**Phase II (Selected Site Evaluation SSER) Prototype/Template Report**

PHASE II

SITE SELECTION AND EVALUATION REPORT INDIAN HEALTH SERVICE

[Name and Type of Facility]

[Location], [State]

[Month] [Year]

|  | **Instructions:** |
| --- | --- |
| **1.** | **Edit document as appropriate to fit the needs of the proposed project** |
| **2.** | **Fill in the blank. Wherever there is a “[text]” replace with the requested information (e.g.”[Month] [Year] to “June 2019”)** |
| **3.** | **Multiple Choice. Wherever there is a “[text OR text]” select the applicable sentence or choice and delete those remaining. Edit as needed (e.g. “Road Access to the chosen site [does not require any improvements or new traffic control devices. OR requires the following improvements….]” to “Road Access to the chosen site does not require any improvements or new traffic control devices.”)** |
| **4.** | **Essay. Wherever there is a request for information, such as; “[Include a description of …]” provide a narrative of the requested information along with any other information that may be important or relevant.** |
| **5.** | **Make Sure the completed document does not contain leftover random “[“ s,“]”s and/or “OR”s** |
| **6.** | **Use only one system of units, metric or imperial, not both. Generally, a project should use the same system of units from start to finish. The unit system used in the PJD/POR should be the same as that used in the SSER.** |
| **7.** | **Delete all GREEN instruction text from completed document** |

[Division of Engineering Services OR Area IHS preparing document]

Office of Environmental Health and Engineering

Indian Health Service

Department of Health and Human Services

PHASE II

SITE SELECTION AND EVALUATION REPORT INDIAN HEALTH SERVICE

[Name and Type of Facility]

[Location], [State]

PREPARED BY:

 P.E. .

[Name] Date

[Title]

Office of Environmental Health and Engineering [or appropriate TOP/Tribe]

[Area Name] Area Indian Health Service

Indian Health Service

RECOMMEND APPROVAL:

 .

[Name] Director Date

Division of Health Facilities

[Area Name] Area Indian Health Service

Indian Health Service

APPROVE:

 .

[Name] Date

Associate Director

Office of Environmental Health and Engineering

[Area Name] Area Indian Health Service

Indian Health Service

PHASE II

SITE SELECTION AND EVALUATION REPORT

INDIAN HEALTH SERVICE

[Name and Type of Facility]

[Location], [State]

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# EXECUTIVE SUMMARY

Project Description:

This Phase II Site Selection Evaluation Report (SSER) was produced for [Project Name] located at [Community Name, Reservation, State]. This report verifies that the chosen site is suitable for the proposed project and presents data for use in the design phase. [This report validates the technical data and concurs with the site selection presented in the Phase I SSER. **OR** This report concurs with the site selection presented in the Phase I SSER and updated the technical data. **OR** There was not a Phase I SSER because the project scope is at an existing facility and site.] The selected site is [Number] [Acres OR ha]. An overview the project is presented in the table below.

|  | **Project Overview** |
| --- | --- |
| Project Name/Number | Project Name and Number |
| IHS Area Office | Area Office Name |
| Service Unit | Service Unit Name |
| Reservation | Reservation Name |
| Facility Name and Location | Facility Name and Community Name |
| Tribe(s) Served | Name of tribe(s)] |
| Service Delivery | Compacted OR Contracted **OR** Direct Service] Owner |
| Name | [IHS OR [Tribe Name] **OR** [Tribal Organization  |
| Operator  | [IHS OR [Tribe Name] **OR** [Tribal Organization Name]] |
| Health Care Facility Type | Hospital **OR** Alternative Rural Health Care **OR** Standalone Ambulatory Surgery **OR** Health Center **OR** Health Station OR Alaska Village Clinic **OR** Health Location **OR** Long Term Care **OR** Alcohol Substance Abuse Treatment **OR** Small Ambulatory **OR** Outpatient Behavioral Health (BH) **OR** Inpatient BH OR Dental Clinic **OR** Quarters] |
| Funding Type | [IHS Health Care Facilities Construction Appropriations **OR** Joint Venture **OR** Maintenance and Improvement (M&I) **OR** Medicaid Medicare 3rd Party Collections M&M) **OR** list other]  |
| Project Type | New Building **OR** Addition **OR** Renovation **OR** [Describe Combination |
| Estimated Project Cost | [$ Value] |
| Chosen Site Size | [Number] [Acres **OR** ha] |

| **[Include a brief description of any major special components or other pertinent/special project information.]** |
| --- |

**Acknowledgments:**

| **[Acknowledgments that identify the authors, names and organization of individuals involved in the preparation of the report, or team members if a review team is reconstituted for this phase.]** |
| --- |

**Findings and Recommendations:**

| **[Briefly state the results of the Phase II SSER Report, including a summary of the land and utilities specifications, selected site data, Environmental Determination, unresolved issues, areas of concern, final conclusion and recommendations. Summarize any unusual or additional costs that must be added to the budget estimate. Repeat any important information from the recommendations and conclusions section of this report.]**  |
| --- |

The proposed use of the site [corresponds ideally **OR** corresponds **OR** has some variance] with tribal, local and regional planning Goals.

# II. BASIC PROJECT DATA

| **Should match the data in the POR or include an explanation for differences** |
| --- |

Detailed data on the [Project Name] project can be found in the Program Justification Document (PJD), the Program of Requirements (POR) document, and their amendments. A summary of building space improvements planned under this project are shown below.

**Project Gross Building Space [(m2 OR ft2)] and Staff Quarters (Number of Units) Estimates**

| **Facility/Building/Department** | **Existing** | **To Be Renovated** | **To Be Used “As Is”** | **To Be Demolished** | **To Be Constructed** | **Total Space Upon Completion** |
| --- | --- | --- | --- | --- | --- | --- |
| [List those impacted] | [Number] | [Number] | [Number] | [Number] | [Number] | [Number] |
|  | [Number] | [Number] | [Number] | [Number] | [Number] | [Number] |
| Staff quarters (Number of Units) | [Number] | [Number] | [Number] | [Number] | [Number] | [Number] |
|  | [Number] | [Number] | [Number] | [Number] | [Number] | [Number] |

The Basic Project Data is shown in the table below.

|  | **Basic Project Data** |
| --- | --- |
| Facility Name and Location | [Facility Name and Location] |
| Health Care Facility Type | [Hospital **OR** Alternative Rural Health Care **OR** Standalone Ambulatory Surgery **OR** Health Center OR Health Station **OR** Alaska Village Clinic **OR** Health Location **OR** Long Term Care **OR** Alcohol Substance Abuse Treatment **OR** Small Ambulatory **OR** Outpatient Behavioral Health (BH) **OR** Inpatient BH **OR** Dental Clinic **OR** Quarters] |
| Funding Type | [IHS Health Care Facilities Construction Appropriations **OR** Joint Venture **OR** Maintenance and Improvement (M&I) **OR** Medicaid Medicare 3rd Party Collections M&M) **OR** list other] |
| Project Type | [New Building **OR** Addition **OR** Renovation **OR** [Describe Combination]]  |
| Existing Facility Size | [Number] [m2 **OR** ft2] |
| Proposed Facility Size  | [Number] [m2 **OR** ft2] |
| Proposed New Space | [Number] [m2 **OR** ft2] |
| Space to be Renovated | [Number] [m2 **OR** ft2] |
| Proposed New Quarters  | [Number] |
| Existing Quarters | [Number] |
| Quarters to be Renovated | [Number] |
| Estimated Project Cost  |  [$ Value] |
| Program Type | [Direct Service, 638, Joint Venture, M&I, M&M, Replacement, etc.] |
| Project Type | [New, Addition, Renovation, Combination]  |
| Proposed Health Care Facility Size | [Gross Square Meters (m2) or ft2] |
| Health Care Facility Chosen Site Size | Number] [Acres **OR** ha] and [% Number] percent the size of the recommended site size.  |
| Facility Fee or Trust Property | [Fee **OR** Trust] Property |
| # Of Quarters Units | [Number] |
| Chosen Quarters Unit’s Site Size | Number] [Acres **OR** ha] and [% Number] percent the size of the recommended site size.  |
| Quarters Fee or Trust Property | [Fee OR Trust] Property |
| Current [year] User Population | [Number] |
| Design [year] User Population | [Number]  |
| Annual Patient Provider Visits (PCPV)  | [Number] |
|  Number of Inpatient Beds | [Number]  |
| Annual Outpatient Visits (OPV) | [Number]  |
| Annual Dental Minutes | [Number]  |
| Number of Staff | [Number] |
| Govt Vehicles | [Number] |
| Bus Parking Capacity | [Number] |
| Staff Quarters | [Number of Units] |
| Special Components | [List] |
| Occupancy Type | [Healthcare Occupancy, Ambulatory Healthcare Occupancy, or Other] |

# III. LAND AREA REQUIREMENTS

The required site area for the facility was estimated [[describe how the required area was estimated] **OR** to be about nine times the facility footprint and takes into consideration:

* Security requirements of a [(15 m) **OR** (50 ft)] envelope around the building;
* A vegetated open space equal to the building footprint per LEED to promote biodiversity;
* About 10% of the footprint and parking area (main impervious surfaces) for onsite stormwater retention;
* Five parking spaces per [(100 m2) **OR** (1,0750 ft2)] of footprint space (parking space includes half an aisle);
* On-site wastewater disposal;
* A 25% footprint expansion area;
* A small allotment for fuel storage, water storage and misc.; and
* A 1.2 safety factor.

The land area requirement for staff quarters was estimated [[describe how the required area was estimated] **OR** by multiplying the number of required quarters by 0.14 ha or 0.35 acres. This assumes 5% of the proposed space for staff quarters is for recreational facilities.]]

| **For Quarters, space deviating by ±1% from the IHS conventional 5% for recreation or other special features must be justified.** |
| --- |

The Land Area Required for the total proposed facility and each component of the facility is listed in the table below along with the available area of the chosen site.

| **Selected Site Land Area and Estimated Land Area Requirement (Acre or Ha)** |  |  |
| --- | --- | --- |
| **Component** | **Estimated Size Requirement** | **Chosen Site Size** |
| Proposed Health Care Facility Site |  |  |
| Other Authorized Special Facilities For Health Care Facility [List] |  |  |
| Proposed Staff Quarter’s Site |  |  |
| Other Authorized Special Facilities For Staff Quarters [List] |  |  |
| Total Land Area |  |  |

# IV. PROPERTY LOCATION

The property location(s) of the chosen site(s) are shown below.

|  | **Selected Site Location(s)** |  |
| --- | --- | --- |
|  | **Health Care Facility Site** | **Quarters Site** |
| Community Name |  |  |
| GPS Coordinates |  |  |
| Street Address |  |  |

See map in appendix Tab A

The chosen health care facility site is [within OR within walking distance [(≤ ¼ mile **OR** 400 meters)] of **OR** within a 15 minute vehicle/bus ride of] the [central business district **OR** rural town center **OR** community center] of [Name]. The chosen site is [[adjacent to **OR** within walking distance of [Name of federal, state, or local government entity(s) and local school(s)]] **OR** not in proximity to federal, state, or local government entities or schools]. The chosen site is [adjacent to **OR** within walking distance of **OR** within a 15 minute vehicle/bus ride of the existing Staff Quarters. The Chosen site is [adjacent to **OR** within walking distance of **OR** within a 15 minute vehicle/bus ride] of the proposed Staff Quarters. The chosen facility site [is **OR** is not] on a public transportation route. The chosen site [is **OR** is not] on established pedestrian and bicycle routes.

The chosen health care facility construction site is [an addition to **OR** is adjacent to **OR** is within a single campus OR within walking distance of] the [IHS **OR** Tribal] complementary health care services that will continue to be provided in a facility that is not part of this project.

The chosen proposed staff quarter’s site is [adjacent to OR within walking distance of OR within a 15 minute vehicle/bus ride of the [existing **OR** proposed]] health care facility. The chosen quarter’s site is [adjacent to **OR** within walking distance of **OR** within a 15 minute vehicle/bus ride of] the existing staff quarters that will remain in use. The chosen quarter’s site [is **OR** is not] on a public transportation route. The chosen quarter’s site [is **OR** is not] on established pedestrian and bicycle routes.

# V. ACCESS

| **If there are more than one chosen site, (e.g. separate site for staff quarters) include Access narrative for each site.** |
| --- |

Road Access Entrance to selected project site will be off [Name], a [National Highway **OR** major arterial roadway **OR** minor arterial roadway **OR** low volume internal residential-only road **OR** collector road **OR** a frontage road.] [Name] is the responsible party for maintenance and repair of the access road. The access roads are [within standards for width, grade, and drainage **OR** [specify issue]]. Road access to the chosen site [does not require any improvements or new traffic control devices. **OR** requires the following improvements: [Describe Needed Improvements….] Adequate Entranceways Sight Distance [already exists **OR** is easy without major work **OR** will require clearing and earthwork **OR** [Describe]]. [Identify source of funding and amount estimated for any major improvements to access road(s)] [Describe any records of easement].

Transporting construction materials and equipment to the site will be [very difficult **OR** only feasible seasonally **OR** easy with minor [describe infrastructure need (e.g. road, etc.)] upgrades.] **OR** simple with existing routes **OR** [describe mobilization issues].

The site will allow [only one entrance and has limited internal circulation options **OR** only one entrance, but has options for internal circulation **OR** more than one entrance, but limited internal circulation potential **OR** more than one entrance and internal circulation options **OR** [describe]]. Pedestrian Routes are [not available, nor is construction feasible **OR** constructible with significant work **OR** constructible at-grade without major work **OR** existing for at least [¼ mile **OR** 400 meters], but needs new traffic control devices **OR** existing for at least [¼ mile **OR** 400 meters], and doesn’t require new traffic control devices].

# VI. OWNERSHIP INFORMATION

The selected site is [trust status **OR** fee status] property currently owned by [Name]. [Describe any known title/deed conditions and/or ownership issues.] [This trust site can be set-aside by the tribe and is availability for construction for the health care facility and/or quarters]. The site is [above fair market value but within reach **OR** available at fair market value **OR** available below fair market value **OR** Site is available at no cost or a nominal fee].

# VII. PHYSICAL DESCRIPTION

| **Briefly describe the current/pre-project site locations of streams, swales, ridges, significant landforms, wetlands, floodplains, large trees, tree cover, culverts, paved areas, fences power lines, gas, lines, easements, encroachments for adjacent structures, on-site roads, presence of land locked parcels, cemeteries (adjacent or on-site), historical properties or any other unique feature. Be sure to include any evidence of trespass, foot trails, sports fields or any other suggest prior use that could be cause for community opposition should be noted. Referenced maps can be included here or in an appendix. Phase II SSER will include a geotechnical report, edit/update the geotechnical information below to match report. The Stormwater section should address how drainage issues will be addressed.** |
| --- |

The site [has significant topographic relief **OR** is not level and will need significant cut and fill **OR** is not level and will need some cut and fill **OR** site is mostly level and needs minor cut and fill **OR** is level]. The site [is low and surrounding areas drain into it **OR** collects runoff/drainage in some areas within the site **OR** has runoff/drainage that collects in areas adjacent to the site **OR** has no significant drainage issues]. The site has [a known erosion risk/potential **OR** a moderate risk/potential of erosion, mostly during construction **OR** little erosion risk potential]. The site configuration might compromise security buffers and interfere with the layout OR allows security buffers and options for layout OR support optimum building layout and orientation]. [The site has [Names Feature (e.g. large trees, stands of trees)] that will enhance site development.] The selected site [has no risk of air inversions, Katabatic Winds and/or cold air accumulation **OR** has continuous winter Katabatic accumulations **OR** is routinely affected by Katabatic accumulation **OR** experiences Katabatic wind, but not every season **OR** is adjacent to areas of Katabatic accumulation **OR** is on a hillside above cold air accumulation areas].

| **Geotechnical investigation results should be summarized. Any geotechnical information and recommendations that may impact design should be stated here (i.e. topographic features, soils, foundation considerations, seismic considerations, drainage, slopes, slope stability, rock, rock outcrops, and erosion).** |
| --- |

A geotechnical investigation [was not conducted **OR** was conducted and the report dated [Date] is included in the appendix of this report]. The site has [unstable soils and a specialized foundation will be required **OR**  mostly unstable soils and a specialized foundation will be required **OR** isolated unstable soils and a specialized foundation is likely **OR** mostly stable soils and a conventional foundation is possible **OR** stable soils and a conventional foundation is possible]. [Significant bedrock was seen on site **OR** Rock outcroppings were seen on site **OR** There was no visible sign of rock seen on site **OR** The Absence of rock was confirmed by the geotechnical report]. The site soils are [saturated **OR** poorly drained **OR** well drained]. The site soils have a [high organic matter content **OR** high silt and clay content **OR** low organic matter and clay content].

# VIII. WATER SUPPLY AND WASTEWATER DISPOSAL

The selected site will allow the adequate provision of potable water and wastewater disposal.

| **Use only one of the following paragraphs; the 1st one is used when public water systems are available and the 2nd is used when a public water system is not available.** |
| --- |

There is a public water system [available to the site **OR** available with a short extension and minor upgrades **OR** possible with a major system extension and upgrades]. The public water system is owned and operated by [Name of utility]. The public water system [consistently meets **OR** regularly does not meet] water quality standards. The system has capacity to serve the project site. [Describe: the location, depths and sizes of existing distribution lines; connection fees; and utility fees (if known/available)].

There is not a public water system available to the chosen site, however, there is on site [an existing water system **OR** an existing water source **OR** a potential onsite source]. The existing onsite system is [in good repair **OR** in disrepair]. The existing [system **OR** source] [can **OR** does **OR** does not] water quality standards. [Describe: any existing onsite facilities that are to be utilized; depth to water table; potable water source type; potable water treatment; raw water quality; available water quantity; nearby sources of contamination; space required for potable water facilities; and an estimate of proposed water infrastructure needs, costs, and funding source].

Potable water need is calculated based on the number of Outpatient Visits (OPV), Average Daily Patient Load (ADPL), number of staff and the number of staff quarters. The IHS estimates potable water demand at [115 liters per day (lpd) per staff, plus 115 lpd per OPV, plus 570 lpd per ADPL, plus 1,300 lpd per staff quarters.

**OR** 30 gallons per day (gpd) per staff, plus 30 gpd per OPV, plus 150 gpd per ADPL, plus 340 gpd per staff quarters.]

An onsite water storage tank [will not be needed **OR** of about [Number] [gallon **OR** liter] will be needed] for potable water and fire flow capacity.

**Characteristics of Selected Site and Estimated Site Requirement**

| **Component** | **Estimated Requirement** | **Available at Chosen Site** |
| --- | --- | --- |
| Potable Water Supply [gpd OR lpd] |  |  |
| Potable Water Pressure [psi OR kPa] |  |  |
| Wastewater Disposal Capacity [gpd **OR** lpd] |  |  |
| Fire Flow [gpm **OR** lpm] |  |  |

| **If there are more than one chosen site, (e.g. separate site for staff quarters) include specific sanitation information for each site. If there is a 2nd system onsite include available information** |
| --- |

Wastewater generation is estimated to be 80% of the potable water usage.

| **Use only one of the following paragraphs; the 1st one is used when public systems are available and the 2nd is used when a public system is not available.****\*\*\*Information about public systems, available capacity, operating utilities and fees needs to be included. The location, depths and sizes of existing collection and distribution lines should be noted along with lift station needs. Onsite wastewater disposal issues ranging from required space, treatment methods, soil suitability and depth to water table must be identified.\*\*\*** |
| --- |

There is a public sewer system [available to the site **OR** available with a short extension and minor upgrades **OR** possible with a major system extension and upgrades]. The connection to the collection system [will require a sewage lift station **OR** will operate by gravity]. [Describe: the location, depths and sizes of existing collection lines; connection fees; and utility fees (if known/available)]. [Describe proposed wastewater infrastructure needs, with a cost estimate and funding source].

**\*\*\*OR\*\*\***

There is not a public sewer system available for the site, however, [there is an existing adequate onsite system with sufficient capacity to serve the project needs **OR** the site has sufficient space and suitable soils for an onsite wastewater treatment system.] [Describe: the location, depths and sizes of existing collection lines; onsite wastewater disposal space requirements; proposed wastewater treatment, soil suitability; and depth to water table]. [Describe proposed wastewater infrastructure needs, with a cost estimate and funding source].

| **Available/known details on any existing on-site wastewater collection and disposal facilities including asset format description of infrastructure, available capacity; locations, depths and conditions can be summarized here and/or included in the appendix.** |
| --- |

# IX. STORMWATER MANAGEMENT

| **The level of effort required and strategy for managing stormwater will vary regionally and by project scope.** |
| --- |

[Summarize the onsite drainage patterns and any offsite drainage issues described in the previous Physical Description Section highlighting any issues of concern.] The selected site has adequate space for stormwater collection and disposal facilities. The construction of onsite stormwater retention/detention/infiltration facilities for this project [will not be required **OR** will be required and is estimated to occupy [Number] [ft2 **OR** m2] of site space]. [Describe the onsite drainage improvement needs and if applicable the Snow Disposal Space needs]. [The facility footprint in this project does not exceed [5,000 ft2 **OR** 455 m2] **OR** the selected site will allow the **predevelopment hydrology** with regard to the temperature, rate, volume, and duration of flow to be maintained and/or restored in compliance with section 488 of the Energy Independence and Security Act of 2007 by utilizing planning, design, construction, and maintenance strategies].

# X. MEDICAL AND SOLID WASTE DISPOSAL

| **Discuss the operations for disposal of medical waste and solid waste. Provide name(s) of companies which provide this service and include approximate costs.** |
| --- |

There is a legal, approved medical and solid waste system operated by [Name(s)] for the collection, source separation, storage, transportation, transfer, processing, treatment, incineration and disposal of waste.

# XI. RENEWABLE ENERGY CONSIDERATIONS

| **Infrastructure needs for geothermal, solar, and/or wind power generation should be listed. Any studies evaluating the production of renewable energy on this site should be references with the report included in the appendix of this SSER.** |
| --- |

The selected site is [in constant shadow fall through spring **OR** mostly shaded in winter with some fall and spring sun **OR** mostly exposed to winter sun **OR** is in year-round sun exposure with some obstructions **OR** full year-round sunlight with no obstructions.] The site is [fully exposed to **OR** mostly exposed to **OR** mostly protected by some natural barriers from **OR** offers full protection from] the prevailing winds. Solar Power [is not feasible at this site **OR** is feasible, but outside of the project scope **OR** will be utilized to provide [at least 30 percent of the energy need **OR** will be utilized to provide up to 30 percent of the energy need]]. The site [has **OR** does not have] potential for passive solar heating. The site [has **OR** does not] have trees that can remain for shade. The chosen site has [an existing functional geothermal system **OR** known geothermal resources **OR** potential geothermal resources **OR** no known geothermal resources].

The planned use of renewable energy collected onsite from [wind **OR** solar **OR** a geothermal system] [is **OR** is not] included in the site’s available energy and power evaluation. Use of this site [will **OR** will not] contribute to the IHS goals mandated in the Energy Policy Act of 2005 (requires a >30% reduction in energy use per unit area in federal buildings) and the Energy Independence and Security Act (requires >7.5% of the total electricity consumed in IHS facilities come from renewable energy).

# XII. ENERGY AND POWER

The selected site has an adequate supply of energy that can be furnished at a sufficient rate to meet the estimated demand of the proposed facility.

| **Edit table as needed. Typically the site will use either natural gas, propane or heating oil and not all three; delete the rows that are not applicable.** |
| --- |

**Energy and Power of Selected Site versus Estimated Site Requirement**

| **Component** | **Estimated Requirement** | **Available at Chosen Site** |
| --- | --- | --- |
| Electrical Energy (kWh/year) |  |  |
| Electrical Power (kVA) |  |  |
| Natural Gas Energy ([m3/year **OR** ft3/year]) |  |  |
| Natural Gas Power ([m3/hr **OR** ft3/hr]) |  |  |
| Propane Energy ([liters/year **OR** gallons/year ]) |  |  |
| Heating Oil Energy ([liters/year **OR** gallons/year ]) |  |  |

The proposed facility’s energy source mix was assumed to be [Number] percent electrical and [Number] percent from [Source type i.e. natural gas or propane etc.]. The estimated values for the annual electrical energy need and Apparent Power12 include a 1.25 multiplier to accommodate the code (NEC or other) and provide a factor of safety. The suggested energy budget was based on data from the Energy Information Administration, (EIA) 2012 Commercial Building Energy Consumption Survey (CBECS), and the 2009 Building Energy Data Book for Newly Constructed Hospitals and Medical Facilities. The power demand value is based on the International Electrotechnical Commission (IET) Building Area Method, EIA 2012 CBECS and the National Electrical Code (NEC) minimum loads. The values also accounted for regional or climatic conditions.

The formulas used for the minimum Electrical Energy and Power available are:

|  | **Electrical Need by Building Gross Area (BGA)** |
| --- | --- |
|  | **Inpatient** |
| Energy | kWh/yr = 1.25 X [% electrical source] X Building Gross Area (BGA) [m2 X 440 kWh/m2/yr **OR** ft2 X 41 kWh/ft2/yr] |
| Power | kVA = 1.25 X BGA [m2 X 0.15 kVA/m2 **OR** ft2 X 0.014kVA/ft2] |
|  | **Outpatient** |
| Energy | kWh/yr = 1.25 X [% electrical source] X Building Gross Area (BGA) [m2 X 210 kWh/m2/yr **OR** ft2 X 20 kWh/ft2/yr] |
| Power | kVA = 1.25 X BGA [m2 X 0.14 kVA/m2 **OR** ft2 X 0.013kVA/ft2] |
|  | **Staff Quarters** |
| Energy | kWh/yr = 1.25 X [% electrical source] X Building Gross Area (BGA) [m2 X 125 kWh/m2/yr **OR** ft2 X 12 kWh/ft2/yr] |
| Power | kVA = 1.25 X BGA [m2 X 0.14 kVA/m2 OR ft2 X 0.013kVA/ft2] |

The formulas for the minimum Fuel available are expressed in the equations below. For basis of calculating total fuel need for this facility, it is assumed the source is 100% natural gas:

|  | **Fuel Need - Natural Gas** |
| --- | --- |
| **Inpatient** |  |
| Energy | [m3/yr =% natural gas source X BGA m2 X 41.5 m3/m2/yr OR ft3/yr =% natural gas X BGA ft2 X 137 ft3/ft2/yr] |
| Power | [m3/hr = BGA m2 X 0.02 m3/m2/hr OR ft3/hr =BGA ft2 X 0.065 ft3/ft2/hr] |
| **Outpatient** |  |
| Energy | [m3/year = % natural gas source BGA m2 X 20 m3/m2/yr OR ft3/yr = % natural gas source X BGA ft2 X 65 ft3/ft2/yr |
| Power | [m3/hr = BGA m2 X 0.015 m3/m2/hr OR ft3/hr = BGA ft2 X 0.035 ft3/ft2/hr] |
| **Quarters** |  |
| Energy | [m3/year = % natural gas source BGA m2 X 12 m3/m2/yr OR ft3/yr = % natural gas source BGA ft2 X 65 ft3/ft2/yr] |
| Power | [m3/hr = BGA m2 X 0.015 m3/m2/hr OR ft3/hr = BGA ft2X 0.03 ft3/ft2/hr] |

**OR**

|  | **Fuel Need – Liquid Propane** |
| --- | --- |
| **Inpatient** |  |
| Energy | [liters/yr = BGA m2 X 64 liters/m2/yr X % propane source **OR** gallons/yr = BGA ft2 X 1.6 gallons/ft2/yr X % propane source] |
| **Outpatient** |  |
| Energy | [liters/yr = BGA m2 X 32 liters/m2/yr X % propane source **OR** gallons/yr = BGA ft2 X 0.8 gallons/ft2/yr X % propane source] |
| **Quarters** |  |
| Energy | [liters/yr = BGA m2 X 18 liters/m2/yr X % propane source **OR** gallons/yr = BGA ft2 X 0.29 gallons/ft2/yr % propane source] |

**OR**

|  | **Fuel Need – Heating Oil (HO)** |
| --- | --- |
| **Inpatient** |  |
| Energy | [liters/yr = BGA m2 X 41 liters/m2/yr X % HO source OR gallons/yr = BGA ft2 X 1.0 gallons/ft2/yr X % HO source]  |
| **Outpatient** |  |
| Energy | [liters/yr = BGA m2 X 21 liters/m2/yr X % HO source **OR** gallons/yr = BGA ft2 X 0.5 gallons/ft2/yr X % HO Source] |
| **Quarters** |  |
| Energy | [liters/yr = BGA m2 X 12 liters/m2/yr X % HO source **OR** gallons/yr = BGA ft2 X 0.45 gallons/ft2/yr % HO source] |

**Total Estimated Facility Fuel Requirements**

|  | **Energy** |  | **Power** |  |
| --- | --- | --- | --- | --- |
| Natural Gas |  | ft3/yr |  | ft3/hr |
| Propane |  | gal/yr |  | gal/hr |
| Heating Oil |  | gal/yr |  | gal/hr |

Electricity to the site is provided by [Name of utility]. The electrical supply available to the site is [Number] percent of the estimated need. The electrical power available to the site is [Number] percent of the estimated need. [If there are any known issues with the electrical utility variance history, the electrical utility’s rate structure or reliability, Describe Here.] The electrical utility feeder type to the site is a [single radial line **OR** dual line **OR** network line]. The project site will [not require an electrical powerline extension **OR** require an electrical powerline extension of about [Number] [ft OR m] for an estimated cost of $[Number]].

The [natural gas **OR** propane **OR** heating oil] to the site is provided by [Name of utility]. The fuel supply available to the site is [Number] percent of the estimated need. The site will [not require a natural gas line extension **OR** require a natural gas line extension of about [Number] [ft OR m] for an estimated cost of $[Number]].

# XIII. INFORMATION TECHNOLOGY (IT) AND DATA SYSTEMS INFRASTRUCTURE REQUIREMENTS

Health Information Technology (HIT) plays a critical and expanding role in healthcare as technologies including electronic health records, e-care technologies and mobile health technologies become central to expanding access to primary, acute and preventive care, lowering costs and reforming reimbursement incentives.

Telemedicine and remote monitoring applications remove geography and time as barriers to care, allowing instant access with providers and real-time tracking of patient vitals from outside the facility.

The HIT systems, processes and emphasis within IHS facilities are:

* The secure storage, access and exchange of appropriate health information among patients, consumers, providers, government and quality entities, and insurers.
* The IHS Electronic Health Record (EHR), the Resource and Patient Management System (RPMS), a decentralized integrated solution for management of both clinical and administrative information.
* The Health Information Exchange (HIE) that collects patient history documents from various sources, facility types and locations for the secure exchange of relevant patient data.
* Telemedicine / Telehealth

The primary metric used is Bandwidth available compared to Bandwidth required to site. Bandwidth is the data transfer rate, usually measured in bits per second (bps), millions of bits per second (megabits per second, or Mbps), or billions of bits per second (gigabits per second, or Gbps). Factors that go into estimating bandwidth requirements are:

| * + - Number of users
 | * + - Real-time transactions
 | * + - Storage technology
 |
| --- | --- | --- |
| * + - Where Users are located
 | * + - Hardware
 |  |

**Available Broadband Access Versus Recommended Facility Broadband Access**

|  | Available at the Chosen Site | Recommended |
| --- | --- | --- |
| Bandwidth |  |  |
| Cost/Distance to extend Broadband to site |  |  |
| Broadband Access/ Circuit Type |  |  |
| Reliability (If Known) |  | 99.90% |
| Latency (If Known) |  | <50 ms primary <120 ms back-up |
| Jitter (If Known) |  | <20 ms |
| Packetloss (If Known) |  | <1% |

# XIV. EMERGENCY RESPONSE

Availability, adequacy and proximity of emergency response services from fire, rescue and police are shown in the table below. Use of the site [will **OR** will not] result in negative impact the Emergency Response Systems.

| **Emergency Response Systems** |  |
| --- | --- |
|  | **Chosen** |
| Distance to Fire Department (miles) |  |
| Fire Department Response Time |  |
| Distance to Police Department (miles) |  |
| Police Response Time |  |
| Will site Use result in negative impact on Emergency Response Systems? |  |

# XV. ENVIRONMENTAL REVIEW AND DETERMINATION

An [Environmental Assessment **OR** Environmental Impact Statement **OR** IHS Environmental Review documentation] was completed and an Agency Environmental Determination was issued on [Date].

| **Title V projects may include only the determination without the supporting review materials because the Tribe is responsible for all Federal environmental and historic preservation requirements under a Title V Construction Project Agreements.****Edit list below to match the environmental review documents.** |
| --- |

The use of the proposed action will not adversely affect:

* An EPA designated sole source aquifer
* A Wilderness Area
* Any federal or applicable state, listed endangered or threatened species or their habitat
* Community noise levels
* A wild, scenic, or recreational river area
* A Coastal Zone in inconsistent with the State Coastal Zone Management Plan
* Park land, other public lands, or areas of recognized scenic or recreational value
* Properties listed, or eligible for listing, on the National Register of Historic Places
* Wetlands and Water Resources (lakes, rivers, ponds, streams, etc.)

**500 Year Floodplain**

The proposed site [is **OR** is not] located in a 500-year floodplain. The proposed site [is **OR** is not] located in a 100-year floodplain. The site [is classified as wetlands and will impact the project **OR** is partially classified as wetlands and will have little or no impact the project **OR** has no wetlands]. The site [has OR has not] been used for storage or disposal of any hazardous substance. The site [does not have or known to have had **OR** has underground or above ground storage tanks].

| **Edit below list to match environmental review.** |
| --- |

Use of the proposed site will not:

* Conflict with existing or proposed Federal, Tribal, state, and local land use plans
* Require a new wastewater treatment facility that will discharge treated effluent
* Create a need for additional energy supply
* Create a need for additional capacity in educational facilities
* Create a need for additional capacity in transportation systems
* Involve the construction, alteration, or renovation of real property greater than 50 years old
* Require major sedimentation and erosion control measures
* Violate a stormwater or wastewater discharge permit for construction or operations
* Violate or require a Section 404 (Clean Water Act) permit for actions in a wetland
* Violate or require a Section 10 (Rivers and Harbors Act) permit for actions in a stream

# XVI. SERVICE AVAILABILITY

[The chosen site has adequate availability of housing, transportation, education, recreation, shopping, dining, and worship services for staff **OR** [describe services that are absent or lacking]].

| **\*\*\*For example, is there a need for staff quarters based on lack of available housing? A search of rental/real estate websites like Zillow can provide a snapshot of the housing market.****Describe amenities within a reasonable distance.** |
| --- |

# XVII. SUSTAINABILITY

Sustainability features related to site selection that could have an impact on Leadership in Energy and Environmental Design (LEED) certification were considered in the evaluation. The chosen site is:

* Not Public Parkland (SSc1)
* Not Prime Farmland (SSc1)
* Not Threatened or Endangered Habitat (SSc1)
* Not within [100 ft **OR** 30 m] of a Wetland (SSc1)
* Undeveloped and more than [5 ft **OR** 1.5 m] above the 100 Year Floodplain (SSc1)
* Undeveloped and more than [50 ft **OR** 15 m] from a water body (SSc1)
* Developed and has a residential area with 10 of more types of services closer than [2,600 ft **OR** 800 m]
* Within [1,300 ft **OR** 400 m] of at least two bus Stops (SSc4.1)
* Bicycle Friendly (SSc4.2)
* Large enough to allow open space larger than the building footprint (SSc5.2)
* Feasible for Stormwater Management with the Predevelopment hydrology maintained. (SSc6.1)
* Feasible for the Capture/Treatment of more than 90 percent of the Average Annual Rainfall (SSc6.2)
* Accessible to existing resources including water, sewer, and power.

| **Edit above list as appropriate.** |
| --- |

# XVIII. SECURITY CONSIDERATIONS

The chosen site [is **OR** is not] sized and of a configuration to permit the building to be located and oriented with a minimum of [15 m **OR** 50 ft] buffer between the building and parking, roads, drives or other vehicle accessible areas. The topography, landscape and site surroundings [do **OR** do not] enable natural surveillance which reduces security risks due to the increased threat of apprehension because the site can be seen by people and passing vehicles. The site’s topography [does **OR** does not] enable natural access control which can limit the opportunity for crime by easily differentiating between public space and private space.

# XIX. TECHNICAL EVALUATION (E.G. GEOTECHNICAL INVESTIGATIONS, TRAFFIC STUDY, ETC.)

| **Provide any additional detail on the selected site, items that may have bearing on the design, and any envisioned potential problems, considerations and/or alternative solutions to potential problems.****Some additional reports may be added like geothermal, net zero study, traffic study, etc. Include a discussion in the report and add in Appendix.** |
| --- |

The sections above validate, update and/or correct the Phase I SSER information. Site specific technical reports including the environmental review material, [list any additional pertinent material] and the geotechnical report are included in the Appendix.

# XX. CONCLUSIONS AND RECOMMENDATIONS

| **Summarize any areas of concern, potential concern, required actions, significant issues identified in the sections above and recommended approaches to identified problems.** **Summarize unusual or additional costs that must be added to the project budget, especially those not addressed in the Phase I SSER or those that have increased for some reason since that report was prepared. These costs might include, site preparation, utility services and extensions, soil conditions, drainage problems (on-site or off-site), Archaeological or historic impacts, wildlife impact, etc. Data should be included also for other project related costs, such demolition of existing buildings, and/or asbestos abatement of existing buildings, easements and special access requirements, etc. This important information should be repeated in the executive summary.** |
| --- |

[Summarize the findings from the above sections. Note particular areas of clearance, concern, and (potential) mitigation. Address recommendation to these areas.]

The selected site is acceptable for the proposed project. All mandatory Executive Orders, regulations, laws, etc. have been met and required clearances obtained.

# XXI. APPENDIX/TABS

1. MAPS

SERVICE UNIT

LOCAL AREA

SITE PLAN(s)

PROPOSED SITE ACCESS PLAN

ZONING

TOPOGRAPHY

SANITATION

SOILS

FLOODPLAIN

WETLAND

FEMA

DRAINAGE

EASEMENTS

1. TRIBAL RESOLUTIONS
2. BIA VERIFICATION OF PROPOSED SITE AVAILABILITY
3. FLOOD PLAIN CLEARANCE
4. GEOTECHNICAL REPORTS
5. ARCHAEOLOGICAL REPORT
6. CORRESPONDENCE (Utilities)
7. ENVIRONMENTAL ASSESSMENT

## TAB A MAPS

### **SERVICE UNIT**

### **LOCAL AREA**

### **SITE PLAN(s)**

### **PROPOSED SITE ACCESS PLAN**

### **ZONING**

### **TOPOGRAPHY**

### **SANITATION**

### **SOILS**

### **FLOODPLAIN**

### **WETLAND**

### **FEMA**

### **DRAINAGE**

### **EASEMENTS**

## TAB B TRIBAL RESOLUTIONS

## TAB C BIA VERIFICATION OF PROPOSED SITE AVAILABILITY

## TAB D FLOOD PLAIN CLEARANCE

## TAB E GEOTECHNICAL REPORTS

## TAB F ARCHAEOLOGICAL REPORT

## TAB G CORRESPONDENCE (Utilities)

## TAB H ENVIRONMENTAL ASSESSMENT