Facility capacity: 8 Type of clients served: 960 Facility phone: 5628605041	SRDCCA200732533 Daycare
J11519 North 4-6 mi 30965 Higher	EDR ID: SRDCCA200702052 Facility number: 191612923 Facility name: SIDES FAMILY DAY CARE Facility eval. code: 7110 Facility office number: 33 Facility county number: 19 Facility type code: 810 Facility status code: 03 Address: 6128 MCKNIGHT DR. City: LAKEWOOD State: CA Zip: 90713 Alt. address: 6128 MCKNIGHT DR. City: LAKEWOOD State: CA Zip: 90713 Facility investor: "SIDES, PAMELA J." Licensee type: A	SRDCCA200702052 Daycare

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

License effective date: 941011  
 License expiration date: Not Reported  
 License issue date: 941011  
 Program type: "MAXIMUM CAPACITY: 6 CHILDREN, INCLUDING LICENSEE'S CHILDREN UNDER 10 YEARS WHO ARE IN THE HOME WITH NO MORE THAN 3 INFANTS (INFANT MEANS A CHILD UNDER 2 YEARS OLD) OR 8 CHILDREN WHEN 2 CHILDREN ARE AT LEAST 6 YEARS OF AGE WITH A MAXIMUM OF 2 INFANTS. DECREASE 6/11/03  
 Original app. received date: 840725  
 Facility closed date: Not Reported  
 Mailing address: 6128 MCKNIGHT DR.  
 Mailing city: LAKEWOOD  
 Mailing state: CA  
 Mailing zip: 90713  
 Contact person: "SIDES, PAMELA J. "  
 Facility capacity: 8  
 Type of clients served: 960  
 Facility phone: 5629250528

KB1520  
 NE  
 4-6 mi  
 30978  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: CYPRESS  
 Has plan of corr: 1  
 Compliance status: A  
 SSA county code: 400  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: 20020416  
 Medicare/Medicaid: 1  
 Facility name: REHAB USA  
 Intermediary/Carrier: 00454  
 Medicaid number: Not Reported  
 Participation date: 20000504  
 Prior COO date: Not Reported  
 Prior carrier: 00040  
 Provider ID: 556534  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Not Reported  
 state abbrev: CA  
 ssa state: 05  
 state region cd: ORG  
 street address: 5721 LINCOLN AVE, SUITE F  
 Phone num: 7144843103  
 Termination reason: 01  
 Term Date: 20030801  
 Purpose of action: 2  
 Provider control: 06  
 Zip: 90630  
 Fips state: 06  
 Fips cnty: 059  
 SSA MSA: 033  
 SSA MSA size code: B  
 Date accredited: Not Reported

SRHO20070108758  
 AHA Hospitals

## MAP FINDINGS

Map ID	Direction	Distance	Distance (ft.)	Elevation	Site	EDR ID	Database
					Accred expire date: Not Reported Accred Org: Not Reported Num beds: 0000 Num cert beds: 0000 Source: US_HOSPITAL_POSOTHER Edr id: SRHO20070108758		
KB1521	NE	4-6 mi	30993	Higher	EDR ID: SRDCCA200707618 Facility number: 304202694 Facility name: "COUCH, PAMELA" Facility eval. code: 3404 Facility office number: 06 Facility county number: 30 Facility type code: 810 Facility status code: 03 Address: 5682 DANNY City: CYPRESS State: CA Zip: 90630 Alt. address: 5682 DANNY City: CYPRESS State: CA Zip: 90630 Facility investor: "COUCH, PAMELA" Licensee type: A License effective date: 961121 License expiration date: Not Reported License issue date: 961121 Program type: "MAXIMUM CAPACITY: 6 CHILDREN, INCLUDING LICENSEE'S CHILDREN UNDER 10 YEARS OF AGE WHO RESIDE IN THE HOME, WITH NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY (INFANT MEANS A CHILD UNDER 2 YEARS OLD)." Original app. received date: 960823 Facility closed date: Not Reported Mailing address: 5682 DANNY Mailing city: CYPRESS Mailing state: CA Mailing zip: 90630 Contact person: "COUCH, PAMELA" Facility capacity: 6 Type of clients served: 960 Facility phone: 7148275682	SRDCCA200707618	Daycare
1522	ENE	4-6 mi	31013	Higher	EDR ID: SRDCCA200703158 Facility number: 300608458 Facility name: "BEDWELL, TERESA" Facility eval. code: 3405 Facility office number: 06 Facility county number: 30 Facility type code: 810 Facility status code: 03 Address: 1336 S. MOONSTONE STREET City: ANAHEIM	SRDCCA200703158	Daycare

# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

State: CA  
 Zip: 92804  
 Alt. address: 1336 S. MOONSTONE STREET  
 City: ANAHEIM  
 State: CA  
 Zip: 92804  
 Facility investor: "BEDWELL, TERESA"  
 Licensee type: A  
 License effective date: 940613  
 License expiration date: Not Reported  
 License issue date: 890701  
 Program type: "MAXIMUM CAPACITY: 12 CHILDREN, WITH NO MORE THAN 4 INFANTS, OR CAPACITY 14 CHILDREN WHEN 2 CHILDREN ARE AT LEAST 6 YEARS OF AGE WITH A MAXIMUM OF 3 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED"  
 Original app. received date: 890630  
 Facility closed date: Not Reported  
 Mailing address: 1336 S. MOONSTONE STREET  
 Mailing city: ANAHEIM  
 Mailing state: CA  
 Mailing zip: 92804  
 Contact person: "BEDWELL, TERESA"  
 Facility capacity: 14  
 Type of clients served: 960  
 Facility phone: 7149952770

KC1523		SRDCCA200755930
ESE	EDR ID:	SRDCCA200755930
4-6 mi	Facility number:	304370204
31017	Facility name:	GOLDEN WEST COLLEGE CHILD DEVELOPMENT CTR.
Higher	Facility eval. code:	1207
	Facility office number:	06
	Facility county number:	30
	Facility type code:	850
	Facility status code:	03
	Address:	15744 GOLDENWEST STREET
	City:	HUNTINGTON BEACH
	State:	CA
	Zip:	92647
	Alt. address:	15744 GOLDENWEST STREET
	City:	HUNTINGTON BEACH
	State:	CA
	Zip:	92647
	Facility investor:	BOYS & GIRLS CLUBS OF HUNTINGTON VALLEY
	Licensee type:	C
	License effective date:	51012
	License expiration date:	Not Reported
	License issue date:	051012
	Program type:	AMBULATORY CHILDREN. 24 MONTHS THROUGH 5 YEARS OLD. MONDAY THROUGH FRIDAY. 07:00 A.M. TO 6:00 P.M.
	Original app. received date:	050822
	Facility closed date:	Not Reported
	Mailing address:	16582 BROOKHURST STREET
	Mailing city:	FOUNTAIN VALLEY
	Mailing state:	CA
	Mailing zip:	92708

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Contact person: "BIXLER, SUSAN"  
 Facility capacity: 68  
 Type of clients served: 950  
 Facility phone: 7148958127

KC1524

SRDCCA200744468  
 Daycare

ESE EDR ID: SRDCCA200744468  
 4-6 mi Facility number: 304370205  
 31017 Facility name: GOLDEN WEST COLLEGE CHILD DEVELOPMENT CTR.  
 Higher Facility eval. code: 1207  
 Facility office number: 06  
 Facility county number: 30  
 Facility type code: 830  
 Facility status code: 03  
 Address: 15744 GOLDENWEST STREET  
 City: HUNTINGTON BEACH  
 State: CA  
 Zip: 92647  
 Alt. address: 15744 GOLDENWEST STREET  
 City: HUNTINGTON BEACH  
 State: CA  
 Zip: 92647  
 Facility investor: BOYS & GIRLS CLUBS OF HUNTINGTON VALLEY  
 Licensee type: C  
 License effective date: 51012  
 License expiration date: Not Reported  
 License issue date: 051012  
 Program type: AMBULATORY CHILDREN. AGES ZERO THROUGH 24 MONTHS.  
 MONDAY THROUGH FRIDAY. 07:00 A.M. TO 6:00 P.M.  
 Original app. received date: 050822  
 Facility closed date: Not Reported  
 Mailing address: 16582 BROOKHURST STREET  
 Mailing city: HUNTINGTON BEACH  
 Mailing state: CA  
 Mailing zip: 92647  
 Contact person: "BIXLER, SUSAN"  
 Facility capacity: 28  
 Type of clients served: 955  
 Facility phone: 7148958127

KC1525

SRHO20070159581  
 AHA Hospitals

ESE Hospital type: 01  
 4-6 mi Num of times COO: 00  
 31017 Owner date: Not Reported  
 Higher City: HUNTINGTON BEACH  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 400  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: GLDEN WEST COLLEGE STUDENT HEALTH SVCS  
 Intermediary/Carrier: Not Reported

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Medicaid number: Not Reported  
 Participation date: 20051004  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D1046225  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: M1  
 street address: 15744 GOLDEN WEST STREET  
 Phone num: 7148958382  
 Termination reason: 00  
 Term Date: 20071003  
 Purpose of action: Not Reported  
 Provider control: 07  
 Zip: 92647  
 Fips state: 06  
 Fips cnty: 059  
 SSA MSA: 033  
 SSA MSA size code: B  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070159581

KA1526  
 WNW  
 4-6 mi  
 31021  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: 1  
 Compliance status: A  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: 20020621  
 Medicare/Medicaid: 1  
 Facility name: MEMORIAL HOSPICE PROGRAM  
 Intermediary/Carrier: 00040  
 Medicaid number: Not Reported  
 Participation date: 19900216  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 051563  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Not Reported  
 state abbrev: CA  
 ssa state: 05  
 state region cd: L4

SRHO20070008558  
 AHA Hospitals

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

street address: 450 E SPRING ST  
 Phone num: 5629330910  
 Termination reason: 00  
 Term Date: Not Reported  
 Purpose of action: 2  
 Provider control: 02  
 Zip: 90807  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: 0  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSOTHER  
 Edr id: SRHO20070008558

KA1527  
 WNW  
 4-6 mi  
 31021  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: LONG BEACH MEMORIAL FAMILY MED DEPT  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19941114  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0554416  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 450 E SPRING ST SUITE 1  
 Phone num: 3105955255  
 Termination reason: 00  
 Term Date: 20071222  
 Purpose of action: Not Reported  
 Provider control: 03  
 Zip: 90806  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A

SRHO20070131790  
 AHA Hospitals

# MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070131790

KD1528  
 NE  
 4-6 mi  
 31056  
 Higher

Hospital type: 02  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: CYPRESS  
 Has plan of corr: 1  
 Compliance status: A  
 SSA county code: 400  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: 20060223  
 Medicare/Medicaid: 1  
 Facility name: JENYMEL'S HOME  
 Intermediary/Carrier: Not Reported  
 Medicaid number: LTC60426F  
 Participation date: 19970220  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 55G059  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Not Reported  
 state abbrev: CA  
 ssa state: 05  
 state region cd: ORG  
 street address: 6321 ROSEMARY DRIVE  
 Phone num: 7147615819  
 Termination reason: 00  
 Term Date: Not Reported  
 Purpose of action: 2  
 Provider control: 02  
 Zip: 90630  
 Fips state: 06  
 Fips cnty: 059  
 SSA MSA: 033  
 SSA MSA size code: B  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0006  
 Num cert beds: 0006  
 Source: US\_HOSPITAL\_POSOTHER  
 Edr id: SRHO20070107951

SRHO20070107951  
 AHA Hospitals

## MAP FINDINGS

Map ID	Direction	Distance	Distance (ft.)	Elevation	Site	EDR ID Database
KD1529	NE	4-6 mi	31056	Higher	Hospital type: 02 Num of times COO: 00 Owner date: Not Reported City: CYPRESS Has plan of corr: Not Reported Compliance status: B SSA county code: 400 Cross ref number: Not Reported FMS survey date: Not Reported Current survey date: 19961016 Medicare/Medicaid: 2 Facility name: JENYMEL'S HOME Intermediary/Carrier: Not Reported Medicaid number: Not Reported Participation date: 19910606 Prior COO date: Not Reported Prior carrier: Not Reported Provider ID: 05G512 Record Status: A Region code: 09 Is Partial Record: Not Reported state abbrev: CA ssa state: 05 state region cd: ORG street address: 6321 ROSEMARY DRIVE Phone num: 7147615819 Termination reason: 05 Term Date: 19961130 Purpose of action: 3 Provider control: 02 Zip: 90630 Fips state: 06 Fips cnty: 059 SSA MSA: 033 SSA MSA size code: B Date accredited: Not Reported Accred expire date: Not Reported Accred Org: Not Reported Num beds: 0006 Num cert beds: 0006 Source: US_HOSPITAL_POSOTHER Edr id: SRHO20070006475	SRHO20070006475 AHA Hospitals
KA1530	WNW	4-6 mi	31098	Higher	Hospital type: 01 Num of times COO: 00 Owner date: Not Reported City: LONG BEACH Has plan of corr: 1 Compliance status: A SSA county code: 200 Cross ref number: Not Reported FMS survey date: Not Reported Current survey date: 20010619	SRHO20070140300 AHA Hospitals

# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Medicare/Medicaid: 1  
 Facility name: ARTHUR LORBER MD  
 Intermediary/Carrier: 02050  
 Medicaid number: Not Reported  
 Participation date: 19920901  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0714875  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: M1  
 street address: 2888 LONG BEACH BLVD,SUITE 410  
 Phone num: 5629891686  
 Termination reason: 08  
 Term Date: 20030326  
 Purpose of action: 2  
 Provider control: 04  
 Zip: 90806  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070140300

KA1531  
 WNW  
 4-6 mi  
 31098  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: MARLENE ROCHA FAROOQ MD  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 20040120  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D1021329  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y

SRHO20070158210  
 AHA Hospitals

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

state abbrev: CA  
ssa state: 05  
state region cd: LAB  
street address: 2888 LONG BEACH BLVD SUITE 210  
Phone num: 5625956050  
Termination reason: 00  
Term Date: 20080119  
Purpose of action: Not Reported  
Provider control: 04  
Zip: 90806  
Fips state: 06  
Fips cnty: 037  
SSA MSA: 328  
SSA MSA size code: A  
Date accredited: Not Reported  
Accred expire date: Not Reported  
Accred Org: Not Reported  
Num beds: 0000  
Num cert beds: 0000  
Source: US\_HOSPITAL\_POSCLIA  
Edr id: SRHO20070158210

KA1532  
WNW  
4-6 mi  
31098  
Higher

Hospital type: 01  
Num of times COO: 00  
Owner date: Not Reported  
City: LONG BEACH  
Has plan of corr: Not Reported  
Compliance status: Not Reported  
SSA county code: 200  
Cross ref number: Not Reported  
FMS survey date: Not Reported  
Current survey date: Not Reported  
Medicare/Medicaid: Not Reported  
Facility name: ALAN M SHANBERG MD  
Intermediary/Carrier: Not Reported  
Medicaid number: Not Reported  
Participation date: 19980331  
Prior COO date: Not Reported  
Prior carrier: Not Reported  
Provider ID: 05D0943633  
Record Status: A  
Region code: 09  
Is Partial Record: Y  
state abbrev: CA  
ssa state: 05  
state region cd: LAB  
street address: 2888 LONG BEACH BOULEVARD SUITE 265  
Phone num: 7144565319  
Termination reason: 00  
Term Date: 20080330  
Purpose of action: Not Reported  
Provider control: 04  
Zip: 90806  
Fips state: 06

SRHO20070154542  
AHA Hospitals

## MAP FINDINGS

Map ID	Direction	Distance	Distance (ft.)	Elevation	Site	EDR ID Database
					Fips cnty: 037 SSA MSA: 328 SSA MSA size code: A Date accredited: Not Reported Accred expire date: Not Reported Accred Org: Not Reported Num beds: 0000 Num cert beds: 0000 Source: US_HOSPITAL_POSCLIA Edr id: SRHO20070154542	
KA1533						SRHO20070156455
WNW					Hospital type: 01	AHA Hospitals
4-6 mi					Num of times COO: 00	
31098					Owner date: Not Reported	
Higher					City: LONG BEACH	
					Has plan of corr: Not Reported	
					Compliance status: Not Reported	
					SSA county code: 200	
					Cross ref number: Not Reported	
					FMS survey date: Not Reported	
					Current survey date: Not Reported	
					Medicare/Medicaid: Not Reported	
					Facility name: MUTH & WEBER OB/GYN MEDICAL GRP INC	
					Intermediary/Carrier: Not Reported	
					Medicaid number: Not Reported	
					Participation date: 20010927	
					Prior COO date: Not Reported	
					Prior carrier: Not Reported	
					Provider ID: 05D0991792	
					Record Status: A	
					Region code: 09	
					Is Partial Record: Y	
					state abbrev: CA	
					ssa state: 05	
					state region cd: LAB	
					street address: 2888 LONG BEACH BLVD STE 165	
					Phone num: 5625955380	
					Termination reason: 00	
					Term Date: 20070926	
					Purpose of action: Not Reported	
					Provider control: 04	
					Zip: 90806	
					Fips state: 06	
					Fips cnty: 037	
					SSA MSA: 328	
					SSA MSA size code: A	
					Date accredited: Not Reported	
					Accred expire date: Not Reported	
					Accred Org: Not Reported	
					Num beds: 0000	
					Num cert beds: 0000	
					Source: US_HOSPITAL_POSCLIA	
					Edr id: SRHO20070156455	

## MAP FINDINGS

Map ID	Direction	Distance	Distance (ft.)	Elevation	Site	EDR ID Database
KA1534						SRHO20070131658
WNW					Hospital type: 01	AHA Hospitals
4-6 mi					Num of times COO: 00	
31098					Owner date: Not Reported	
Higher					City: LONG BEACH	
					Has plan of corr: Not Reported	
					Compliance status: Not Reported	
					SSA county code: 200	
					Cross ref number: Not Reported	
					FMS survey date: Not Reported	
					Current survey date: Not Reported	
					Medicare/Medicaid: Not Reported	
					Facility name: COAST UROLOGICAL MEDICAL GROUP INC	
					Intermediary/Carrier: Not Reported	
					Medicaid number: Not Reported	
					Participation date: 19930308	
					Prior COO date: Not Reported	
					Prior carrier: Not Reported	
					Provider ID: 05D0554366	
					Record Status: A	
					Region code: 09	
					Is Partial Record: Y	
					state abbrev: CA	
					ssa state: 05	
					state region cd: LAB	
					street address: 2888 LONG BEACH BLVD SUITE 340	
					Phone num: 3105956891	
					Termination reason: 00	
					Term Date: 20080831	
					Purpose of action: Not Reported	
					Provider control: 04	
					Zip: 90806	
					Fips state: 06	
					Fips cnty: 037	
					SSA MSA: 328	
					SSA MSA size code: A	
					Date accredited: Not Reported	
					Accred expire date: Not Reported	
					Accred Org: Not Reported	
					Num beds: 0000	
					Num cert beds: 0000	
					Source: US_HOSPITAL_POSCLIA	
					Edr id: SRHO20070131658	
KA1535						SRHO20070136832
WNW					Hospital type: 01	AHA Hospitals
4-6 mi					Num of times COO: 00	
31098					Owner date: Not Reported	
Higher					City: LONG BEACH	
					Has plan of corr: Not Reported	
					Compliance status: Not Reported	
					SSA county code: 200	
					Cross ref number: Not Reported	
					FMS survey date: Not Reported	
					Current survey date: Not Reported	

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Medicare/Medicaid: Not Reported  
 Facility name: MARK J CASTELLANET CARDIO CARE SPECIAL  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19921221  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0666675  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Not Reported  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 2888 LONG BEACH BLVD SUITE 165  
 Phone num: 3105983200  
 Termination reason: 14  
 Term Date: 19930219  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90806  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070136832

KA1536  
 WNW  
 4-6 mi  
 31098  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: 1  
 Compliance status: A  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: 19951207  
 Medicare/Medicaid: 1  
 Facility name: ASSOCIATES IN UROLOGY  
 Intermediary/Carrier: 02050  
 Medicaid number: Not Reported  
 Participation date: 19920901  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0719948  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Not Reported

SRHO20070140717  
 AHA Hospitals

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

state abbrev: CA  
ssa state: 05  
state region cd: M1  
street address: 2888 LONG BEACH BLVD 265  
Phone num: 5625986166  
Termination reason: 00  
Term Date: 20071225  
Purpose of action: 1  
Provider control: 04  
Zip: 90806  
Fips state: 06  
Fips cnty: 037  
SSA MSA: 328  
SSA MSA size code: A  
Date accredited: Not Reported  
Accred expire date: Not Reported  
Accred Org: Not Reported  
Num beds: 0000  
Num cert beds: 0000  
Source: US\_HOSPITAL\_POSCLIA  
Edr id: SRHO20070140717

KA1537  
WNW  
4-6 mi  
31098  
Higher

Hospital type: 01  
Num of times COO: 00  
Owner date: Not Reported  
City: LONG BEACH  
Has plan of corr: Not Reported  
Compliance status: Not Reported  
SSA county code: 200  
Cross ref number: Not Reported  
FMS survey date: Not Reported  
Current survey date: Not Reported  
Medicare/Medicaid: Not Reported  
Facility name: COLUMBIA MEDICAL GROUP INC  
Intermediary/Carrier: Not Reported  
Medicaid number: Not Reported  
Participation date: 19921216  
Prior COO date: Not Reported  
Prior carrier: Not Reported  
Provider ID: 05D0691888  
Record Status: A  
Region code: 09  
Is Partial Record: Y  
state abbrev: CA  
ssa state: 05  
state region cd: LAB  
street address: 2888 LONG BEACH BLVD SUITE 165  
Phone num: 3105955380  
Termination reason: 01  
Term Date: 20020729  
Purpose of action: Not Reported  
Provider control: 04  
Zip: 90806  
Fips state: 06

SRHO20070139278  
AHA Hospitals

# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070139278

KA1538

WNW  
 4-6 mi  
 31098  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: GARY RAMELLI MD  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19930330  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0554269  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 2888 LNG BCH BLVD 320  
 Phone num: 3104323469  
 Termination reason: 00  
 Term Date: 20080831  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90806  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070131395

SRHO20070131395  
 AHA Hospitals

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

JK1539 WNW 4-6 mi 31105 Higher	Pss school id: Pss inst: Lograde: Higrade: Pss address: Pss city: Pss county no: Pss county fips: Pss stabb: Pss fips: Pss zip5: Pss phone: Pss sch days: Pss stu day hrs: Pss library: Pss enroll ug: Pss enroll pk: Pss enroll k: Pss enroll 1: Pss enroll 2: Pss enroll 3: Pss enroll 4: Pss enroll 5: Pss enroll 6: Pss enroll 7: Pss enroll 8: Pss enroll 9: Pss enroll 10: Pss enroll 11: Pss enroll 12: Pss enroll t: Pss enroll tk12: Pss race ai: Pss race as: Pss race h: Pss race b: Pss race w: Pss fte teach: Pss locale: Pss coed: Pss type: Pss level: Pss relig: Pss comm type: Pss indian pct: Pss asian pct: Pss hisp pct: Pss black pct: Pss white pct: Pss stdtch rt: Pss orient: Pss county name: Pss assoc 1: Pss assoc 2: Pss assoc 3:	00068932 HOLY INNOCENTS ELEM SCHOOL K 8 2500 PACIFIC AVENUE LONG BEACH 037 06037 CA 06 90806 5624241018 180 7 No Not Reported Not Reported 33 25 30 28 29 21 25 33 36 Not Reported Not Reported Not Reported Not Reported 260 260 Not Reported Not Reported Not Reported Not Reported Not Reported 9.8 1 1 1 1 1 1 Not Reported Not Reported Not Reported Not Reported Not Reported 26.53 1 LOS ANGELES National Catholic Educational Association (NCEA) Not Reported Not Reported	SRPR20051024196 Private Schools
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# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Pss assoc 4: Not Reported  
 Pss assoc 5: Not Reported  
 Pss assoc 6: Not Reported  
 Pss assoc 7: Not Reported  
 Source: NCESDATA\_E72D09B4  
 Edr id: SRPR20051024196

JY1540		SRDCCA200738991
NNW	EDR ID:	SRDCCA200738991
4-6 mi	Facility number:	198012851
31111	Facility name:	BARONE FAMILY CHILD CARE
Higher	Facility eval. code:	8160
	Facility office number:	33
	Facility county number:	19
	Facility type code:	810
	Facility status code:	03
	Address:	5013 PREMIERE AVE.
	City:	"LAKEWOOD, CA "
	State:	CA
	Zip:	90712
	Alt. address:	5013 PREMIERE AVE.
	City:	"LAKEWOOD, CA "
	State:	CA
	Zip:	90712
	Facility investor:	STEFANIE BARONE
	Licensee type:	A
	License effective date:	61003
	License expiration date:	Not Reported
	License issue date:	061003
	Program type:	"MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY. CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6. "
	Original app. received date:	060824
	Facility closed date:	Not Reported
	Mailing address:	5013 PREMIERE AVE.
	Mailing city:	"LAKEWOOD, CA "
	Mailing state:	CA
	Mailing zip:	90712
	Contact person:	"BARONE, STEFANIE "
	Facility capacity:	8
	Type of clients served:	960
	Facility phone:	5629259656

JK1541		SRHO20070148421
WNW	Hospital type:	01
4-6 mi	Num of times COO:	00
31114	Owner date:	Not Reported
Higher	City:	LONG BEACH
	Has plan of corr:	Not Reported
	Compliance status:	Not Reported
	SSA county code:	200
	Cross ref number:	Not Reported
	FMS survey date:	Not Reported
	Current survey date:	Not Reported

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Medicare/Medicaid: Not Reported  
 Facility name: MILLENIUM MEDICAL CENTER  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19951017  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0907609  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 2491 PACIFIC AVE #2  
 Phone num: 3104248814  
 Termination reason: 08  
 Term Date: 20020629  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90806  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070148421

JK1542  
 WNW  
 4-6 mi  
 31114  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: BANG SUN KIM MD  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 20001122  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0980501  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y

SRHO20070153921  
 AHA Hospitals

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

state abbrev: CA  
ssa state: 05  
state region cd: LAB  
street address: 2491 PACIFIC AVE STE 1  
Phone num: 9496547990  
Termination reason: 08  
Term Date: 20001122  
Purpose of action: Not Reported  
Provider control: 04  
Zip: 90806  
Fips state: 06  
Fips cnty: 037  
SSA MSA: 328  
SSA MSA size code: A  
Date accredited: Not Reported  
Accred expire date: Not Reported  
Accred Org: Not Reported  
Num beds: 0000  
Num cert beds: 0000  
Source: US\_HOSPITAL\_POSCLIA  
Edr id: SRHO20070153921

JK1543  
WNW  
4-6 mi  
31114  
Higher

Hospital type: 01  
Num of times COO: 00  
Owner date: Not Reported  
City: LONG BEACH  
Has plan of corr: Not Reported  
Compliance status: Not Reported  
SSA county code: 200  
Cross ref number: Not Reported  
FMS survey date: Not Reported  
Current survey date: Not Reported  
Medicare/Medicaid: Not Reported  
Facility name: PACIFIC BURNETT MEDICAL CLINIC  
Intermediary/Carrier: Not Reported  
Medicaid number: Not Reported  
Participation date: 20051114  
Prior COO date: Not Reported  
Prior carrier: Not Reported  
Provider ID: 05D1047793  
Record Status: A  
Region code: 09  
Is Partial Record: Y  
state abbrev: CA  
ssa state: 05  
state region cd: M1  
street address: 2491 PACIFIC AVE, #3  
Phone num: 5629891322  
Termination reason: 00  
Term Date: 20071113  
Purpose of action: Not Reported  
Provider control: 04  
Zip: 90806  
Fips state: 06

SRHO20070164516  
AHA Hospitals

# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070164516

JX1544

SRDCCA200725828

NNE

EDR ID: SRDCCA200725828

Daycare

4-6 mi

Facility number: 304300556

31163

Facility name: "YOU, MYUNG-JOO"

Higher

Facility eval. code: 3401

Facility office number: 06

Facility county number: 30

Facility type code: 810

Facility status code: 03

Address: 8312 BELLHAVEN STREET

City: LA PALMA

State: CA

Zip: 90623

Alt. address: 8312 BELLHAVEN STREET

City: LA PALMA

State: CA

Zip: 90623

Facility investor: "YOU, MYUNG-JOO"

Licensee type: A

License effective date: 40114

License expiration date: Not Reported

License issue date: 040114

Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED"

Original app. received date: 031215

Facility closed date: Not Reported

Mailing address: 8312 BELLHAVEN STREET

Mailing city: LA PALMA

Mailing state: CA

Mailing zip: 90623

Contact person: "YOU, MYUNG-JOO"

Facility capacity: 8

Type of clients served: 960

Facility phone: 7142260005

JW1545

SRDCCA200716951

ENE

EDR ID: SRDCCA200716951

Daycare

4-6 mi

Facility number: 304206309

31164

Facility name: "MUNOZ, ANGELICA"

Higher

Facility eval. code: 3401

Facility office number: 06

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Facility county number: 30  
 Facility type code: 810  
 Facility status code: 03  
 Address: 7250 PENN WAY  
 City: STANTON  
 State: CA  
 Zip: 90680  
 Alt. address: 7250 PENN WAY  
 City: STANTON  
 State: CA  
 Zip: 90680  
 Facility investor: "MUNOZ, ANGELICA"  
 Licensee type: A  
 License effective date: 20118  
 License expiration date: Not Reported  
 License issue date: 020118  
 Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4  
 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE  
 WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED  
 "  
 Original app. received date: 011001  
 Facility closed date: Not Reported  
 Mailing address: 7250 PENN WAY  
 Mailing city: STANTON  
 Mailing state: CA  
 Mailing zip: 90680  
 Contact person: "MUNOZ, ANGELICA"  
 Facility capacity: 8  
 Type of clients served: 950  
 Facility phone: 7147995419

JK1546  
 WNW  
 4-6 mi  
 31174  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: LEE G RAZALAN, MD  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19950522  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0901330  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05

SRHO20070145995  
 AHA Hospitals

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

state region cd: LAB  
 street address: 2511 PACIFIC AVE  
 Phone num: 3104244661  
 Termination reason: 00  
 Term Date: 20070521  
 Purpose of action: Not Reported  
 Provider control: 10  
 Zip: 90806  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070145995

KC1547

ESE  
 4-6 mi  
 31187  
 Higher

EDR ID: SRDCCA200748409  
 Facility number: 300602372  
 Facility name: GRACE PRESCHOOL  
 Facility eval. code: 1207  
 Facility office number: 06  
 Facility county number: 30  
 Facility type code: 850  
 Facility status code: 03  
 Address: 6931 EDINGER AVENUE  
 City: HUNTINGTON BEACH  
 State: CA  
 Zip: 92647  
 Alt. address: 6931 EDINGER AVENUE  
 City: HUNTINGTON BEACH  
 State: CA  
 Zip: 92647  
 Facility investor: GRACE LUTHERAN CHURCH  
 Licensee type: C  
 License effective date: 931011  
 License expiration date: Not Reported  
 License issue date: Not Reported  
 Program type: "AMBULATORY CHILDREN. AGES 2-6 YEARS OLD. MON-FRI, 7:00AM TO 6:00PM.  
 "

Original app. received date: 770914  
 Facility closed date: Not Reported  
 Mailing address: 6931 EDINGER AVENUE  
 Mailing city: HUNTINGTON BEACH  
 Mailing state: CA  
 Mailing zip: 92647  
 Contact person: "KNIGHT, CHERYL"  
 Facility capacity: 196  
 Type of clients served: 950  
 Facility phone: 7148941070

SRDCCA200748409  
 Daycare

## MAP FINDINGS

Map ID	Direction	Distance	Distance (ft.)	Elevation	Site	EDR ID	Database
1548	SE	4-6 mi	31192	Higher	EDR ID: SRDCCA200735218 Facility number: 304310446 Facility name: "CONIGLIO, THERESE" Facility eval. code: 3404 Facility office number: 06 Facility county number: 30 Facility type code: 810 Facility status code: 03 Address: 6301 WARNER AVE. #46 City: HUNTINGTON BEACH State: CA Zip: 92647 Alt. address: 6301 WARNER AVE. #46 City: HUNTINGTON BEACH State: CA Zip: 92647 Facility investor: "CONIGLIO, THERESE" Licensee type: A License effective date: 60424 License expiration date: Not Reported License issue date: 060424 Program type: "MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY. CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6." Original app. received date: 060308 Facility closed date: Not Reported Mailing address: 6301 WARNER AVE. #46 Mailing city: HUNTINGTON BEACH Mailing state: CA Mailing zip: 92647 Contact person: "CONIGLIO, THERESE" Facility capacity: 8 Type of clients served: 960 Facility phone: 7148456232	SRDCCA200735218	Daycare
JS1549	East	4-6 mi	31192	Higher	EDR ID: SRDCCA200752123 Facility number: 304270242 Facility name: WESTMINSTER SCHOOL DISTRICT-WEBBER STATE PRESCHOOL Facility eval. code: 1207 Facility office number: 06 Facility county number: 30 Facility type code: 850 Facility status code: 03 Address: 14142 HOOVER STREET City: WESTMINSTER State: CA Zip: 92683 Alt. address: 15151 TEMPLE STREET City: WESTMINSTER State: CA Zip: 92683 Facility investor: WESTMINSTER SCHOOL DISTRICT Licensee type: F	SRDCCA200752123	Daycare

# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

License effective date: 960710  
 License expiration date: Not Reported  
 License issue date: 960710  
 Program type: "2 NON-AMBULATORY, 22 AMBULATORY CHILDREN. AGES 3 THROUGH 5 YEARS OLD. MON-FRI. 0700 AM TO 5:00 PM. PORTABLE C-2. WAIVERS FOR P/S TO SHARE RESTROOMS AND OUTDOOR ACTIVITY "SPACE WITH THE ELEMENTARY SCHOOL.  
 Original app. received date: 960603  
 Facility closed date: Not Reported  
 Mailing address: 14121 CEDARWOOD AVENUE  
 Mailing city: WESTMINSTER  
 Mailing state: CA  
 Mailing zip: 92683  
 Contact person: THAMARA WITHANA  
 Facility capacity: 24  
 Type of clients served: 950  
 Facility phone: 7148947388

JS1550 East 4-6 mi 31192 Higher	Ncessch: Scname05: Mstreet05: Mcity05: Mstate05: Mzip05: Mzip405: Member05: Phone05: Locale05: Type05: Level05: Gslo05: Gshi05: Edr id:	064215006917 WEBBER ELEMENTARY 14142 HOOVER ST. WESTMINSTER CA 92683 4312 468 (714) 894-7288 3 1 1 KG 06 SRPU20071010657	SRPU20071010657 Public Schools
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1551 North 4-6 mi 31217 Higher	EDR ID: Facility number: Facility name: Facility eval. code: Facility office number: Facility county number: Facility type code: Facility status code: Address: City: State: Zip: Alt. address: City: State: Zip: Facility investor: Licensee type:	SRDCCA200708657 198001541 "MATTHEWS, TONIA FAMILY DAY CARE" 7110 33 19 810 03 5875 DASHWOOD LAKEWOOD CA 90713 5875 DASHWOOD LAKEWOOD CA 90713 "MATTHEWS, TONIA" A	SRDCCA200708657 Daycare
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# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

License effective date: 960118  
 License expiration date: Not Reported  
 License issue date: 960118  
 Program type: "MAXIMUM CAPACITY: 6 CHILDREN, INCLUDING LICENSEE'S CHILDREN UNDER 10 YEARS OF AGE WHO RESIDE IN THE HOME, WITH NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY (INFANT MEANS A CHILD UNDER 2 YEARS OLD). "

Original app. received date: 950831  
 Facility closed date: Not Reported  
 Mailing address: 5875 DASHWOOD  
 Mailing city: LAKEWOOD  
 Mailing state: CA  
 Mailing zip: 90713  
 Contact person: "MATTHEWS, TONIA "  
 Facility capacity: 6  
 Type of clients served: 960  
 Facility phone: 5629202716

JZ1552  
 NE  
 4-6 mi  
 31232  
 Higher

EDR ID: SRDCCA200732232  
 Facility number: 304310260  
 Facility name: "AGORAMURTHY, KARPAGAM "  
 Facility eval. code: 3401  
 Facility office number: 06  
 Facility county number: 30  
 Facility type code: 810  
 Facility status code: 03  
 Address: 5197 BANBURY CIRCLE  
 City: LAPALMA  
 State: CA  
 Zip: 90623  
 Alt. address: 5197 BANBURY CIRCLE  
 City: LAPALMA  
 State: CA  
 Zip: 90623  
 Facility investor: "AGORAMURTHY, KARPAGAM "  
 Licensee type: A  
 License effective date: 50922  
 License expiration date: Not Reported  
 License issue date: 050922  
 Program type: "MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY. CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6. "

Original app. received date: 050818  
 Facility closed date: Not Reported  
 Mailing address: 5197 BANBURY CIRCLE  
 Mailing city: LAPALMA  
 Mailing state: CA  
 Mailing zip: 90623  
 Contact person: "AGORAMURTHY, KARPAGAM "  
 Facility capacity: 8  
 Type of clients served: 960  
 Facility phone: 7148210884

SRDCCA200732232  
 Daycare

## MAP FINDINGS

Map ID	Direction	Distance	Distance (ft.)	Elevation	Site	EDR ID Database
JQ1553	WNW	4-6 mi	31263	Higher	EDR ID: SRDCCA200711150 Facility number: 198005471 Facility name: CANNON FAMILY CHILD CARE Facility eval. code: 8160 Facility office number: 33 Facility county number: 19 Facility type code: 810 Facility status code: 03 Address: 2190 EUCALYPTUS City: LONG BEACH State: CA Zip: 90806 Alt. address: 2190 EUCALYPTUS City: LONG BEACH State: CA Zip: 90806 Facility investor: CANNON CARRIE Licensee type: A License effective date: 991119 License expiration date: Not Reported License issue date: 991119 Program type: "MAXIMUM CAPACITY: 6 CHILDREN, INCLUDING LICENSEE'S CHILDREN UNDER 10 YEARS OF AGE WHO RESIDE IN THE HOME, WITH NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY (INFANT MEANS A CHILD UNDER 2 YEARS OLD)." Original app. received date: 990612 Facility closed date: Not Reported Mailing address: 2190 EUCALYPTUS Mailing city: LONG BEACH Mailing state: CA Mailing zip: 90806 Contact person: CANNON CARRIE Facility capacity: 6 Type of clients served: 960 Facility phone: 5625919925	SRDCCA200711150 Daycare
KE1554	WNW	4-6 mi	31265	Higher	Pss school id: BB040124 Pss inst: COMPREHENSIVE CHILD DEVELOPMEN Lograde: PK Higrade: UG Pss address: 2545 PACIFIC AVE Pss city: LONG BEACH Pss county no: 037 Pss county fips: 06037 Pss stabb: CA Pss fips: 06 Pss zip5: 90806 Pss phone: 5624278834 Pss sch days: 248 Pss stu day hrs: Not Reported Pss library: No Pss enroll ug: 42 Pss enroll pk: 300 Pss enroll k: Not Reported	SRPR20051024960 Private Schools

# MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Pss enroll 1:	Not Reported
Pss enroll 2:	Not Reported
Pss enroll 3:	Not Reported
Pss enroll 4:	Not Reported
Pss enroll 5:	Not Reported
Pss enroll 6:	Not Reported
Pss enroll 7:	Not Reported
Pss enroll 8:	Not Reported
Pss enroll 9:	Not Reported
Pss enroll 10:	Not Reported
Pss enroll 11:	Not Reported
Pss enroll 12:	Not Reported
Pss enroll t:	342
Pss enroll tk12:	42
Pss race ai:	Not Reported
Pss race as:	Not Reported
Pss race h:	Not Reported
Pss race b:	Not Reported
Pss race w:	Not Reported
Pss fte teach:	Not Reported
Pss locale:	1
Pss coed:	1
Pss type:	7
Pss level:	1
Pss relig:	3
Pss comm type:	1
Pss indian pct:	Not Reported
Pss asian pct:	Not Reported
Pss hisp pct:	Not Reported
Pss black pct:	Not Reported
Pss white pct:	Not Reported
Pss stdtch rt:	Not Reported
Pss orient:	29
Pss county name:	LOS ANGELES
Pss assoc 1:	Not Reported
Pss assoc 2:	Not Reported
Pss assoc 3:	Not Reported
Pss assoc 4:	Not Reported
Pss assoc 5:	Not Reported
Pss assoc 6:	Not Reported
Pss assoc 7:	Not Reported
Source:	NCESDATA_E72D09B4
Edr id:	SRPR20051024960

JR1555			
NW	EDR ID:	SRDCCA200727289	
4-6 mi	Facility number:	198010634	
31269	Facility name:	BOND FAMILY CHILD CARE	
Higher	Facility eval. code:	8160	
	Facility office number:	33	
	Facility county number:	19	
	Facility type code:	810	
	Facility status code:	03	
	Address:	739 E. WARDLOW ROAD	
	City:	LONG BEACH	

SRDCCA200727289  
 Daycare

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

State: CA  
 Zip: 90807  
 Alt. address: 739 E. WARDLOW ROAD  
 City: LONG BEACH  
 State: CA  
 Zip: 90807  
 Facility investor: FE SIERRA BOND  
 Licensee type: A  
 License effective date: 40811  
 License expiration date: Not Reported  
 License issue date: 040811  
 Program type: MAXIMUM CAPACITY WHEN THERE IS AN ASSISTANT PRESENT.  
 NO MORE THAN 4 INFANTS IN FACILITY. NO MORE THAN 2 INFANTS IN REAR  
 OFFICE. CHILDREN MAY NOT BE EXCHANGED FOR INFANTS.  
 Original app. received date: 040517  
 Facility closed date: Not Reported  
 Mailing address: 739 E. WARDLOW ROAD  
 Mailing city: LONG BEACH  
 Mailing state: CA  
 Mailing zip: 90807  
 Contact person: "BOND, FE" "  
 Facility capacity: 13  
 Type of clients served: 960  
 Facility phone: 5624279392

JO1556  
 SE  
 4-6 mi  
 31273  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: HUNTINGTON BEACH  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 400  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: OCEANVIEW SCHOOL DISTRICT HEALTH SERV  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19930301  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0698386  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Not Reported  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 17200 PINEHURST  
 Phone num: 7148472551  
 Termination reason: 12  
 Term Date: 19990908  
 Purpose of action: Not Reported

SRHO20070139300  
 AHA Hospitals

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Provider control: 07  
 Zip: 92647  
 Fips state: 06  
 Fips cnty: 059  
 SSA MSA: 033  
 SSA MSA size code: B  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070139300

KF1557  
 NW  
 4-6 mi  
 31278  
 Higher

EDR ID: SRDCCA200743386  
 Facility number: 198001217  
 Facility name: YMCA GLB MADISON SITE  
 Facility eval. code: 6170  
 Facility office number: 33  
 Facility county number: 19  
 Facility type code: 840  
 Facility status code: 03  
 Address: 2801 BOMBERRY  
 City: LAKEWOOD  
 State: CA  
 Zip: 90712  
 Alt. address: 2801 BOMBERRY  
 City: LAKEWOOD  
 State: CA  
 Zip: 90712  
 Facility investor: YMCA GLB WEINGART-LAKEWOOD  
 Licensee type: C  
 License effective date: 960411  
 License expiration date: Not Reported  
 License issue date: 960411  
 Program type: SCHOOL AGE CHILDREN 5 YEARS AND ABOVE. FACILITY IS OPEN FROM 6:00 AM TO 6:30 PM. FACILITY DOES NOT PROVIDE LICENSED CHILD CARE FROM JUNE 21 TO SEPTEMBER 10.  
 Original app. received date: 950505  
 Facility closed date: Not Reported  
 Mailing address: 4949 ATLANTIC AVE.  
 Mailing city: LONG BEACH  
 Mailing state: CA  
 Mailing zip: 80805  
 Contact person: TAMARA BRACEY  
 Facility capacity: 90  
 Type of clients served: 950  
 Facility phone: 5624206561

SRDCCA200743386  
 Daycare

KF1558  
 NW  
 4-6 mi  
 31278  
 Higher

Ncessch: 062250002741  
 Schname05: MADISON ELEMENTARY  
 Mstreet05: 2801 BOMBERRY ST.

SRPU20071014032  
 Public Schools

# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Mcity05: LAKEWOOD  
 Mstate05: CA  
 Mzip05: 90712  
 Mzip405: 3724  
 Member05: 609  
 Phone05: (562) 420-7731  
 Locale05: 3  
 Type05: 1  
 Level05: 1  
 Gslo05: KG  
 Gshi05: 05  
 Edr id: SRPU20071014032

1559			SRDCCA200736812
East	EDR ID:	SRDCCA200736812	Daycare
4-6 mi	Facility number:	304310540	
31280	Facility name:	"DAO, TOAN"	
Higher	Facility eval. code:	1207	
	Facility office number:	06	
	Facility county number:	30	
	Facility type code:	810	
	Facility status code:	03	
	Address:	13502 EVERGREEN STREET	
	City:	WESTMINSTER	
	State:	CA	
	Zip:	92683	
	Alt. address:	13502 EVERGREEN STREET	
	City:	WESTMINSTER	
	State:	CA	
	Zip:	92683	
	Facility investor:	"DAO, TOAN"	
	Licensee type:	A	
	License effective date:	60713	
	License expiration date:	Not Reported	
	License issue date:	060713	
	Program type:	"MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY. CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6."	
	Original app. received date:	060619	
	Facility closed date:	Not Reported	
	Mailing address:	13502 EVERGREEN STREET	
	Mailing city:	WESTMINSTER	
	Mailing state:	CA	
	Mailing zip:	92683	
	Contact person:	"DAO, TOAN"	
	Facility capacity:	8	
	Type of clients served:	960	
	Facility phone:	7148966648	

JK1560			SRDCCA200729502
WNW	EDR ID:	SRDCCA200729502	Daycare
4-6 mi	Facility number:	198011763	
31282	Facility name:	CACERES FAMILY CHILD CARE	
Higher	Facility eval. code:	8160	

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Facility office number: 33  
 Facility county number: 19  
 Facility type code: 810  
 Facility status code: 03  
 Address: 219 W. 25TH STREET  
 City: LONG BEACH  
 State: CA  
 Zip: 90806  
 Alt. address: 219 W. 25TH STREET  
 City: LONG BEACH  
 State: CA  
 Zip: 90806  
 Facility investor: BLANCA STELLA CACERES  
 Licensee type: A  
 License effective date: 50718  
 License expiration date: Not Reported  
 License issue date: 050718  
 Program type: "MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY.  
 CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY  
 SCHOOL AND 1 CHILD AT LEAST AGE 6."  
 Original app. received date: 050614  
 Facility closed date: Not Reported  
 Mailing address: 219 W. 25TH STREET  
 Mailing city: LONG BEACH  
 Mailing state: CA  
 Mailing zip: 90806  
 Contact person: CACERES. BLANCA  
 Facility capacity: 8  
 Type of clients served: 960  
 Facility phone: 5624244477

KC1561 ESE 4-6 mi 31288 Higher	EDR ID: Facility number: Facility name: Facility eval. code: Facility office number: Facility county number: Facility type code: Facility status code: Address: City: State: Zip: Alt. address: City: State: Zip: Facility investor: Licensee type: License effective date: License expiration date: License issue date: Program type:	SRDCCA200749098 304270537 HERITAGE MONTESSORI SCHOOL 1207 06 30 850 03 15881 GOLDENWEST ST. HUNTINGTON BEACH CA 92647 15881 GOLDENWEST ST. HUNTINGTON BEACH CA 92647 "AMERICUS EDUCATION, INC." D 990115 Not Reported 990115 "AMBULATORY CHILDREN, AGES 2 YEARS TO 5 YEARS. MONDAY THROUGH FRIDAY. HOURS: 7:00AM TO 6:00PM." "	SRDCCA200749098 Daycare
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# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Original app. received date: 981104  
 Facility closed date: Not Reported  
 Mailing address: 19032 POPPY HILL CIR.  
 Mailing city: HUNTINGTON BEACH  
 Mailing state: CA  
 Mailing zip: 92647  
 Contact person: "EATON, REHANNA"  
 Facility capacity: 59  
 Type of clients served: 950  
 Facility phone: 7148919921

KC1562

ESE Pss school id: BB020325  
 4-6 mi Pss inst: HERITAGE MONTESSORI  
 31288 Lograde: K  
 Higher Higrade: 5  
 Pss address: 15881 GOLDENWEST ST  
 Pss city: OCEAN VIEW  
 Pss county no: 059  
 Pss county fips: 06059  
 Pss stabb: CA  
 Pss fips: 06  
 Pss zip5: 92647  
 Pss phone: 7148919921  
 Pss sch days: 235  
 Pss stu day hrs: 6.5  
 Pss library: No  
 Pss enroll ug: Not Reported  
 Pss enroll pk: 0  
 Pss enroll k: 30  
 Pss enroll 1: 10  
 Pss enroll 2: 10  
 Pss enroll 3: 10  
 Pss enroll 4: 10  
 Pss enroll 5: 10  
 Pss enroll 6: Not Reported  
 Pss enroll 7: Not Reported  
 Pss enroll 8: Not Reported  
 Pss enroll 9: Not Reported  
 Pss enroll 10: Not Reported  
 Pss enroll 11: Not Reported  
 Pss enroll 12: Not Reported  
 Pss enroll t: 80  
 Pss enroll tk12: 80  
 Pss race ai: 1  
 Pss race as: 20  
 Pss race h: 10  
 Pss race b: 4  
 Pss race w: 45  
 Pss fte teach: 4  
 Pss locale: 3  
 Pss coed: 1  
 Pss type: 2  
 Pss level: 1  
 Pss relig: 3

SRPR20051023989  
 Private Schools

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Pss comm type: 2  
 Pss indian pct: 1.25  
 Pss asian pct: 25  
 Pss hisp pct: 12.5  
 Pss black pct: 5  
 Pss white pct: 56.25  
 Pss stdtch rt: 20  
 Pss orient: 29  
 Pss county name: ORANGE  
 Pss assoc 1: No Membership Association  
 Pss assoc 2: Not Reported  
 Pss assoc 3: Not Reported  
 Pss assoc 4: Not Reported  
 Pss assoc 5: Not Reported  
 Pss assoc 6: Not Reported  
 Pss assoc 7: Not Reported  
 Source: NCESDATA\_E72D09B4  
 Edr id: SRPR20051023989

1563  
 ESE  
 4-6 mi  
 31302  
 Higher

EDR ID: SRDCCA200748528  
 Facility number: 300600219  
 Facility name: COMMUNITY METHODIST NURSERY SCHOOL  
 Facility eval. code: 1207  
 Facility office number: 06  
 Facility county number: 30  
 Facility type code: 850  
 Facility status code: 03  
 Address: 6652 HEIL AVENUE  
 City: HUNTINGTON BEACH  
 State: CA  
 Zip: 92647  
 Alt. address: 6652 HEIL AVENUE  
 City: HUNTINGTON BEACH  
 State: CA  
 Zip: 92647  
 Facility investor: COMMUNITY UNITED METHODIST CHURCH  
 Licensee type: C  
 License effective date: 931101  
 License expiration date: Not Reported  
 License issue date: Not Reported  
 Program type: AMBULATORY CHILDREN. 2.6 YEARS THROUGH 5 YEARS OF AGE.  
 MONDAY THROUGH FRIDAY. HALF DAY; 8:45 A.M. TO 11:45 A.M.  
 Original app. received date: Not Reported  
 Facility closed date: Not Reported  
 Mailing address: 6652 HEIL AVENUE  
 Mailing city: HUNTINGTON BEACH  
 Mailing state: CA  
 Mailing zip: 92647  
 Contact person: VICKI COMPEAN  
 Facility capacity: 84  
 Type of clients served: 950  
 Facility phone: 7148421630

SRDCCA200748528  
 Daycare

## MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site	EDR ID Database
KG1564 NW 4-6 mi 31311 Higher	EDR ID: SRDCCA200743560 Facility number: 191605684 Facility name: CALIFORNIA HEIGHTS UNITED METHODIST CHILDREN'S CTR Facility eval. code: 9130 Facility office number: 33 Facility county number: 19 Facility type code: 840 Facility status code: 03 Address: 3759 ORANGE AVENUE City: LONG BEACH State: CA Zip: 90807 Alt. address: 3759 ORANGE AVENUE City: LONG BEACH State: CA Zip: 90807 Facility investor: CALIFORNIA HEIGHTS UNITED METHODIST CHURCH Licensee type: C License effective date: 940507 License expiration date: Not Reported License issue date: 910507 Program type: "AMBULATORY CHILDREN ENROLLED IN A FORMAL KINDERGARTEN PROGRAM AND ABOVE. SAME CHILD MAY NOT BE ENROLLED IN BOTH THIS AND PRESCHOOL PROGRAM. ** EROM 7:00AM-1:30PM, CAPACITY IS 45 ONLY**" Original app. received date: 901026 Facility closed date: Not Reported Mailing address: 3759 ORANGE AVENUE Mailing city: LONG BEACH Mailing state: CA Mailing zip: 90807 Contact person: SIGNE HOWES Facility capacity: 90 Type of clients served: 950 Facility phone: 5625950056	SRDCCA200743560 Daycare
KG1565 NW 4-6 mi 31311 Higher	EDR ID: SRDCCA200747502 Facility number: 191601679 Facility name: CALIFORNIA HEIGHTS UNITED METHODIST NURSERY SCHOO Facility eval. code: 9130 Facility office number: 33 Facility county number: 19 Facility type code: 850 Facility status code: 03 Address: 3759 ORANGE AVE City: LONG BEACH State: CA Zip: 90807 Alt. address: 3759 ORANGE AVE City: LONG BEACH State: CA Zip: 90807 Facility investor: CALIFORNIA HEIGHTS UNITED METHODIST CHURCH	SRDCCA200747502 Daycare

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Licensee type: C  
 License effective date: 721101  
 License expiration date: Not Reported  
 License issue date: 721101  
 Program type: "MAY CARE FOR AMBULATORY CHILDREN AGES 2 UNTIL ENTRY INTO FIRST GRADE. MAY NOT BE ENROLLED IN BOTH THIS AND SCHOOL AGE PROGRAM. \*\*FROM 1:30PM-6:00PM,CAPACITY IS REDUCED TO 30 ONLY."  
 " "  
 Original app. received date: 720822  
 Facility closed date: Not Reported  
 Mailing address: 3759 ORANGE AVE  
 Mailing city: LONG BEACH  
 Mailing state: CA  
 Mailing zip: 90807  
 Contact person: SIGNE HOWES  
 Facility capacity: 60  
 Type of clients served: 950  
 Facility phone: 5625950056

KE1566		SRDCCA200751606
WNW	EDR ID:	SRDCCA200751606
4-6 mi	Facility number:	198003674
31313	Facility name:	"COMPREHENSIVE CHILD DEVELOPMENT, INC. "
Higher	Facility eval. code:	8160
	Facility office number:	33
	Facility county number:	19
	Facility type code:	850
	Facility status code:	03
	Address:	2565 PACIFIC AVENUE
	City:	LONG BEACH
	State:	CA
	Zip:	90806
	Alt. address:	2565 PACIFIC AVENUE
	City:	LONG BEACH
	State:	CA
	Zip:	90806
	Facility investor:	"COMPREHENSIVE CHILD DEVELOPMENT, INC. "
	Licensee type:	C
	License effective date:	971215
	License expiration date:	Not Reported
	License issue date:	971215
	Program type:	CHILDREN AGE TWO UNTIL ENTRY INTO FIRST GRADE . INCREASE CAPACITY EFFECTIVE 4-19-99.
	Original app. received date:	971118
	Facility closed date:	Not Reported
	Mailing address:	2565 PACIFIC AVENUE
	Mailing city:	LONG BEACH
	Mailing state:	CA
	Mailing zip:	90806
	Contact person:	"MUNGARAY, IRENE "
	Facility capacity:	72
	Type of clients served:	950
	Facility phone:	5624278834

## MAP FINDINGS

Map ID	Direction	Distance	Distance (ft.)	Elevation	Site	EDR ID Database
JT1567	East	4-6 mi	31316	Higher	Hospital type: 02 Num of times COO: 02 Owner date: 19860301 City: WESTMINSTER Has plan of corr: Not Reported Compliance status: B SSA county code: 400 Cross ref number: Not Reported FMS survey date: Not Reported Current survey date: 19850802 Medicare/Medicaid: 2 Facility name: LIFE CARE HOMES Intermediary/Carrier: Not Reported Medicaid number: Not Reported Participation date: 19850215 Prior COO date: 19850215 Prior carrier: Not Reported Provider ID: 05G133 Record Status: A Region code: 09 Is Partial Record: Not Reported state abbrev: CA ssa state: 05 state region cd: SA street address: 7571 WYOMING ST Phone num: 7148970395 Termination reason: 05 Term Date: 19880531 Purpose of action: 3 Provider control: 02 Zip: 92683 Fips state: 06 Fips cnty: 059 SSA MSA: 033 SSA MSA size code: B Date accredited: Not Reported Accred expire date: Not Reported Accred Org: Not Reported Num beds: 0099 Num cert beds: 0000 Source: US_HOSPITAL_POSOTHER Edr id: SRHO20070007546	SRHO20070007546 AHA Hospitals
JT1568	East	4-6 mi	31316	Higher	Hospital type: 02 Num of times COO: 00 Owner date: Not Reported City: WESTMINSTER Has plan of corr: 1 Compliance status: A SSA county code: 400 Cross ref number: Not Reported FMS survey date: Not Reported Current survey date: 19870604	SRHO20070006900 AHA Hospitals

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Medicare/Medicaid: 1  
 Facility name: HOLIDAY HOUSE, LTD  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19870604  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05G265  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Not Reported  
 state abbrev: CA  
 ssa state: 05  
 state region cd: SA  
 street address: 7571 WYOMING ST  
 Phone num: 7148970395  
 Termination reason: 01  
 Term Date: 19880408  
 Purpose of action: 1  
 Provider control: 02  
 Zip: 92683  
 Fips state: 06  
 Fips cnty: 059  
 SSA MSA: 033  
 SSA MSA size code: B  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0099  
 Num cert beds: 0099  
 Source: US\_HOSPITAL\_POSOTHER  
 Edr id: SRHO20070006900

JU1569  
 NW  
 4-6 mi  
 31319  
 Higher

EDR ID: SRDCCA200703638  
 Facility number: 191614250  
 Facility name: "VAN WINKLE, B. E. FAMILY DAY CARE"  
 Facility eval. code: 7110  
 Facility office number: 33  
 Facility county number: 19  
 Facility type code: 810  
 Facility status code: 03  
 Address: 4379 PARAMOUNT BLVD.  
 City: LAKEWOOD  
 State: CA  
 Zip: 90712  
 Alt. address: 4379 PARAMOUNT BLVD.  
 City: LAKEWOOD  
 State: CA  
 Zip: 90712  
 Facility investor: "VAN WINKLE, BARBARA E."  
 Licensee type: A  
 License effective date: 940829  
 License expiration date: Not Reported  
 License issue date: Not Reported

SRDCCA200703638  
 Daycare

# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Program type: "MAXIMUM CAPACITY: 12 CHILDREN, WITH NO MORE THAN 4 INFANTS, OR CAPACITY 14 CHILDREN WHEN 2 CHILDREN ARE AT LEAST 6 YEARS OF AGE WITH A MAXIMUM OF 3 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "

Original app. received date: 850816  
 Facility closed date: Not Reported  
 Mailing address: 4379 PARAMOUNT BLVD.  
 Mailing city: LAKEWOOD  
 Mailing state: CA  
 Mailing zip: 90712  
 Contact person: "VAN WINKLE, BARBARA "  
 Facility capacity: 14  
 Type of clients served: 960  
 Facility phone: 5624202748

1570			SRDCCA200731499
WNW	EDR ID:	SRDCCA200731499	Daycare
4-6 mi	Facility number:	198011995	
31324	Facility name:	SELDERS FAMILY CHILD CARE	
Higher	Facility eval. code:	8160	
	Facility office number:	33	
	Facility county number:	19	
	Facility type code:	810	
	Facility status code:	03	
	Address:	2065 MAGNOLIA AVENUE #201	
	City:	LONG BEACH	
	State:	CA	
	Zip:	90806	
	Alt. address:	2065 MAGNOLIA AVENUE #201	
	City:	LONG BEACH	
	State:	CA	
	Zip:	90806	
	Facility investor:	"SELDERS, MYSHA "	
	Licensee type:	A	
	License effective date:	50912	
	License expiration date:	Not Reported	
	License issue date:	050912	
	Program type:	"MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY. CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6. "	
	Original app. received date:	050810	
	Facility closed date:	Not Reported	
	Mailing address:	2065 MAGNOLIA AVENUE #201	
	Mailing city:	LONG BEACH	
	Mailing state:	CA	
	Mailing zip:	90806	
	Contact person:	"SELDERS, MYSHA "	
	Facility capacity:	8	
	Type of clients served:	960	
	Facility phone:	5625917601	

KA1571			SRPR20051022889
WNW	Pss school id:	A9500687	Private Schools
4-6 mi	Pss inst:	OAKWOOD ACADEMY	
31352	Lograde:	K	
Higher			

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Higrade:	6
Pss address:	2951 LONG BEACH BLVD.
Pss city:	LONG BEACH
Pss county no:	037
Pss county fips:	06037
Pss stabb:	CA
Pss fips:	06
Pss zip5:	90806
Pss phone:	5624244816
Pss sch days:	180
Pss stu day hrs:	8
Pss library:	Yes
Pss enroll ug:	Not Reported
Pss enroll pk:	Not Reported
Pss enroll k:	25
Pss enroll 1:	20
Pss enroll 2:	18
Pss enroll 3:	19
Pss enroll 4:	8
Pss enroll 5:	8
Pss enroll 6:	5
Pss enroll 7:	Not Reported
Pss enroll 8:	Not Reported
Pss enroll 9:	Not Reported
Pss enroll 10:	Not Reported
Pss enroll 11:	Not Reported
Pss enroll 12:	Not Reported
Pss enroll t:	103
Pss enroll tk12:	103
Pss race ai:	Not Reported
Pss race as:	Not Reported
Pss race h:	Not Reported
Pss race b:	Not Reported
Pss race w:	Not Reported
Pss fte teach:	5.6
Pss locale:	1
Pss coed:	1
Pss type:	1
Pss level:	1
Pss relig:	3
Pss comm type:	1
Pss indian pct:	Not Reported
Pss asian pct:	Not Reported
Pss hisp pct:	Not Reported
Pss black pct:	Not Reported
Pss white pct:	Not Reported
Pss stdtch rt:	18.39
Pss orient:	29
Pss county name:	LOS ANGELES
Pss assoc 1:	National Independent Private School Association (NIPSA)
Pss assoc 2:	Not Reported
Pss assoc 3:	Not Reported
Pss assoc 4:	Not Reported
Pss assoc 5:	Not Reported
Pss assoc 6:	Not Reported
Pss assoc 7:	Not Reported

# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Source: NCESDATA\_E72D09B4  
 Edr id: SRPR20051022889

KH1572 NNW 4-6 mi 31379 Higher	EDR ID: Facility number: Facility name: Facility eval. code: Facility office number: Facility county number: Facility type code: Facility status code: Address: City: State: Zip: Alt. address: City: State: Zip: Facility investor: Licensee type: License effective date: License expiration date: License issue date: Program type:  Original app. received date: Facility closed date: Mailing address: Mailing city: Mailing state: Mailing zip: Contact person: Facility capacity: Type of clients served: Facility phone:	SRDCCA200728228 Daycare  SRDCCA200728228 198011309 BANKS FAMILY CHILD CARE 6170 33 19 810 03 3242 FAIRMAN STREET LAKEWOOD CA 90712 3242 FAIRMAN STREET LAKEWOOD CA 90712 "BANKS, RUTH" A 50114 Not Reported 050114 MAX. CAP (WHEN THERE IS AN ASSISTANT PRESENT): 12 - NO MORE THAN 4 INFANTS. CAP 14 - NO MORE THAN 3 INFANTS. 1 CHILD IN KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6. 041201 Not Reported 3242 FAIRMAN STREET LAKEWOOD CA 90712 "BANKS, RUTH" 14 960 5624296163
--------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

KE1573 WNW 4-6 mi 31389 Higher	Ncessch: Scname05: Mstreet05: Mcity05: Mstate05: Mzip05: Mzip405: Member05: Phone05: Locale05: Type05: Level05: Gslo05: Gshi05:	062250003226 JACKIE ROBINSON ELEMENTARY 2750 PINE AVE. LONG BEACH CA 90806 2617 973 (562) 492-6003 1 1 1 KG 08	SRPU20071014059 Public Schools
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# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Edr id: SRPU20071014059

KH1574		SRDCCA200734103
NNW	EDR ID: SRDCCA200734103	Daycare
4-6 mi	Facility number: 198012175	
31408	Facility name: OLEA FAMILY CHILD CARE	
Higher	Facility eval. code: 7110	
	Facility office number: 33	
	Facility county number: 19	
	Facility type code: 810	
	Facility status code: 03	
	Address: 3229 FAIRMAN STREET	
	City: LAKEWOOD	
	State: CA	
	Zip: 90712	
	Alt. address: 3229 FAIRMAN STREET	
	City: LAKEWOOD	
	State: CA	
	Zip: 90712	
	Facility investor: "OLEA, NILDA MARIA"	
	Licensee type: A	
	License effective date: 60202	
	License expiration date: Not Reported	
	License issue date: 060202	
	Program type: "MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY. CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6."	
	Original app. received date: 051012	
	Facility closed date: Not Reported	
	Mailing address: 3229 FAIRMAN STREET	
	Mailing city: LAKEWOOD	
	Mailing state: CA	
	Mailing zip: 90712	
	Contact person: "OLEA, NILDA MARIA"	
	Facility capacity: 8	
	Type of clients served: 960	
	Facility phone: 5624256414	

K11575		SRDCCA200722735
WNW	EDR ID: SRDCCA200722735	Daycare
4-6 mi	Facility number: 198009799	
31411	Facility name: LE FAMILY CHILD CARE	
Higher	Facility eval. code: 9130	
	Facility office number: 33	
	Facility county number: 19	
	Facility type code: 810	
	Facility status code: 03	
	Address: 3060 ELM AVENUE	
	City: LONG BEACH	
	State: CA	
	Zip: 90807	
	Alt. address: 3060 ELM AVENUE	
	City: LONG BEACH	
	State: CA	

## MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site	EDR ID Database
	Zip: 90807 Facility investor: "LE, NATALIE" Licensee type: A License effective date: 31201 License expiration date: Not Reported License issue date: 031201 Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED" Original app. received date: 031017 Facility closed date: Not Reported Mailing address: 3060 ELM AVENUE Mailing city: LONG BEACH Mailing state: CA Mailing zip: 90807 Contact person: "LE, NATALIE" Facility capacity: 8 Type of clients served: 960 Facility phone: 5629973925	
JX1576 NNE 4-6 mi 31436 Higher	EDR ID: SRDCCA200708675 Facility number: 304202169 Facility name: "MILLER, LINDA" Facility eval. code: 3401 Facility office number: 06 Facility county number: 30 Facility type code: 810 Facility status code: 03 Address: 8171 SOMERDALE City: LA PALMA State: CA Zip: 90623 Alt. address: 8171 SOMERDALE City: LA PALMA State: CA Zip: 90623 Facility investor: "MILLER, LINDA" Licensee type: A License effective date: 960320 License expiration date: Not Reported License issue date: 960320 Program type: "MAXIMUM CAPACITY: 12 CHILDREN, WITH NO MORE THAN 4 INFANTS, OR CAPACITY 14 CHILDREN WHEN 2 CHILDREN ARE AT LEAST 6 YEARS OF AGE WITH A MAXIMUM OF 3 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED" Original app. received date: 951018 Facility closed date: Not Reported Mailing address: 8171 SOMERDALE Mailing city: LA PALMA Mailing state: CA Mailing zip: 90623 Contact person: "MILLER, LINDA" Facility capacity: 14 Type of clients served: 960	SRDCCA200708675 Daycare

# MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Facility phone: 7147610789

JY1577		SRDCCA200719932
NNW	EDR ID: SRDCCA200719932	Daycare
4-6 mi	Facility number: 198008133	
31450	Facility name: BUCKLEY FAMILY CHILD CARE	
Higher	Facility eval. code: 7110	
	Facility office number: 33	
	Facility county number: 19	
	Facility type code: 810	
	Facility status code: 03	
	Address: 5118 AUTRY STREET	
	City: LAKEWOOD	
	State: CA	
	Zip: 90712	
	Alt. address: 5118 AUTRY STREET	
	City: LAKEWOOD	
	State: CA	
	Zip: 90712	
	Facility investor: "BUCKLEY, TAMARA"	
	Licensee type: A	
	License effective date: 21002	
	License expiration date: Not Reported	
	License issue date: 021002	
	Program type: "MAXIMUM CAPACITY: 12 CHILDREN, WITH NO MORE THAN 4 INFANTS, OR CAPACITY 14 CHILDREN WHEN 2 CHILDREN ARE AT LEAST 6 YEARS OF AGE WITH A MAXIMUM OF 3 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED"	
	Original app. received date: 020829	
	Facility closed date: Not Reported	
	Mailing address: 5118 AUTRY STREET	
	Mailing city: LAKEWOOD	
	Mailing state: CA	
	Mailing zip: 90712	
	Contact person: "BUCKLEY, TAMARA"	
	Facility capacity: 14	
	Type of clients served: 960	
	Facility phone: 5629257002	

K11578		SRDCCA200700692
WNW	EDR ID: SRDCCA200700692	Daycare
4-6 mi	Facility number: 197802085	
31451	Facility name: DISCOVERY ADOLESCENT PROGRAM II	
Higher	Facility eval. code: 6003	
	Facility office number: 32	
	Facility county number: 19	
	Facility type code: 730	
	Facility status code: 03	
	Address: 425 E. 31ST	
	City: LONG BEACH	
	State: CA	
	Zip: 90807	
	Alt. address: 425 E. 31ST.	
	City: LONG BEACH	
	State: CA	

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Zip: 90807  
 Facility investor: "DISCOVERY PRACTICE MANAGEMENT, INC. "  
 Licensee type: D  
 License effective date: 980408  
 License expiration date: Not Reported  
 License issue date: 980408  
 Program type: LICENSEE PREFERS MALE & FEMALE AMBULATORY ONLY. AGES 11 THRU 17.  
 PER ATTACHED CONDITONS.  
 Original app. received date: 980129  
 Facility closed date: Not Reported  
 Mailing address: 4136 ANN ARBOR ROAD  
 Mailing city: LAKEWOOD  
 Mailing state: CA  
 Mailing zip: 90712  
 Contact person: "CORBIN, GREGORY "  
 Facility capacity: 6  
 Type of clients served: 950  
 Facility phone: 5629810700

JT1579  
 East  
 4-6 mi  
 31454  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: WESTMINSTER  
 Has plan of corr: 1  
 Compliance status: A  
 SSA county code: 400  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: 19950908  
 Medicare/Medicaid: 1  
 Facility name: MULLIKIN MEDICAL CENTER WESTMINSTER  
 Intermediary/Carrier: 02050  
 Medicaid number: Not Reported  
 Participation date: 19920901  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0580219  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Not Reported  
 state abbrev: CA  
 ssa state: 05  
 state region cd: M1  
 street address: 7632 21ST  
 Phone num: 7148931321  
 Termination reason: 12  
 Term Date: 19980416  
 Purpose of action: 2  
 Provider control: 04  
 Zip: 92683  
 Fips state: 06  
 Fips cnty: 059  
 SSA MSA: 033  
 SSA MSA size code: B

SRHO20070137364  
 AHA Hospitals

# MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070137364

JP1580  
 NE  
 4-6 mi  
 31462  
 Higher

Unitid:	113236
Instnm:	CYPRESS COLLEGE
Addr:	9200 VALLEY VIEW
City:	CYPRESS
Stabbr:	CA
Zip:	90630
Zip4:	5897
Unk:	Not Reported
Fips:	090630
Oberge:	8
Chfnm:	MARJORIE D LEWIS
Chftitle:	PRESIDENT
Gentele:	7144847000
Fintele:	7144847114
Admtele:	7144847346
Ein:	952394131
Duns:	72521404
Opeid:	119300
Opeflag:	1
Webaddr:	www.cypresscollege.edu
Sector:	4
Iclevel:	2
Control:	1
Hlofffer:	3
Ugoffer:	1
Groffer:	2
Fpoffer:	2
Hdegoffer:	40
Deggrant:	1
Hbcu:	2
Hospital:	2
Medical:	2
Tribal:	2
Carnegie:	40
Locale:	3
Openpubl:	1
Act:	A
Newid:	-2
Deathyr:	-2
Closedat:	-2
Cyactive:	1
Postsec:	1
Pseflag:	1
Pset4flg:	1
Rptmth:	1
Fte:	7914

SRCL20051000211  
 Colleges

## MAP FINDINGS

Map ID Direction Distance Distance (ft.) Elevation	Site	EDR ID Database
Enrtot: Edr id:	13299 SRCL20051000211	
1581 North 4-6 mi 31465 Higher	EDR ID: SRDCCA200719727 Facility number: 198008514 Facility name: RANDALL-WALKER FAMILY CHILD CARE Facility eval. code: 7110 Facility office number: 33 Facility county number: 19 Facility type code: 810 Facility status code: 03 Address: 5327 IROQUOIS STREET City: LAKEWOOD State: CA Zip: 90713 Alt. address: 5327 IROQUOIS STREET City: LAKEWOOD State: CA Zip: 90713 Facility investor: "RANDALL-WALKER, VALENCIA" Licensee type: A License effective date: 30123 License expiration date: Not Reported License issue date: 030123 Program type: "MAXIMUM CAPACITY: 12 CHILDREN, WITH NO MORE THAN 4 INFANTS, OR CAPACITY 14 CHILDREN WHEN 2 CHILDREN ARE AT LEAST 6 YEARS OF AGE WITH A MAXIMUM OF 3 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED" Original app. received date: 021119 Facility closed date: Not Reported Mailing address: 5327 IROQUOIS STREET Mailing city: LAKEWOOD Mailing state: CA Mailing zip: 90713 Contact person: RANDALL-WALKER VALENCIA Facility capacity: 14 Type of clients served: 960 Facility phone: 5629206308	SRDCCA200719727 Daycare
JT1582 East 4-6 mi 31469 Higher	Hospital type: 01 Num of times COO: 00 Owner date: Not Reported City: WESTMINSTER Has plan of corr: Not Reported Compliance status: Not Reported SSA county code: 400 Cross ref number: Not Reported FMS survey date: Not Reported Current survey date: Not Reported Medicare/Medicaid: Not Reported Facility name: TOAN QUOC TRAN MD Intermediary/Carrier: Not Reported Medicaid number: Not Reported	SRHO20070143495 AHA Hospitals

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Participation date: 19931022  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0878309  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: M1  
 street address: 7631 WYOMING STREET,#203  
 Phone num: 7143790199  
 Termination reason: 00  
 Term Date: 20080627  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 92683  
 Fips state: 06  
 Fips cnty: 059  
 SSA MSA: 033  
 SSA MSA size code: B  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070143495

JT1583

East  
 4-6 mi  
 31469  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: WESTMINSTER  
 Has plan of corr: 1  
 Compliance status: A  
 SSA county code: 400  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: 19991203  
 Medicare/Medicaid: 1  
 Facility name: RAYMOND J MAURER MD  
 Intermediary/Carrier: 02050  
 Medicaid number: Not Reported  
 Participation date: 19971027  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0935297  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: M1  
 street address: 7631 WYOMING STREET #203

SRHO20070148397  
 AHA Hospitals

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Phone num: 7148999932  
 Termination reason: 12  
 Term Date: 20011130  
 Purpose of action: 2  
 Provider control: 04  
 Zip: 92683  
 Fips state: 06  
 Fips cnty: 059  
 SSA MSA: 033  
 SSA MSA size code: B  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070148397

JT1584  
 East  
 4-6 mi  
 31469  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: WESTMINSTER  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 400  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: PRAKASH BONDADE MD  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19970313  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0926058  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 7631 WYOMING ST STE 103  
 Phone num: 7148957988  
 Termination reason: 08  
 Term Date: 20050312  
 Purpose of action: Not Reported  
 Provider control: 02  
 Zip: 92683  
 Fips state: 06  
 Fips cnty: 059  
 SSA MSA: 033  
 SSA MSA size code: B  
 Date accredited: Not Reported

SRHO20070147417  
 AHA Hospitals

# MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070147417

KI1585 WNW 4-6 mi 31478 Higher	EDR ID: SRDCCA200729171 Facility number: 198011077 Facility name: CUNNINGHAM FAMILY CHILD CARE Facility eval. code: 9130 Facility office number: 33 Facility county number: 19 Facility type code: 810 Facility status code: 03 Address: 3086 ELM AVENUE City: LONG BEACH State: CA Zip: 90807 Alt. address: 3086 ELM AVENUE City: LONG BEACH State: CA Zip: 90807 Facility investor: "CUNNINGHAM, THERESA" Licensee type: A License effective date: 41118 License expiration date: Not Reported License issue date: 041118 Program type: "MAX. CAP: 6 - NO MORE THAN 3 INFANTS OR 4 INFANTS ONLY. CAP 8 - NO MORE THAN 2 INFANTS, 1 CHILD IN KINDERGARTEN OR ELEMENTARY SCHOOL AND 1 CHILD AT LEAST AGE 6." Original app. received date: 040929 Facility closed date: Not Reported Mailing address: 3086 ELM AVENUE Mailing city: LONG BEACH Mailing state: CA Mailing zip: 90807 Contact person: "CUNNINGHAM, THERESA" Facility capacity: 8 Type of clients served: 960 Facility phone: 5624268711	SRDCCA200729171 Daycare
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1586 ESE 4-6 mi 31481 Higher	EDR ID: SRDCCA200723650 Facility number: 304300383 Facility name: "GOUD, PATRICIA" Facility eval. code: 3406 Facility office number: 06 Facility county number: 30 Facility type code: 810 Facility status code: 03 Address: 7262 SIENA AVENUE City: WESTMINSTER	SRDCCA200723650 Daycare
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## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

State: CA  
 Zip: 92683  
 Alt. address: 7262 SIENA AVENUE  
 City: WESTMINSTER  
 State: CA  
 Zip: 92683  
 Facility investor: "GOUD, PATRICIA"  
 Licensee type: A  
 License effective date: 40525  
 License expiration date: Not Reported  
 License issue date: 040525  
 Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4  
 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE  
 WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED  
 "  
 Original app. received date: 030805  
 Facility closed date: Not Reported  
 Mailing address: 7262 SIENA AVENUE  
 Mailing city: WESTMINSTER  
 Mailing state: CA  
 Mailing zip: 92683  
 Contact person: "GOUD, PATRICIA"  
 Facility capacity: 8  
 Type of clients served: 960  
 Facility phone: 7148910089

KE1587  
 WNW  
 4-6 mi  
 31486  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: LONG BEACH  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: TOURADJ FARADI MD  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19960723  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0917625  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: M1  
 street address: 2630 PACIFIC AVENUE  
 Phone num: 5624263399  
 Termination reason: 00  
 Term Date: 20080722

SRHO20070147348  
 AHA Hospitals

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Purpose of action:	Not Reported
Provider control:	04
Zip:	90806
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	Not Reported
Num beds:	0000
Num cert beds:	0000
Source:	US_HOSPITAL_POSCLIA
Edr id:	SRHO20070147348

KE1588

WNW  
 4-6 mi  
 31492  
 Higher

Hospital type:	01
Num of times COO:	00
Owner date:	Not Reported
City:	LONG BEACH
Has plan of corr:	1
Compliance status:	A
SSA county code:	200
Cross ref number:	Not Reported
FMS survey date:	Not Reported
Current survey date:	19990708
Medicare/Medicaid:	1
Facility name:	HOME HEALTH OF PACIFIC
Intermediary/Carrier:	52280
Medicaid number:	HHA57573F
Participation date:	19950714
Prior COO date:	Not Reported
Prior carrier:	00040
Provider ID:	557573
Record Status:	A
Region code:	09
Is Partial Record:	Not Reported
state abbrev:	CA
ssa state:	05
state region cd:	L4
street address:	2632 PACIFIC AVE
Phone num:	5625955920
Termination reason:	01
Term Date:	20000609
Purpose of action:	2
Provider control:	04
Zip:	90806
Fips state:	06
Fips cnty:	037
SSA MSA:	328
SSA MSA size code:	A
Date accredited:	Not Reported
Accred expire date:	Not Reported
Accred Org:	0
Num beds:	0000

SRHO20070108154  
 AHA Hospitals

## MAP FINDINGS

Map ID	Direction	Distance	Distance (ft.)	Elevation	Site	EDR ID Database
					Num cert beds: 0000 Source: US_HOSPITAL_POSOTHER Edr id: SRHO20070108154	
1589	SE	4-6 mi	31496	Higher	EDR ID: SRDCCA200714655 Facility number: 304205987 Facility name: "PENA, LUCIA" Facility eval. code: 3406 Facility office number: 06 Facility county number: 30 Facility type code: 810 Facility status code: 03 Address: 6571 BRAD DRIVE City: HUNTINGTON BEACH State: CA Zip: 92647 Alt. address: 6571 BRAD DRIVE City: HUNTINGTON BEACH State: CA Zip: 92647 Facility investor: "PENA, LUCIA" Licensee type: A License effective date: 20321 License expiration date: Not Reported License issue date: 020321 Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4 INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED"  Original app. received date: 010716 Facility closed date: Not Reported Mailing address: 6571 BRAD DRIVE Mailing city: HUNTINGTON BEACH Mailing state: CA Mailing zip: 92647 Contact person: "PENA, LUCIA" Facility capacity: 8 Type of clients served: 960 Facility phone: 7148426864	SRDCCA200714655 Daycare
1590	NNW	4-6 mi	31521	Higher	Hospital type: 01 Num of times COO: 00 Owner date: Not Reported City: LAKEWOOD Has plan of corr: Not Reported Compliance status: Not Reported SSA county code: 200 Cross ref number: Not Reported FMS survey date: Not Reported Current survey date: Not Reported Medicare/Medicaid: Not Reported Facility name: LAKEWOOD DIALYSIS CENTER	SRHO20070130936 AHA Hospitals

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 19930511  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D0553145  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 4645 SILVA STREET  
 Phone num: 2136337441  
 Termination reason: 00  
 Term Date: 20080831  
 Purpose of action: Not Reported  
 Provider control: 04  
 Zip: 90712  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0000  
 Num cert beds: 0000  
 Source: US\_HOSPITAL\_POSCLIA  
 Edr id: SRHO20070130936

KD1591  
 NE  
 4-6 mi  
 31540  
 Higher

EDR ID: SRDCCA200717848  
 Facility number: 304206786  
 Facility name: "SOLIMAN, SABAH"  
 Facility eval. code: 3404  
 Facility office number: 06  
 Facility county number: 30  
 Facility type code: 810  
 Facility status code: 03  
 Address: 6501 MT. WHITNEY DRIVE  
 City: BUENA PARK  
 State: CA  
 Zip: 90620  
 Alt. address: 6501 MT. WHITNEY DRIVE  
 City: BUENA PARK  
 State: CA  
 Zip: 90620  
 Facility investor: "SOLIMAN, SABAH"  
 Licensee type: A  
 License effective date: 21030  
 License expiration date: Not Reported  
 License issue date: 021030  
 Program type: "MAXIMUM CAPACITY: 6 CHILDREN WITH NO MORE THAN 3 INFANTS, OR 4

SRDCCA200717848  
 Daycare

INFANTSONLY, OR CAPACITY 8 CHILDREN WHEN 2 ARE AT LEAST 6 YEARS OF AGE  
 WITH AMAXIMUM OF 2 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED  
 "

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Original app. received date: 020724  
 Facility closed date: Not Reported  
 Mailing address: 6501 MT. WHITNEY DRIVE  
 Mailing city: BUENA PARK  
 Mailing state: CA  
 Mailing zip: 90620  
 Contact person: "SOLIMAN, SABAH"  
 Facility capacity: 8  
 Type of clients served: 960  
 Facility phone: 7148265450

KE1592 SRDCCA200747383  
 WNW EDR ID: SRDCCA200747383 Daycare

4-6 mi Facility number: 191600892  
 31540 Facility name: OAKWOOD CHILDREN'S CENTER  
 Higher Facility eval. code: 8160  
 Facility office number: 33  
 Facility county number: 19  
 Facility type code: 850  
 Facility status code: 03  
 Address: 2650 PACIFIC AVE  
 City: LONG BEACH  
 State: CA  
 Zip: 90806  
 Alt. address: 2650 PACIFIC AVE  
 City: LONG BEACH  
 State: CA  
 Zip: 90806  
 Facility investor: "CENTRA 2000, INC."  
 Licensee type: A  
 License effective date: 930411  
 License expiration date: Not Reported  
 License issue date: Not Reported  
 Program type: AMBULATORY-LICENSEE PREFERS TO SERVE AGES 2 THRU 6 YEARS  
 Original app. received date: 750806  
 Facility closed date: Not Reported  
 Mailing address: 4438 HEATHER RD  
 Mailing city: LONG BEACH  
 Mailing state: CA  
 Mailing zip: 90808  
 Contact person: "STINE, KATY"  
 Facility capacity: 100  
 Type of clients served: 950  
 Facility phone: 5624244994

KE1593 SRPR20051022891  
 WNW Pss school id: 00078918 Private Schools  
 4-6 mi Pss inst: OAKWOOD PRESCHOOL  
 31540 Lograde: PK  
 Higher Higrade: K  
 Pss address: 2650 PACIFIC AVE  
 Pss city: LONG BEACH  
 Pss county no: 037  
 Pss county fips: 06037

## MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Pss stabb:	CA
Pss fips:	06
Pss zip5:	90806
Pss phone:	5626345924
Pss sch days:	203
Pss stu day hrs:	2.75
Pss library:	Yes
Pss enroll ug:	Not Reported
Pss enroll pk:	94
Pss enroll k:	9
Pss enroll 1:	Not Reported
Pss enroll 2:	Not Reported
Pss enroll 3:	Not Reported
Pss enroll 4:	Not Reported
Pss enroll 5:	Not Reported
Pss enroll 6:	Not Reported
Pss enroll 7:	Not Reported
Pss enroll 8:	Not Reported
Pss enroll 9:	Not Reported
Pss enroll 10:	Not Reported
Pss enroll 11:	Not Reported
Pss enroll 12:	Not Reported
Pss enroll t:	103
Pss enroll tk12:	9
Pss race ai:	0
Pss race as:	2
Pss race h:	1
Pss race b:	6
Pss race w:	0
Pss fte teach:	2
Pss locale:	1
Pss coed:	1
Pss type:	7
Pss level:	1
Pss relig:	3
Pss comm type:	1
Pss indian pct:	0
Pss asian pct:	22.22
Pss hisp pct:	11.11
Pss black pct:	66.67
Pss white pct:	0
Pss stdtch rt:	4.5
Pss orient:	29
Pss county name:	LOS ANGELES
Pss assoc 1:	Other school association(s)
Pss assoc 2:	Not Reported
Pss assoc 3:	Not Reported
Pss assoc 4:	Not Reported
Pss assoc 5:	Not Reported
Pss assoc 6:	Not Reported
Pss assoc 7:	Not Reported
Source:	NCESDATA_E72D09B4
Edr id:	SRPR20051022891

## MAP FINDINGS

Map ID	Direction	Distance	Distance (ft.)	Elevation	Site	EDR ID	Database
KJ1594	NNW	4-6 mi	31573	Higher	EDR ID: SRDCCA200742963 Facility number: 191608844 Facility name: YMCA GLB - WEINGART-LAKEWOOD - GOMPERS SITE Facility eval. code: 6150 Facility office number: 33 Facility county number: 19 Facility type code: 840 Facility status code: 03 Address: 5206 BRIERCREST City: LAKEWOOD State: CA Zip: 90713 Alt. address: 5206 BRIERCREST City: LAKEWOOD State: CA Zip: 90713 Facility investor: YMCA OF GREATER LONG BEACH Licensee type: A License effective date: 930202 License expiration date: Not Reported License issue date: 930202 Program type: "SCHOOL AGE CHILDREN, AGES 4.5 THRU 12 YEARS OLD." Original app. received date: 921123 Facility closed date: Not Reported Mailing address: 5835 E. CARSON Mailing city: LAKEWOOD Mailing state: CA Mailing zip: 90713 Contact person: MAXINE CASEY Facility capacity: 56 Type of clients served: 950 Facility phone: 5629256493	SRDCCA200742963	Daycare
KK1596	North	4-6 mi	31573	Higher	Hospital type: 02 Num of times COO: 00 Owner date: Not Reported City: ARTESIA Has plan of corr: 1 Compliance status: A SSA county code: 200 Cross ref number: Not Reported FMS survey date: Not Reported Current survey date: 20060329 Medicare/Medicaid: 1 Facility name: CERRITOS HOME CARE Intermediary/Carrier: Not Reported Medicaid number: LTC80300F Participation date: 20010615 Prior COO date: Not Reported Prior carrier: Not Reported Provider ID: 55G382 Record Status: A	SRHO20070107530	AHA Hospitals

## MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Distance (ft.)  
 Elevation

Site

EDR ID  
 Database

Region code: 09  
 Is Partial Record: Not Reported  
 state abbrev: CA  
 ssa state: 05  
 state region cd: L4  
 street address: 11541 BINGHAM STREET  
 Phone num: 5628603057  
 Termination reason: 00  
 Term Date: Not Reported  
 Purpose of action: 2  
 Provider control: 07  
 Zip: 90703  
 Fips state: 06  
 Fips cnty: 037  
 SSA MSA: 328  
 SSA MSA size code: A  
 Date accredited: Not Reported  
 Accred expire date: Not Reported  
 Accred Org: Not Reported  
 Num beds: 0006  
 Num cert beds: 0006  
 Source: US\_HOSPITAL\_POSOTHER  
 Edr id: SRHO20070107530

KK1597  
 North  
 4-6 mi  
 31573  
 Higher

Hospital type: 01  
 Num of times COO: 00  
 Owner date: Not Reported  
 City: CERRITOS  
 Has plan of corr: Not Reported  
 Compliance status: Not Reported  
 SSA county code: 200  
 Cross ref number: Not Reported  
 FMS survey date: Not Reported  
 Current survey date: Not Reported  
 Medicare/Medicaid: Not Reported  
 Facility name: CERRITOS HOME CARE INC  
 Intermediary/Carrier: Not Reported  
 Medicaid number: Not Reported  
 Participation date: 20020722  
 Prior COO date: Not Reported  
 Prior carrier: Not Reported  
 Provider ID: 05D1001819  
 Record Status: A  
 Region code: 09  
 Is Partial Record: Y  
 state abbrev: CA  
 ssa state: 05  
 state region cd: LAB  
 street address: 11541 BINGHAM ST  
 Phone num: 5628603057  
 Termination reason: 08  
 Term Date: 20060721  
 Purpose of action: Not Reported  
 Provider control: 07

SRHO20070156352  
 AHA Hospitals

## MAP FINDINGS

Map ID	Direction	Distance	Distance (ft.)	Elevation	Site	EDR ID Database
					Zip: 90703 Fips state: 06 Fips cnty: 037 SSA MSA: 328 SSA MSA size code: A Date accredited: Not Reported Accred expire date: Not Reported Accred Org: Not Reported Num beds: 0000 Num cert beds: 0000 Source: US_HOSPITAL_POSCLIA Edr id: SRHO20070156352	
KJ1595	NNW	4-6 mi	31573	Higher	Ncesssch: 062250002717 Schname05: GOMPERS ELEMENTARY Mstreet05: 5206 BRIERCREST AVE. Mcity05: LAKEWOOD Mstate05: CA Mzip05: 90713 Mzip405: 1822 Member05: 630 Phone05: (562) 925-2285 Locale05: 3 Type05: 1 Level05: 1 Gslo05: KG Gshi05: 06 Edr id: SRPU20071014008	SRPU20071014008 Public Schools
KH1598	NNW	4-6 mi	31583	Higher	Ncesssch: 062250002754 Schname05: RILEY ELEMENTARY Mstreet05: 3319 SANDWOOD ST. Mcity05: LAKEWOOD Mstate05: CA Mzip05: 90712 Mzip405: 3423 Member05: 661 Phone05: (562) 420-9595 Locale05: 3 Type05: 1 Level05: 1 Gslo05: KG Gshi05: 05 Edr id: SRPU20071014044	SRPU20071014044 Public Schools
1599	NNE	4-6 mi	31592	Higher	EDR ID: SRDCCA200716618 Facility number: 304206235 Facility name: "ANTONY, HARSHI" Facility eval. code: 3401 Facility office number: 06	SRDCCA200716618 Daycare

# MAP FINDINGS

**Map ID**  
**Direction**  
**Distance**  
**Distance (ft.)**  
**Elevation**

**Site**

**EDR ID**  
**Database**

Facility county number: 30  
 Facility type code: 810  
 Facility status code: 03  
 Address: 5001 CARTAGENA  
 City: LA PALMA  
 State: CA  
 Zip: 90623  
 Alt. address: 5001 CARTAGENA CIRCLE  
 City: LA PALMA  
 State: CA  
 Zip: 90623  
 Facility investor: "HARSHI, ANTONY" "  
 Licensee type: A  
 License effective date: 20208  
 License expiration date: Not Reported  
 License issue date: 020208  
 Program type: "MAXIMUM CAPACITY: 12 CHILDREN, WITH NO MORE THAN 4 INFANTS, OR  
 CAPACITY 14 CHILDREN WHEN 2 CHILDREN ARE AT LEAST 6 YEARS OF AGE WITH A  
 MAXIMUM OF 3 INFANTS; PROPERTY OWNER/LANDLORD CONSENT IS REQUIRED "  
 Original app. received date: 010821  
 Facility closed date: Not Reported  
 Mailing address: 5001 CARTAGENA CIRCLE  
 Mailing city: LA PALMA  
 Mailing state: CA  
 Mailing zip: 90623  
 Contact person: "ANTONY, HARSHI" "  
 Facility capacity: 14  
 Type of clients served: 960  
 Facility phone: 7148282765

NA WSW 6-8 mi 37208 NA	Name: Feature: URL: Bureau: State: Is DOD?:	Long Beach Naval Station (Closed) Navy DOD Not Reported DOD CA Yes	CUSA143800 FED_LAND
------------------------------------	------------------------------------------------------------	-----------------------------------------------------------------------------------	------------------------

NA West 6-8 mi 40369 NA	Name: Feature: URL: Bureau: State: Is DOD?:	Long Beach Naval Station (Closed) Navy DOD Not Reported DOD CA Yes	CUSA143800 FED_LAND
-------------------------------------	------------------------------------------------------------	-----------------------------------------------------------------------------------	------------------------

# RECORDS SEARCHED/DATA CURRENCY TRACKING

## **Census**

Source: U.S. Census Bureau  
Telephone: 301-763-4636

2010 U.S. Census data was used to estimate residential population following these EPA guidelines:  
*"Census data are presented by Census tract. If your circle covers only a portion of the tract, you should develop an estimate for that portion...Determine the population density per square mile (total population of the Census tract divided by the number of square miles in the tract) and apply that density figure to the number of square miles within your circle."*

## **FED\_LAND: Federal Lands**

Source: USGS  
Telephone: 888-275-8747

Federal lands data. Includes data from several Federal land management agencies, including Fish and Wildlife Service, Bureau of Land Management, National Park Service, and Forest Service. Includes National Parks, Forests, Monuments; Wildlife Sanctuaries, Preserves, Refuges; Federal Wilderness Areas.

## **AHA Hospitals:**

Source: American Hospital Association, Inc.  
Telephone: 312-280-5991

The database includes a listing of hospitals based on the American Hospital Association's annual survey of hospitals.

## **Medical Centers: Provider of Services Listing**

Source: Centers for Medicare & Medicaid Services  
Telephone: 410-786-3000

A listing of hospitals with Medicare provider number, produced by Centers of Medicare & Medicaid Services, a federal agency within the U.S. Department of Health and Human Services.

## **Nursing Homes**

Source: National Institutes of Health  
Telephone: 301-594-6248

Information on Medicare and Medicaid certified nursing homes in the United States.

## **Public Schools**

Source: National Center for Education Statistics  
Telephone: 202-502-7300

The National Center for Education Statistics' primary database on elementary and secondary public education in the United States. It is a comprehensive, annual, national statistical database of all public elementary and secondary schools and school districts, which contains data that are comparable across all states.

## **Private Schools**

Source: National Center for Education Statistics  
Telephone: 202-502-7300

The National Center for Education Statistics' primary database on private school locations in the United States.

## **Colleges - Integrated Postsecondary Education Data**

Source: National Center for Education Statistics  
Telephone: 202-502-7300

The National Center for Education Statistics' primary database on integrated postsecondary education in the United States.

## **Arenas**

Source: Dunhill International

EDR indicates the location of buildings and facilities - arenas - where individuals who are public receptors are likely to be located.

## **Prisons: Bureau of Prisons Facilities**

Source: Federal Bureau of Prisons  
Telephone: 202-307-3198

List of facilities operated by the Federal Bureau of Prisons.

## **Daycare Centers: Licensed Facilities**

Source: Department of Social Services  
Telephone: 916-657-4041

## **STREET AND ADDRESS INFORMATION**

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**Appendix 5.9B**  
**Supplemental Sensitive Receptors within 6 Miles**

Although there are no proposed changes to this appendix from what was filed in October 2015, it has been included on the following pages for completeness.

Alamitos Energy Center  
Appendix 5.9B  
Supplemental Sensitive Receptors Within 6 Miles  
October 2015

Name	Type	Address	UTM Coordinates (m)	
			X	Y
Acres California	Senior Facility	20832 Nectar Ave, Lakewood, CA 90715	399388.33	3744986.1
Acres California	Senior Facility	2080 N. Bellflower Blvd, Long Beach, CA 90815	396006.28	3739875.3
Agape Christian Homes	Senior Facility	3748 Senasac Ave, Long Beach, CA 90808	396951.34	3743466.3
Allergy Asthma Respiratory Care Center	Hospital	5630 Cerritos Ave, Cypress, CA 90630	404327.35	3741510.7
Alton School	School	5400 Myra Ave, Cypress, CA 90630	403870.72	3741971
Ambassador Sea Breeze Manor	Senior Facility	3240 Pine Ave, Long Beach, CA 90807	389730.34	3742399.2
Back to Basics Learning Program	Daycare	4113 N Bellflower Blvd, Long Beach, CA 90808	395876.66	3743739.3
California State University, Long Beach	School	1250 Bellflower Blvd, Long Beach, CA 90840	369777.88	3738659
Charter College	School	100 W Broadway #3000, Long Beach, CA 90802	389524.58	3737171.4
Chez Bon Guest Home	Senior Facility	1206 Walnut Ave, Long Beach, CA 90813	391526.89	3738604.5
Circle Oasis Assisted Living	Senior Facility	4962 E Ferro St, Long Beach, CA 90815	394750.04	3740017.1
Clontarf Manor	Senior Facility	4201 E 10th St, Long Beach, CA 90804	394123.07	3738253.5
Colegio New City School	School	1673 Long Beach Blvd, Long Beach, CA 90813	389877.96	3739303.9
College for Appraisers	School	5573 Market Pl, Cypress, CA 90630	404212.98	3741411
Conservation Corps of Long Beach	School	340 Nieto Ave, Long Beach, CA 90814	395123.6	3737171.3
Country Villa (Seal Beach Health and Rehabilitation Center)	Senior Facility	3000 N Gate Rd, Seal Beach, CA 90740	400177.22	3737488.5
Crofton Manor Inn	Senior Facility	1950 E 5th St, Long Beach, CA 90802	391852.02	3737517.4
Cypress Pointe Senior Community	Senior Facility	5120 Lincoln Ave, Cypress, CA 90630	403404.46	3743937.9
Cypress School District	School	9470 Moody St, Cypress, CA 90630	403271.83	3743197.4
DeVry University Long Beach, California	School	3880 Kilroy Airport Way, Long Beach, CA 90806	393971	3741573.8
Embry-Riddle Aeronautical University	School	5001 Airport Plaza Dr Suite 150, Long Beach, CA 90815	395005.8	3741504.8
Emeritus at Valley View	Senior Facility	5900 Chapman Ave, Garden Grove, CA 92845	404657.89	3739139.5
European Loving Care II	Senior Facility	17101 Malta Cir, Huntington Beach, CA 92649	402684.53	3730945.8
Everlasting Home Care	Senior Facility	5413 E Brockwood St, Long Beach, CA 90808	395719.29	3743687.5
Gentle Manor	Senior Facility	4193 Teresa Ave, Cypress, CA 90630	401899.79	3743687.1
Grace Lutheran School	School	5172 W. McFadden Ave, Huntington Beach, CA 92649	403804.1	3733384
Griswold Home Care	Senior Facility	16835 Algonquin St, Huntington Beach, CA 92649	402607.52	3731297.2
Heritage Boarding Care	Senior Facility	2330 E 15th St, Long Beach, CA 90804	392242.48	3739030.2
Growing Tree Pre-School	School	223 Seal Beach Blvd, Seal Beach, CA 90740	398333	3733710
Hacienda Grande Assisted	Senior Facility	1740 Grand Ave, Long Beach, CA 90804	393760.17	3739311.7
Harrison's Board & Care Hms	Senior Facility	2932 Channing Way, Los Alamos, CA 90720	399786.03	3739696.5
Hawaiian Gardens Medical Center	Hospital	21505 Norwalk Blvd, Hawaiian Gardens, CA 90716	400782.02	3744270
Health Net	Hospital	2525 Cherry Ave #225, Signal Hill, CA 90755	391769.86	3740933.4
Hebrew Academy High School	School	14401 Willow Lane, Huntington Beach, CA 92647	405583.22	3735229.6
Heritage Board & Care	Senior Facility	1509 E 4th St, Long Beach, CA 90802	391399.81	3737490.3
Huntington Beach Union High School District	School	5832 Bolsa Ave, Huntington Beach, CA 92649	404869.39	3734238.1
Huntington Harbour Medical Center	Hospital	16843 Algonquin St, Huntington Beach, CA 92649	402702.92	3731248.1
Jessie Elwin Nelson Academy	School	1951 Cherry Ave, Signal Hill, CA 90755	391796.11	3739815
John Marshall Middle School	School	5871 E Wardlow Rd, Long Beach, CA 90808	396636.59	3742630.8
Joy's Open Arms	Senior Facility	6942 Dresden Cir, Huntington Beach, CA 92647	406664.82	3733771.1
Kadence Healthcare Inc	Hospital	10840 Walker St, Cypress, CA 90630	404078.21	3741148
Lafayette Elementary School	School	2445 Chestnut Ave, Long Beach, CA 90806	389273.17	3740806.9
Lakewood Village Community Church Nursery School	School	4919 E Centralia St, Long Beach, CA 90808	394916.75	3744978
Little Eagles Soaring 4 Excellence Preschool/Childcare	School	753 Atlantic Ave, Long Beach, CA 90813	390246.2	3737987.9
Long Beach City College	School	4901 Carson St, Long Beach, CA 90808	394932.81	3744179.3
Long Beach Community Improvement League	Daycare	2399 S. California Ave, Signal Hill, CA 90755	390682.07	3740666.3
Long Beach Mental Health	Hospital	1975 Long Beach Blvd, Long Beach, CA 90806	389844.65	3739858.7
Long Beach Pain Center and Medical	Hospital	2776 Pacific Ave, Long Beach, CA 90806	389579.86	3741415.9
Long Beach Senior Citizen Center	Senior Facility	1150 E 4th St, Long Beach, CA 90802	391023.75	3737441.2
Los Alamitos Medical Center	Hospital	3951 Katella Ave, Los Alamitos, CA 90720	401488.18	3740878.1
Maple Village School	School	4017 6th St, Long Beach, CA 90814	393929.04	3737659
Marley's Preschool	School	16771 Pacific Coast Highway, Sunset Beach, CA 90742	400724.32	3731477.7
Meadowlark Gardens	Senior Facility	5912 Midiron Cir, Huntington Beach, CA 92649	404982.32	3731650.3
Memorial Counseling Associates	Hospital	4525 A. Atherton St, Long Beach, CA 90815	394459.13	3739487
Mental Health America	Hospital	456 Elm Ave, Long Beach, CA 90802	390049.73	3737586.2
Monroe K-8 School	School	4400 Lagoda Va, Lakewood, CA 90713	398019.48	3744572.7
Sara's Montessori At Home Daycare	Daycare	4952 Maui Circle, Huntington Beach, CA 92649	403453.48	3732274.6
Montessori Children's House	Daycare	5454 E Atherton St, Long Beach, CA 90815	395785.06	3739178.8
Ms Gee's Family Home Daycare	Daycare	364 Freeman Ave, Long Beach, CA 90814	393016.36	3737302.5
Myra Guest Home	Senior Facility	5432 Myra Ave, Cypress, CA 90630	403923.95	3742096.2
New Bridge College	School	3799 Nurnett St, Long Beach, CA 90815	393667.69	3740773.5
Night & Day Child Care	Daycare	3011 E 7th St, Long Beach, CA 90804	392920.46	3737870
Northstar Learning Center	Daycare	8123 E Wardlow Rd, Long Beach, CA 90808	400864.96	3742454.2
Olive Tree Home	Senior Facility	1035 Olive Ave, Long Beach, CA 90813	390452.74	3738355.9
Opportunities for Learning	School	2501 Long Beach Blvd, Long Beach, CA 90806	389875.41	3740910.9
Opportunity Program	School	6444 E Spring St #168, Long Beach, CA 90815	397532.6	3741686.1
Options for Youth Charter School	School	3850 E Anaheim St, Long Beach, CA 90804	393799.69	3738616.1
Paal Academy	School	1545 Long Beach Blvd, Long Beach, CA 90813	389824.95	3739134.6
Pacific Coast University School of Law	School	1650 Ximeno Ave #310, Long Beach, CA 90815	394416.69	3739041.1
Pacific Coast Urology	Hospital	3801 Katella Ave #110, Los Alamitos, CA 90720	401349.03	3740867.9
Plasticare	Hospital	920 E Wardlow Rd, Long Beach, CA 90807	390705.42	3742684.3
PFCC Partners	Senior Facility	5199 E Pacific Coast Hwy, Suite 306, S Ocean Way, Long Beach, CA 90804	389333.92	3736967.5
Rainbow In A Cloud Child Development Center	Daycare	1800 E Anaheim St, Long Beach, CA 90813	391705.02	3738608
Robert Vallier Bellagio Manor Cerritos Manor	Senior Facility	1046 E 4th St, Long Beach, CA 90802	390853.74	3737426.6
Rosie the Riveter Charter High School	School	690 N. Studebaker Rd, Long Beach, CA 90803	397913	3737192
Royal Care Skilled Nursing	Senior Facility	2725 Pacific Ave, Long Beach, CA 90806	389478.16	3741351.8
Ruby's Guest Home	Senior Facility	2125 E 4th St, Long Beach, CA 90814	392027.29	3737486.7
Scandia Guest Lodge	Senior Facility	1248 E 10th St, Long Beach, CA 90813	391183.72	3738236
Sea and Sun Child Care	Daycare	1330 Bennett Ave, Long Beach, CA 90804	394211.53	3738730.5
Serene Center Long Beach	Senior Facility	1215 E 4th St #102, Long Beach, CA 90802	391117.96	3737482.6
Serra Ancillary Care Corp	Senior Facility	638 E Sunrise Blvd, Long Beach, CA 90806	390378.06	3740887.3
Signal Hill Elementary School	School	2285 Walnut Ave, Signal Hill, CA 90755	391411.46	3740402
Sonshine Preschool	School	12229 Del Amo Blvd, Cerritos, CA 90703	400932.04	3745654.3
Southern California Plastic Surgery Group	Hospital	2360 Long Beach Blvd, Long Beach, CA 90806	389935.99	3740626.5
St. Bonaventure School	School	16390 Springdale St, Huntington Beach, CA 92647	405121	3732104.4
St. Joseph Elementary School	School	6200 E. Wilow St, Long Beach, CA 90815	397252.07	3740836.5
Sunrise Senior Living	Senior Facility	3850 Lampson Ave, Seal Beach, CA 90740	400832.09	3737723.3
Sweetest Homes 4 Seniors	Senior Facility	2812 Tigertail Dr, Los Alamitos, CA 90720	399552.17	3737879.4
Sweetest Homes 4 Seniors	Senior Facility	5591 Westminster Blvd, Westminster, CA 92683	404415.82	3735965.3
Sweetest Homes 4 Seniors	Senior Facility	5621 Edita Ave, Westminster, CA 92683	404472.23	3736108.5
Tarzana Treatment Centers, Inc.	Hospital	2101 Magnolia Ave, Long Beach, CA 90806	389074.34	3740134.1
Tetzlaff Middle School	School	12351 Del Amo Blvd, Cerritos, CA 90703	401102.97	3745706.6
Trident University	School	5757 Plaza Dr #100, Cypress, CA 90630	404470.07	3741075.9
Un Mundo De Amigos Preschool	School	1480 Long Beach Blvd, Long Beach, CA 90813	389913.72	3738978.9
Valley View Gardens	Senior Facility	11848 Valley View St, Garden Grove, CA 92845	404865.4	3739368
Villa Redondo	Senior Facility	237 Redondo Avenue, Long Beach, CA 90803	393244.33	3736753.5
Westminster Terrace	Senior Facility	7571 Westminster Blvd, Westminster, CA 92683	407593.08	3735939.9
Beachside College	School	4825 E. Pacific Coast Hwy, Long Beach, CA 90815	394887	3739034
Orange County Headstart	School	13841 Milton Ave, Westminster, CA 92683	405382	3736081
Memorial Care Medical Group	Hospital	450 E. Spring St #1, Long Beach, CA 90806	390104	3741659
LePort Schools Huntington Harbor	School	16081 Waikiki Ln, Huntington Beach, CA 92649	403249	3732514
Little Sunshine House Child	Daycare	1814 E 7th St, Long Beach, CA 90813	391717	3737828
Grand Avenue Healthcare & Wellness Centre	Hospital	1730 Grand Ave, Long Beach, CA 90804	393762	3739263
Zinsmeyer Academy	School	4223 E Anaheim St, Long Beach, CA 90804	394158.51	3738654.8

## APPENDIX 5.9C

# Construction Health Risk Assessment Information

Tables presented in this Appendix are as follows:

Table 5.9C.1	Construction HRA Stack Parameters
Table 5.9C.2	Construction HRA Emission Rates
Table 5.9C.3	Cancer Impacts due to Diesel Particulate Matter
Table 5.9C.4	Chronic Impacts due to Diesel Particulate Matter
Table 5.9C.5	Residential Constants for Cancer Risk
Table 5.9C.6	Worker Constants for Cancer Risk

Figures presented in this Appendix are as follows:

Figure 5.9C-1	Census and Sensitive Receptor Grid for AEC HRA Modeling
Figure 5.9C-2	AERMOD Construction HRA Setup

**Alamitos Energy Center**

**Table 5.9C.1**

**Construction HRA Stack Parameters**

**April 2016**

**Point Sources**

Source ID	Stack Release Type (Beta)	Easting (X) (m)	Northing (Y) (m)	Base Elevation (m)	Stack Height (m)	Temperature (K)	Exit Velocity (m/s)	Stack Diameter (m)
7FA01	Horizontal	398050	3736725	4.57	4.60	533	18.0	0.127
7FA02	Horizontal	398075	3736725	4.57	4.60	533	18.0	0.127
7FA03	Horizontal	398100	3736725	4.57	4.60	533	18.0	0.127
7FA04	Horizontal	398125	3736725	4.57	4.60	533	18.0	0.127
7FA05	Horizontal	398150	3736725	4.57	4.60	533	18.0	0.127
7FA06	Horizontal	398175	3736725	4.57	4.60	533	18.0	0.127
7FA07	Horizontal	398050	3736750	4.57	4.60	533	18.0	0.127
7FA08	Horizontal	398075	3736750	4.57	4.60	533	18.0	0.127
7FA09	Horizontal	398100	3736750	4.57	4.60	533	18.0	0.127
7FA10	Horizontal	398125	3736750	4.57	4.60	533	18.0	0.127
7FA11	Horizontal	398150	3736750	4.57	4.60	533	18.0	0.127
7FA12	Horizontal	398175	3736750	4.57	4.60	533	18.0	0.127
7FA13	Horizontal	398050	3736775	4.57	4.60	533	18.0	0.127
7FA14	Horizontal	398075	3736775	4.57	4.60	533	18.0	0.127
7FA15	Horizontal	398100	3736775	4.57	4.60	533	18.0	0.127
7FA16	Horizontal	398125	3736775	4.57	4.60	533	18.0	0.127
7FA17	Horizontal	398150	3736775	4.57	4.60	533	18.0	0.127
7FA18	Horizontal	398175	3736775	4.57	4.60	533	18.0	0.127
7FA19	Horizontal	398050	3736800	4.57	4.60	533	18.0	0.127
7FA20	Horizontal	398075	3736800	4.57	4.60	533	18.0	0.127
7FA21	Horizontal	398100	3736800	4.57	4.60	533	18.0	0.127
7FA22	Horizontal	398125	3736800	4.57	4.60	533	18.0	0.127
7FA23	Horizontal	398150	3736800	4.57	4.60	533	18.0	0.127
7FA24	Horizontal	398175	3736800	4.57	4.60	533	18.0	0.127
7FA25	Horizontal	398050	3736825	4.57	4.60	533	18.0	0.127
7FA26	Horizontal	398075	3736825	4.57	4.60	533	18.0	0.127
7FA27	Horizontal	398100	3736825	4.57	4.60	533	18.0	0.127
7FA28	Horizontal	398125	3736825	4.57	4.60	533	18.0	0.127
7FA29	Horizontal	398150	3736825	4.57	4.60	533	18.0	0.127
7FA30	Horizontal	398175	3736825	4.57	4.60	533	18.0	0.127
7FA31	Horizontal	398050	3736850	4.57	4.60	533	18.0	0.127
7FA32	Horizontal	398075	3736850	4.57	4.60	533	18.0	0.127
7FA33	Horizontal	398100	3736850	4.57	4.60	533	18.0	0.127
7FA34	Horizontal	398125	3736850	4.57	4.60	533	18.0	0.127
7FA35	Horizontal	398150	3736850	4.57	4.60	533	18.0	0.127
7FA36	Horizontal	398175	3736850	4.57	4.60	533	18.0	0.127
7FA37	Horizontal	398050	3736875	4.57	4.60	533	18.0	0.127
7FA38	Horizontal	398075	3736875	4.57	4.60	533	18.0	0.127
7FA39	Horizontal	398100	3736875	4.57	4.60	533	18.0	0.127
7FA40	Horizontal	398125	3736875	4.57	4.60	533	18.0	0.127
7FA41	Horizontal	398150	3736875	4.57	4.60	533	18.0	0.127
7FA42	Horizontal	398175	3736875	4.57	4.60	533	18.0	0.127

**Alamitos Energy Center**

**Table 5.9C.1**

**Construction HRA Stack Parameters**

**April 2016**

**Point Sources**

Source ID	Stack Release Type (Beta)	Easting (X) (m)	Northing (Y) (m)	Base Elevation (m)	Stack Height (m)	Temperature (K)	Exit Velocity (m/s)	Stack Diameter (m)
7FA43	Horizontal	398050	3736900	4.57	4.60	533	18.0	0.127
7FA44	Horizontal	398075	3736900	4.57	4.60	533	18.0	0.127
7FA45	Horizontal	398100	3736900	4.57	4.60	533	18.0	0.127
7FA46	Horizontal	398125	3736900	4.57	4.60	533	18.0	0.127
7FA47	Horizontal	398150	3736900	4.57	4.60	533	18.0	0.127
7FA48	Horizontal	398175	3736900	4.57	4.60	533	18.0	0.127
7FA49	Horizontal	398050	3736925	4.57	4.60	533	18.0	0.127
7FA50	Horizontal	398075	3736925	4.57	4.60	533	18.0	0.127
7FA51	Horizontal	398100	3736925	4.57	4.60	533	18.0	0.127
7FA52	Horizontal	398125	3736925	4.57	4.60	533	18.0	0.127
7FA53	Horizontal	398150	3736925	4.57	4.60	533	18.0	0.127
7FA54	Horizontal	398175	3736925	4.57	4.60	533	18.0	0.127
7FA55	Horizontal	398050	3736950	4.57	4.60	533	18.0	0.127
7FA56	Horizontal	398075	3736950	4.57	4.60	533	18.0	0.127
7FA57	Horizontal	398100	3736950	4.57	4.60	533	18.0	0.127
7FA58	Horizontal	398125	3736950	4.57	4.60	533	18.0	0.127
7FA59	Horizontal	398150	3736950	4.57	4.60	533	18.0	0.127
7FA60	Horizontal	398175	3736950	4.57	4.60	533	18.0	0.127
LMS01	Horizontal	398200	3736850	4.57	4.60	533	18.0	0.127
LMS02	Horizontal	398225	3736850	4.57	4.60	533	18.0	0.127
LMS03	Horizontal	398250	3736850	4.57	4.60	533	18.0	0.127
LMS04	Horizontal	398275	3736850	4.57	4.60	533	18.0	0.127
LMS05	Horizontal	398200	3736875	4.57	4.60	533	18.0	0.127
LMS06	Horizontal	398225	3736875	4.57	4.60	533	18.0	0.127
LMS07	Horizontal	398250	3736875	4.57	4.60	533	18.0	0.127
LMS08	Horizontal	398275	3736875	4.57	4.60	533	18.0	0.127
LMS09	Horizontal	398200	3736900	4.57	4.60	533	18.0	0.127
LMS10	Horizontal	398225	3736900	4.57	4.60	533	18.0	0.127
LMS11	Horizontal	398250	3736900	4.57	4.60	533	18.0	0.127
LMS12	Horizontal	398275	3736900	4.57	4.60	533	18.0	0.127
LMS13	Horizontal	398200	3736925	4.57	4.60	533	18.0	0.127
LMS14	Horizontal	398225	3736925	4.57	4.60	533	18.0	0.127
LMS15	Horizontal	398250	3736925	4.57	4.60	533	18.0	0.127
LMS16	Horizontal	398275	3736925	4.57	4.60	533	18.0	0.127
LMS17	Horizontal	398200	3736950	4.57	4.60	533	18.0	0.127
LMS18	Horizontal	398225	3736950	4.57	4.60	533	18.0	0.127
LMS19	Horizontal	398250	3736950	4.57	4.60	533	18.0	0.127
LMS20	Horizontal	398275	3736950	4.57	4.60	533	18.0	0.127
LMS21	Horizontal	398200	3736975	4.57	4.60	533	18.0	0.127
LMS22	Horizontal	398225	3736975	4.57	4.60	533	18.0	0.127

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**Table 5.9C.1**

**Construction HRA Stack Parameters**

**April 2016**

**Point Sources**

Source ID	Stack Release Type (Beta)	Easting (X) (m)	Northing (Y) (m)	Base Elevation (m)	Stack Height (m)	Temperature (K)	Exit Velocity (m/s)	Stack Diameter (m)
LMS23	Horizontal	398250	3736975	4.57	4.60	533	18.0	0.127
LMS24	Horizontal	398275	3736975	4.57	4.60	533	18.0	0.127
LMS25	Horizontal	398200	3737000	4.57	4.60	533	18.0	0.127
LMS26	Horizontal	398225	3737000	4.57	4.60	533	18.0	0.127
LMS27	Horizontal	398250	3737000	4.57	4.60	533	18.0	0.127
LMS28	Horizontal	398275	3737000	4.57	4.60	533	18.0	0.127
LMS29	Horizontal	398200	3737025	4.57	4.60	533	18.0	0.127
LMS30	Horizontal	398225	3737025	4.57	4.60	533	18.0	0.127
LMS31	Horizontal	398250	3737025	4.57	4.60	533	18.0	0.127
LMS32	Horizontal	398275	3737025	4.57	4.60	533	18.0	0.127
LMS33	Horizontal	398200	3737050	4.57	4.60	533	18.0	0.127
LMS34	Horizontal	398225	3737050	4.57	4.60	533	18.0	0.127
LMS35	Horizontal	398250	3737050	4.57	4.60	533	18.0	0.127
LMS36	Horizontal	398275	3737050	4.57	4.60	533	18.0	0.127
LMS37	Horizontal	398200	3737075	4.57	4.60	533	18.0	0.127
LMS38	Horizontal	398225	3737075	4.57	4.60	533	18.0	0.127
LMS39	Horizontal	398250	3737075	4.57	4.60	533	18.0	0.127
LMS40	Horizontal	398275	3737075	4.57	4.60	533	18.0	0.127
LMS41	Horizontal	398200	3737100	4.57	4.60	533	18.0	0.127
LMS42	Horizontal	398225	3737100	4.57	4.60	533	18.0	0.127
LMS43	Horizontal	398250	3737100	4.57	4.60	533	18.0	0.127
LMS44	Horizontal	398275	3737100	4.57	4.60	533	18.0	0.127
LMS45	Horizontal	398200	3737125	4.57	4.60	533	18.0	0.127
LMS46	Horizontal	398225	3737125	4.57	4.60	533	18.0	0.127
LMS47	Horizontal	398250	3737125	4.57	4.60	533	18.0	0.127
LMS48	Horizontal	398275	3737125	4.57	4.60	533	18.0	0.127
LMS49	Horizontal	398200	3737150	4.57	4.60	533	18.0	0.127
LMS50	Horizontal	398225	3737150	4.57	4.60	533	18.0	0.127
LMS51	Horizontal	398250	3737150	4.57	4.60	533	18.0	0.127
LMS52	Horizontal	398275	3737150	4.57	4.60	533	18.0	0.127
LMS53	Horizontal	398200	3737175	4.57	4.60	533	18.0	0.127
LMS54	Horizontal	398225	3737175	4.57	4.60	533	18.0	0.127
LMS55	Horizontal	398250	3737175	4.57	4.60	533	18.0	0.127
LMS56	Horizontal	398275	3737175	4.57	4.60	533	18.0	0.127
LMS57	Horizontal	398200	3736825	4.57	4.60	533	18.0	0.127
LMS58	Horizontal	398225	3736825	4.57	4.60	533	18.0	0.127
LMS59	Horizontal	398200	3736800	4.57	4.60	533	18.0	0.127
LMS60	Horizontal	398225	3736800	4.57	4.60	533	18.0	0.127
LMS61	Horizontal	398200	3736775	4.57	4.60	533	18.0	0.127
LMS62	Horizontal	398225	3736775	4.57	4.60	533	18.0	0.127
LMS63	Horizontal	398200	3736750	4.57	4.60	533	18.0	0.127
LMS64	Horizontal	398225	3736750	4.57	4.60	533	18.0	0.127
LMS65	Horizontal	398200	3736725	4.57	4.60	533	18.0	0.127
LMS66	Horizontal	398225	3736725	4.57	4.60	533	18.0	0.127

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**Table 5.9C.2**

**Construction HRA Emission Rates**

**April 2016**

**Emission Rates for Construction HRA Modeling**

Source Group ID <sup>a</sup>	Diesel Particulate Matter	
	(g/s)	(lb/yr) <sup>b</sup>
7FA	3.58E-04	24.9
LMS	1.76E-04	12.3

<sup>a</sup> The emission rate for each source group is the total for all sources in that group.

<sup>b</sup> Emission rates are the total emissions for construction divided by 56 months (4.67 years).

Revised to account for Unit 7 demolition activities



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**Table 5.9C.4**

**Chronic Impacts due to Diesel Particulate Matter**

*Construction Health Risk Assessment*

**April 2016**

**Construction HRA per the 2015 OEHHA Guidance**

*Calculation Procedure for Chronic Hazard Index*

<b>Receptor Type</b>	<b>Pollutant</b>	<b>Maximum Annual Modeled Concentration (<math>\mu\text{g}/\text{m}^3</math>)</b>	<b>REL (<math>\mu\text{g}/\text{m}^3</math>)</b>	<b>Chronic Hazard Index</b>
PMI	Diesel PM	0.01306	5	0.0026
MEIR	Diesel PM	0.00237	5	0.00047
Sensitive	Diesel PM	0.00318	5	0.00064
MEIW	Diesel PM	0.01306	5	0.0026

Revised to account for Diesel PM emissions from Unit 7 demolition activities

**Dose Constants**

Year	0 (3rd tri)	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
BR/BW	361	1090	1090	861	861	861	861	861	861	745	745	745	745	745	745	745	335	335	335	335	335	335	335	335	335	335	335	335	335	335	335
A	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
EF	0.96	0.96	0.96	0.96	0.96	0.96	0.96	0.96	0.96	0.96	0.96	0.96	0.96	0.96	0.96	0.96	0.96	0.96	0.96	0.96	0.96	0.96	0.96	0.96	0.96	0.96	0.96	0.96	0.96	0.96	0.96
Conversion	0.000001	0.000001	0.000001	0.000001	0.000001	0.000001	0.000001	0.000001	0.000001	0.000001	0.000001	0.000001	0.000001	0.000001	0.000001	0.000001	0.000001	0.000001	0.000001	0.000001	0.000001	0.000001	0.000001	0.000001	0.000001	0.000001	0.000001	0.000001	0.000001	0.000001	0.000001

**Risk Constants**

Year	0 (3rd tri)	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
CPF (Diesel PM)	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1
ASF	10	10	10	3	3	3	3	3	3	3	3	3	3	3	3	3	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
ED	0.25	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
AT	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70
FAH	0.85	0.85	0.85	0.72	0.72	0.72	0.72	0.72	0.72	0.72	0.72	0.72	0.72	0.72	0.72	0.72	0.73	0.73	0.73	0.73	0.73	0.73	0.73	0.73	0.73	0.73	0.73	0.73	0.73	0.73	0.73

**A. Equation 5.4.1.1:**  $\text{Dose-air} = C_{\text{air}} \times \{\text{BR/BW}\} \times A \times EF \times 10^{-6}$

1. Dose-air = Dose through inhalation (mg/kg/d)
2.  $C_{\text{air}}$  = Concentration in air ( $\mu\text{g}/\text{m}^3$ )
3.  $\{\text{BR/BW}\}$  = Daily Breathing rate normalized to body weight (L/kg body weight - day)
4. A = Inhalation absorption factor (unitless)
5. EF = Exposure frequency (unitless), days/365 days
6.  $10^{-6}$  = Micrograms to milligrams conversion, liters to cubic meters conversion

**a: Recommended default values for EQ 5.4.1.1:**

1.  $\{\text{BR/BW}\}$  = Daily breathing rates by age groupings, see As supplemental information, the assessor may wish to evaluate the inhalation dose by using the mean point estimates in Table 5.6 to provide a range of breathing rates for cancer risk assessment to the risk manager.
2. Table (point estimates) and Table 5.7 (parametric model distributions for Tier III stochastic risk assessment). For Tier 1 residential estimates, use 95<sup>th</sup> percentile breathing rates in Table 5.6.
3. A = 1
4. EF = 0.96 (350 days/365 days in a year for a resident)

**A. Equation 8.2.4 A:**  $\text{RISK}_{\text{inh-res}} = \text{DOSE}_{\text{air}} \times \text{CPF} \times \text{ASF} \times \text{ED}/\text{AT} \times \text{FAH}$

7.  $\text{RISK}_{\text{inh-res}}$  = Residential inhalation cancer risk
8.  $\text{DOSE}_{\text{air}}$  = Daily inhalation dose (mg/kg-day)
9. CPF = Inhalation cancer potency factor ( $\text{mg}/\text{kg}\text{-day}^{-1}$ )
10. ASF = Age sensitivity factor for a specified age group (unitless)
11. ED = Exposure duration (in years) for a specified age group
12. AT = Averaging time for lifetime cancer risk (years)
13. FAH = Fraction of time spent at home (unitless)

**a: Recommended default values for EQ 8.2.4 A:**

5.  $\text{DOSE}_{\text{air}}$  = Calculated for each age group from Eq. 5.4.1
6. CPF = Substance-specific (see Table 7.1)
7. ASF = See Section 8.2.1
8. ED = 0.25 years for 3<sup>rd</sup> trimester, 2 years for 0<2, 7 years for 2<9, 14 years for 2<16, 14 years for 16<30, 54 years for 16-70
9. AT = 70 years\*
10. FAH = See Table 8.4

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Table 5.9C.6

Worker Constants for Cancer Risk

Construction Health Risk Assessment

April 2016

Dose Constants

Year	16	17	18	19	20	21	22	23	24	25
WAF	1	1	1	1	1	1	1	1	1	1
BR/BW	230	230	230	230	230	230	230	230	230	230
A	1	1	1	1	1	1	1	1	1	1
EF	0.68	0.68	0.68	0.68	0.68	0.68	0.68	0.68	0.68	0.68
Conversion	0.000001	0.000001	0.000001	0.000001	0.000001	0.000001	0.000001	0.000001	0.000001	0.000001

Risk Constants

Year	16	17	18	19	20	21	22	23	24	25
CPF (Diesel PM)	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.1
ASF	1	1	1	1	1	1	1	1	1	1
ED	1	1	1	1	1	1	1	1	1	1
AT	70	70	70	70	70	70	70	70	70	70

**A. Equation 5.4.1.2 A:**  $\text{Dose-air} = (C_{\text{air}} \times \text{WAF}) \times \{\text{BR/BW}\} \times A \times \text{EF} \times 10^{-6}$

1. Dose-air = Dose through inhalation (mg/kg/d)
2.  $C_{\text{air}}$  = Annual average concentration in air ( $\mu\text{g}/\text{m}^3$ )
3. WAF = Worker air concentration adjustment factor (unitless)
4.  $\{\text{BR/BW}\}$  = Eight-hour breathing rate normalized to body weight (L/kg body weight - day)
5. A = Inhalation absorption factor (unitless)
6. EF = Exposure frequency (unitless), days/365 days)
7.  $10^{-6}$  = Micrograms to milligrams conversion, Liters to cubic meters conversion

**a: Recommended default values for EQ 5.4.1.2 A:**

1. WAF = See EQ. 5.4.1.2 B for formula to calculate WAF, or App. M for refined post-processing modeling to calculate WAF.
2.  $\{\text{BR/BW}\}$  = For workers, use age16-70 year, 95<sup>th</sup> percentile, moderate intensity 8-hour point estimate breathing rates (see Table 5.8). No worker breathing rate distributions exist for stochastic risk assessment.
3. A = 1
4. EF = 0.68 (250 days / 365 days). Equivalent to working 5 days/week, 50 weeks/year.

**b: Assumption for EQ 5.4.1.2 A:**

1. The fraction of chemical absorbed (A) through the lungs is the same fraction absorbed in the study on which the cancer potency factor is based.
2. The source emits during the daylight hours. Calculate WAF (EQ 5.4.1.2 B) if a special post-processing modeling run described in App. M was not completed. For nighttime emissions and exposure scenarios, see Appendix N.

**B. Equation 5.4.1.2 B:**

$$\text{WAF} = (H_{\text{res}} / H_{\text{source}}) \times (D_{\text{res}} / D_{\text{source}}) \times \text{DF}$$

1. WAF = Worker adjustment factor (unitless)
2.  $H_{\text{res}}$  = Number of hours per day the annual average residential air concentration is based on (always 24 hours)
3.  $H_{\text{source}}$  = Number of hours the source operates per day
4.  $D_{\text{res}}$  = Number of days per week the annual average residential air concentration is based on (always 7 days)
5.  $D_{\text{source}}$  = Number of days the emitting source operates per week
6. DF = Discount factor, for when the offsite worker's schedule partially overlaps the source's emission schedule

**b: Recommended default values for EQ 5.4.1.2 B:**

1. DF = 1 for offsite worker's schedule occurring within the source's emission schedule. A site-specific survey may be used to adjust the DF using EQ 5.4.1.2 C.

**C. Equation 5.4.1.2 C:**

$$\text{DF} = (H_{\text{coincident}} / H_{\text{worker}}) \times (D_{\text{coincident}} / D_{\text{worker}})$$

1.  $H_{\text{coincident}}$  = Number of hours per day the offsite worker's schedule and the source's emission schedule coincide
2.  $H_{\text{worker}}$  = Number of hours the offsite worker works per day
3.  $D_{\text{coincident}}$  = Number of days per week the offsite worker's schedule and the source's emission schedule coincide
4.  $D_{\text{worker}}$  = Number of days the offsite worker works per week

**B. Equation 8.2.4 B:**

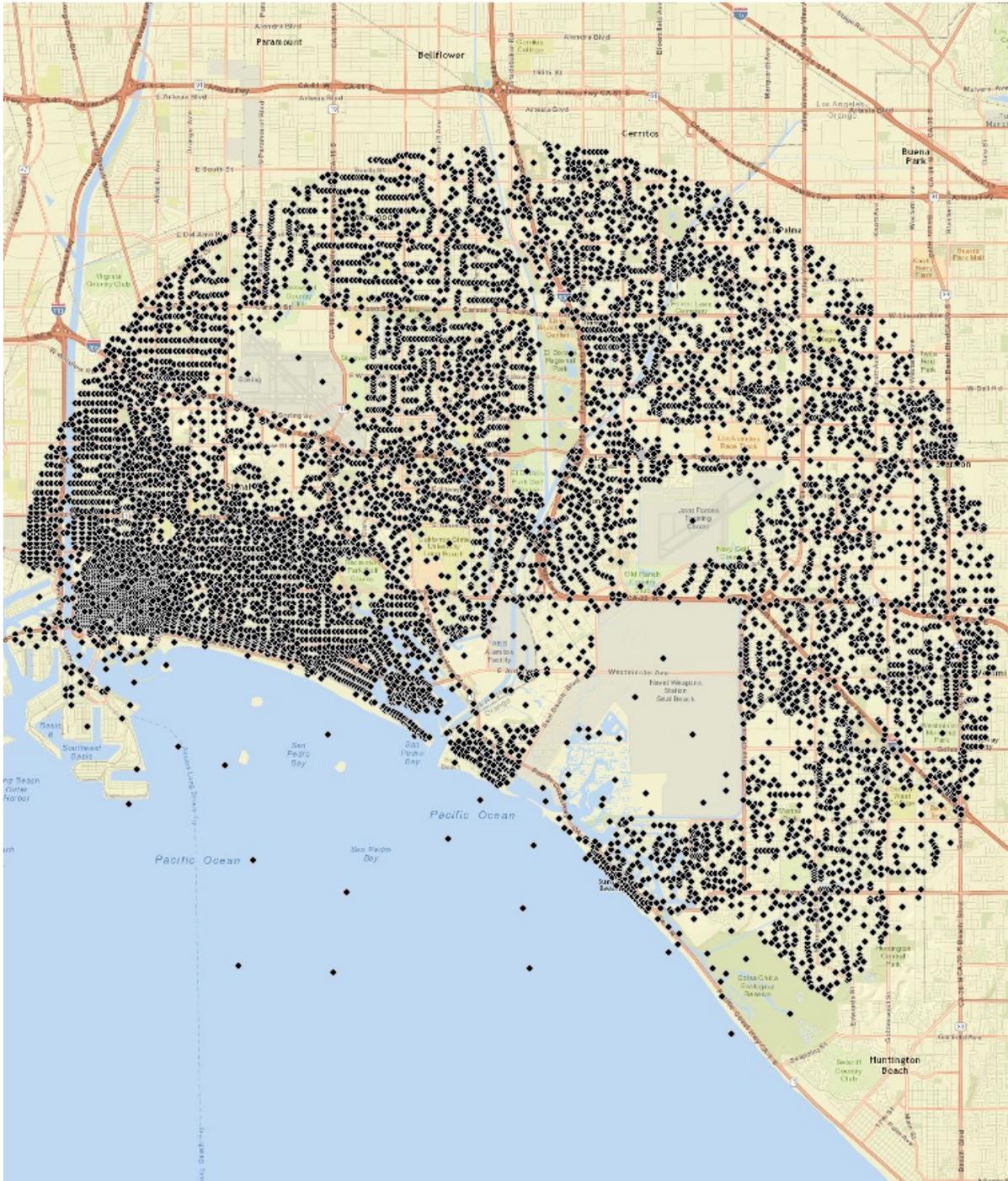
$$\text{RISK}_{\text{inh-work}} = \text{DOSE}_{\text{air}} \times \text{CPF} \times \text{ASF} \times \text{ED/AT}$$

1.  $\text{RISK}_{\text{inh-work}}$  = Worker inhalation cancer risk

**a: Recommended default values for EQ 8.2.4 B:**

1.  $\text{DOSE}_{\text{air}}$  = Calculated for workers in Eq. 5.4.1.2
2. CPF = Substance specific (see Table 7.1)
3. ASF = 1 for working age 16-70 yrs (See Section 8.2.1)
4. ED = 25 years
5. AT = 70 yrs for lifetime cancer risk

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Figure 5.9C-1  
Census and Sensitive Receptor Grid for AEC HRA Modeling  
April 2016



Alamitos Energy Center  
Figure 5.9C-2  
AERMOD Construction HRA Setup  
April 2016

