



**AGENDA**  
**CITY OF CARSON**  
**REGULAR MEETING OF THE ENVIRONMENTAL COMMISSION**  
701 East Carson Street, Carson, CA 90745  
EXECUTIVE CONFERENCE ROOM, 2<sup>ND</sup> FLOOR  
Wednesday, August 6, 2014  
6:30 p.m.

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**1. CALL TO ORDER:**

**2. PLEDGE OF ALLEGIANCE:**

**3. ROLL CALL:**

Environmental Commissioners:  
Burr, Hellerud, Hopson, Jimenez, Love,  
Mack, Muckey, Perry, Taylor

**4. AGENDA POSTING CERTIFICATION:**

In accordance with the Americans with Disabilities Act of 1990, if you require a disability related modification or accommodation to attend or participate in this meeting, including auxiliary aids or services, please call the City Clerk's office at 310-952-1720 at least 48 hours prior to the meeting. (Government Code Section 54954.2)

**5. AGENDA APPROVAL:**

**6. ORAL COMMUNICATIONS:**

For items **NOT** on the agenda.  
Speakers are limited to three minutes.

**7. MINUTES APPROVAL:**

a. July 2, 2014

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**8. UNFINISHED BUSINESS**

a. N/A

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**9. NEW BUSINESS**

- a. Examples of Other General Plans
- b. Southern California Edison Residential Energy Audits
- c. Comments on the Los Angeles County General Plan Draft Environmental Impact Report

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**10. WRITTEN COMMUNICATIONS**

a. N/A

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**11. ORAL COMMUNICATIONS**

- a. Audience
- b. Commissioners
- c. Staff
  - i. Availability for Shell Tour
  - ii. Oil Code Update Community Workshop
  - iii. Community Outreach Ideas

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**12. ADJOURNMENT**

Upcoming Meetings: September 3, October 1, November 5, December 3

**MINUTES  
ENVIRONMENTAL COMMISSION  
July 2, 2014**

**6:30 PM**

**CALL TO ORDER:** 6:41 pm

**PLEDGE OF ALLEGIANCE:** Chairperson Love

**ROLL CALL:** Planner Saied Naaseh called the roll as follows:  
Present: Commissioners: Burr, Hellerud, Hopson,  
Jimenez, Love, Mack, Muckey, Perry,  
Taylor.  
Absent: N/A  
Staff Present: Planner Saied Naaseh

**SECRETARY'S REPORT**

N/A

**AGENDA APPROVAL**

Approved 7-0

**MINUTES APPROVAL**

a. June 4, 2014, Approved 8-0.

**UNFINISHED BUSINESS**

a. N/A

**NEW BUSINESS**

- a. **Examples of Other General Plans**, Staff provided a brief overview and stated that Commission should think about the future policies that the Commission would like the City Council to consider improving the environment and health of Carson residents.
- b. **List of Specific Recommendations to City Council**, Commission agreed to compile a list of environmentally friendly policies that the Commission would like the Council to consider.
- c. **Countywide Integrated Waste Management Plan Initial Study**, the Commission stated that they would like to review the DEIR when it is available.

## WRITTEN COMMUNICATIONS

- a. **Kinder Morgan Good Neighbor Agreement in reference to Kinder Morgan, Asthma Allergy Foundation, "Asthma Bus" for LA Unified School District.** Staff provided the requested information to the Commission.

## ORAL COMMUNICATIONS

- a. **Audience,**
  - i. Mike Terry, Verengo Solar, provided a presentation regarding the benefits of solar energy.
- b. **Commissioners,**
  - i. During a discussion of public outreach, Commission expressed an interest on exploring online surveys, e-blasts, and other means of outreach for the population that is not computer savvy.
  - ii. Discussed future policy regarding outreach.
  - iii. Policy regarding improving air quality.
  - iv. Placing transit map on the Environmental Commission webpage.
- c. **Staff**
  - i. **Shell CRP Tour,** Commission expressed an interest on taking the tour as a group.

## AJOURNMENT

At 7:58 pm, the meeting was adjourned to August 6, 2014, 6:30 pm.

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CHAIRPERSON LOVE

ATTEST:

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SAIED NAASEH, ASSOCIATE PLANNER

CITY OF CARSON

STAFF COMMUNICATION TO  
THE ENVIRONMENTAL COMMISSION

NEW BUSINESS

August 6, 2014

SUBJECT: Examples of other General Plans

REQUEST: Review, discuss, and provide feedback on potentially desirable  
General Plan Elements, Goals, and Policies for City of Carson

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I. Introduction

On July 2, 2014, staff presented the Commission with General Plan goals and policies from other cities that could further the Commission's Mission Statement and Goals which were adopted in 2013.

II. Background

A General Plan is a comprehensive long-range planning tool that is used to guide the growth of the community. In addition, the General Plan's goals, policies, and implementation measures are used by staff, commissions, and City Council to formulate policy.

III. Analysis

Planning Division's intern, Sarah Oliveira, has researched other model General Plans that have been updated recently. Specifically, the General Plans for Riverside County, Marin County, City of Fullerton, and City of Richmond were reviewed. The elements researched include Public Health, Transportation, Sustainability/Energy, and Fiscal Responsibility. Miss Oliveria will present her findings to the Commission at the meeting to assist the Commission to identify potentially desirable General Plan Elements, Goals, and Policies for City of Carson.

IV. Recommendation

Review, discuss, and provide feedback on desirable General Plan Elements, Goals, and Policies for City of Carson.

V. Exhibits

1. None

Prepared by: \_\_\_\_\_

Saied Naaseh, Associate Planner

CITY OF CARSON

STAFF COMMUNICATION TO  
THE ENVIRONMENTAL COMMISSION

NEW BUSINESS

August 6, 2014

SUBJECT: Southern California Edison Residential Energy Audits

REQUEST: Receive and File

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I. Introduction

The Commission has discussed energy audits for homes to educate the community regarding importance of energy efficient homes. Southern California Edison (SCE) provides Energy Audits for Residents.

II. Background

SCE used to have an Energy Audit Program which required the homeowner to fill out a form online and an SCE representative would visit the homeowner asking questions from a survey and then provide them with an analysis. In the new Home Energy Advisor program, the homeowner prints out the paper version of the audit and answers the questions themselves and mails the hard copy to SCE. Later, SCE sends the homeowners the free energy analysis based on their answers. Grace Farwell-Granger at the South Bay Cities Council of Governments could answer questions regarding this program ([grace@southbaycities.org](mailto:grace@southbaycities.org))

III. Recommendation

Receive and File.

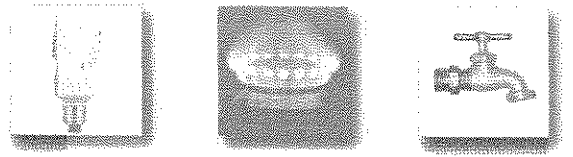
IV. Exhibits

1. SCE Home Energy Advisor Form

Prepared by: \_\_\_\_\_

Saied Naaseh, Associate Planner

# HOME ENERGY ADVISOR



Please use the enclosed pencil when answering the survey. Fill in the bubbles completely to insure that we can perform a quality analysis.

Correct



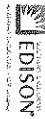
Incorrect



If you have questions about this survey, please call 1-800-278-8585.



Let's work together to help Southern California save energy and water resources.



Let's work together to help Southern California save energy and water resources.

Name \_\_\_\_\_

Street Address \_\_\_\_\_

Mailing (if different) \_\_\_\_\_

City \_\_\_\_\_ CA ZIP \_\_\_\_\_

Southern California Edison Service Account Number  
(it begins with a "3" and is located directly under your address on your billing statement.)

3 - \_\_\_\_\_

Please fill out your name, address, and account information (if available). "For Service at:"

Thank you for participating. Please return your survey to: Home Energy Advisor Survey, Profile Processing Center, 155 Grand Avenue, Suite 500, Oakland, CA 94612. We will send you your free energy analysis soon.

## A. SERVICE ACCOUNT NUMBERS

1. My electric provider is:  SCE  Other: \_\_\_\_\_

My Southern California Edison Service Account number is:

Your 10-digit Service Account number is located near the upper left corner of your bill, below your name and address information. If you need further assistance, please call SCE Customer Service at 1-800-655-4555.

3									
0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9

2. My gas provider is:  SoCalGas  Other: \_\_\_\_\_

My Southern California Gas Account Number is:

Your 11-digit Account Number is located in the upper left corner of your bill, above your name and address information. If you need further assistance, please call SoCalGas Customer Service at 1-800-427-2200.

0	0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9	9

## B. YOUR HOME AND LIFESTYLE

1. What type of residence do you live in?

### House

- One story house  
 Two-story house  
 Three-story or more  
 Mobile home

### Apartment/Condo

- High rise (4 or more stories)  
 Low rise (1-3 stories)  
 Townhouse or row house  
(Neighboring units on one or both sides, but not above or below.)  
 Other, describe: \_\_\_\_\_

2. Do you own or rent your home?

- Own  Rent

3. What portion of the year is this home occupied?

- Year round  Summer only  Winter only  Other seasons, Specify: \_\_\_\_\_

4. When was your home built?

- New (Built 2006 or after)  
 2002-2005  1993-2001  1978-1992  before 1978

5. How many rooms are in your home? (Only include areas used as living space. Do NOT include bathrooms and hallways.)

- 1-2 rooms  5-6 rooms  9-10 rooms  13 or more rooms  
 3-4 rooms  7-8 rooms  11-12 rooms

6. What is the approximate square footage of the living space of your home? (Do NOT include unconditioned garage, attic, or basement space.)

- Less than 500 sq. ft.  1251-1500 sq. ft.  3001-4000 sq. ft.  
 501-750 sq. ft.  1501-2000 sq. ft.  4001-5000 sq. ft.  
 751-1000 sq. ft.  2001-2500 sq. ft.  More than 5000 sq. ft.  
 1001-1250 sq. ft.  2501-3000 sq. ft.

7. Indicate the number of people that live in your home at least half of the year:

	Number of People											
	1	2	3	4	5	6	7	8	9	10	11	12 or more
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. If your home was built before 1978, were the following added:

Wall insulation     Yes     No  
 Ceiling insulation     Yes     No  
 Garage insulation     Yes     No

9. Choose the statement that best describes your windows.

All or most are double pane.  
 All or most are single pane.  
 My home has a mixture of single and double pane windows.

10. How would you describe air leakage/drafts around your windows and exterior doors?

Very drafty     Somewhat drafty     No noticeable drafts

11. Are you considering remodeling your home?

Yes, within a year     Yes, within two years     No

## C. HEATING

1. Is your heating cost included in your utility bill?

Yes  
 No, heating is part of my rent/condo fee. (Skip to *Heating*, question 8.)  
 No heating system. (Skip to *Heating*, question 8.)

2. What type of heating system do you use in your home?

(Do not include spot or portable heaters. If there is more than one heating system, describe the system that provides most of the heat as "Main Heating" and the other system(s) as "Additional Heating.")

	Main Heating <small>(shade only one box below)</small>	Additional Heating <small>(shade all boxes that apply)</small>
<b>Natural Gas</b>		
Central forced air furnace	<input type="checkbox"/>	<input type="checkbox"/>
Wall/floor heater	<input type="checkbox"/>	<input type="checkbox"/>
Other, Specify: _____	<input type="checkbox"/>	<input type="checkbox"/>
<b>Electric</b>		
Resistance/baseboard/ceiling	<input type="checkbox"/>	<input type="checkbox"/>
Heat pump	<input type="checkbox"/>	<input type="checkbox"/>
Forced air furnace	<input type="checkbox"/>	<input type="checkbox"/>
Wall/floor heater	<input type="checkbox"/>	<input type="checkbox"/>
Other, Specify: _____	<input type="checkbox"/>	<input type="checkbox"/>
<b>Woodstove or Fireplace Insert</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Fireplace</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Propane</b>	<input type="checkbox"/>	<input type="checkbox"/>
Other, Specify: _____	<input type="checkbox"/>	<input type="checkbox"/>



3. How old is your main heating system?
- New (less than one year)     6 - 10 years     16 - 30 years  
 1 - 5 years     11 - 15 years     More than 30 years

4. Do you use a programmable thermostat and do you use it to vary your temperature settings throughout the day?
- No programmable thermostat  
 Yes, and keep settings constant  
 Yes, and vary settings

5. At what temperature is the thermostat set during the winter months? (Choose one answer for each time period.)

	Off	Below 55°F	55-60°F	61-63°F	64-66°F	67-70°F	71-74°F	Above 74°F
Day (6am-5pm)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Evening (5pm-9pm)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Night (9pm-6am)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6. How often do you use your **additional** heating system(s) during the winter months?
- No additional heating     Often (70% of time)  
 Rarely (20% of time)     Always  
 Sometimes (40% of time)

7. How many rooms are heated by your **additional** heating system(s)?
- 1 room     4-7 rooms     More than 10 rooms  
 2-3 rooms     8-10 rooms

8. How many portable electric heaters do you use?
- None     1     2     3 or more

## D. COOLING

1. Which of the following cooling systems do you use? (Choose all that apply.)

- No central cooling system (Skip to *Room Air Conditioning*, question 6.)  
 Standard central system  
 Central with evaporative pre-cooler  
 Heat Pump  
 Evaporative (swamp cooler, direct, indirect)  
 Other, Specify: \_\_\_\_\_

2. Is your cooling cost included in your utility bill?  
 Yes

- No, cooling is included in my rent/condo fee. (Skip to *Room Air Conditioning*, question 6.)

3. How old is your primary central cooling unit?

- New (less than one year)     6-10 years     16-30 years  
 1-5 years     11-15 years     More than 30 years

4. What temperature do you set the thermostat during the summer months? (Choose one answer for each time period.)

	Below 70°F	70-73°F	74-76°F	77-80°F	81-83°F	Above 83°F	Off
Day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Evening	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Night	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5. Please indicate how often the central cooling unit is used during the summer. (Choose one for each time period.)

	Never	Rarely (20% of time)	Sometimes (40% of time)	Often (70% of time)	Always
Day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Evening	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Night	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Room Air Conditioning

6. How many window/wall air conditioners do you use?  
 None (Skip to *Fans*, question 9.)  
 1 unit     2 units     3 units     More than 3 units
7. How old is the window/wall air conditioner that is used most frequently?  
 New (less than one year)     6-10 years     More than 15 years  
 1-5 years     11-15 years
8. Please indicate how often the primary room air conditioner is used during the summer: (Choose one for each time period.)
- |         | Never                 | Rarely<br>(20% of time) | Sometimes<br>(40% of time) | Often<br>(70% of time) | Always                |
|---------|-----------------------|-------------------------|----------------------------|------------------------|-----------------------|
| Day     | <input type="radio"/> | <input type="radio"/>   | <input type="radio"/>      | <input type="radio"/>  | <input type="radio"/> |
| Evening | <input type="radio"/> | <input type="radio"/>   | <input type="radio"/>      | <input type="radio"/>  | <input type="radio"/> |
| Night   | <input type="radio"/> | <input type="radio"/>   | <input type="radio"/>      | <input type="radio"/>  | <input type="radio"/> |

## Fans

9. How many of the following fans are used in your home?
- |                       | 1                     | 2                     | 3 or more             |
|-----------------------|-----------------------|-----------------------|-----------------------|
| Attic ventilation fan | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Portable fan          | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Ceiling fan           | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
10. Do you have a whole house fan?  
 Yes  
 No
11. Do you have a residential economizer?  
 Yes  
 No
12. Please indicate how often the following fans are used during the summer:
- |                        | Never                 | Rarely<br>(20% of time) | Sometimes<br>(40% of time) | Often<br>(70% of time) | Always                |
|------------------------|-----------------------|-------------------------|----------------------------|------------------------|-----------------------|
| Portable fan           | <input type="radio"/> | <input type="radio"/>   | <input type="radio"/>      | <input type="radio"/>  | <input type="radio"/> |
| Ceiling fan            | <input type="radio"/> | <input type="radio"/>   | <input type="radio"/>      | <input type="radio"/>  | <input type="radio"/> |
| Whole house fan        | <input type="radio"/> | <input type="radio"/>   | <input type="radio"/>      | <input type="radio"/>  | <input type="radio"/> |
| Residential economizer | <input type="radio"/> | <input type="radio"/>   | <input type="radio"/>      | <input type="radio"/>  | <input type="radio"/> |

## E. WATER HEATING

1. Do you pay to heat your water?  
 Yes  
 No, it is included in my rent/condo fee. (Skip to *Laundry*, question 1.)
2. Which of the following best describes the water heater?  
 (Choose one box below.)
- | Natural Gas                                      | Electric   |
|--|--|
| <input type="radio"/> Standard separate tank     | <input type="radio"/> Standard separate tank     |
| <input type="radio"/> Tank with solar collectors | <input type="radio"/> Tank with solar collectors |
| <input type="radio"/> Tankless                   | <input type="radio"/> Tankless                   |
| <input type="radio"/> Other, Specify: _____      | <input type="radio"/> Other, Specify: _____      |
- Propane/Other fuel**  
 Any system type
3. How old is your water heater?  
 New (less than one year)     6-10 years     16-30 years  
 1-5 years     11-15 years     More than 30 years
4. What is the temperature setting of your water heater?  
 (Medium is the standard factory setting.)  
 High (more than 150° F)     Low (below 130° F)  
 Medium (130°-150° F)
5. Does your water heater have an insulation blanket?  
 Yes  
 No
6. Consider the total number of people in your home and then mark the total number of baths and/or showers taken during a typical day:
- |                                     |                         |                         |                                    |
|-------------------------------------|-------------------------|-------------------------|------------------------------------|
| <input type="radio"/> Less than one | <input type="radio"/> 3 | <input type="radio"/> 6 | <input type="radio"/> 9            |
| <input type="radio"/> 1             | <input type="radio"/> 4 | <input type="radio"/> 7 | <input type="radio"/> 10           |
| <input type="radio"/> 2             | <input type="radio"/> 5 | <input type="radio"/> 8 | <input type="radio"/> More than 10 |
7. Do you use an instantaneous water heater (at the sink)?  
 No  
 Yes

## F. LAUNDRY



### Clothes Washer

1. Do you have a clothes washer? (Do not include coin-operated machines or machines in apartment common areas.)
- Yes  
 Yes, and it is a ENERGY STAR® qualified model  
 No (Skip to *Clothes Dryer*, question 3.)
2. How often do you wash loads of laundry each week in the following temperature settings? (One answer for each temperature)
- |            | Never                    | Rarely<br>(20% of time)  | Sometimes<br>(40% of time) | Often<br>(70% of time)   | Always                   |
|------------|--------------------------|--------------------------|----------------------------|--------------------------|--------------------------|
| Hot water  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |
| Warm water | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |
| Cold water | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |

### Clothes Dryer

3. Do you have a clothes dryer? (Do not include coin-operated machines or machines in apartment common areas.)
- Yes  
 No (Skip to *Refrigerators*, question 1.)
4. What is the heating fuel for your clothes dryer?
- Natural gas    Electricity    Propane/other fuel.  
 Specify: \_\_\_\_\_
5. How many loads does your household dry each week using this clothes dryer?
- |                               |                            |                            |                             |                                     |
|-------------------------------|----------------------------|----------------------------|-----------------------------|-------------------------------------|
| <input type="checkbox"/> None | <input type="checkbox"/> 3 | <input type="checkbox"/> 6 | <input type="checkbox"/> 9  | <input type="checkbox"/> 12         |
| <input type="checkbox"/> 1    | <input type="checkbox"/> 4 | <input type="checkbox"/> 7 | <input type="checkbox"/> 10 | <input type="checkbox"/> 13         |
| <input type="checkbox"/> 2    | <input type="checkbox"/> 5 | <input type="checkbox"/> 8 | <input type="checkbox"/> 11 | <input type="checkbox"/> 14 or more |
6. Do you line-dry clothing? (If so, choose one answer for each season.)
- |        | Never                    | Rarely<br>(20% of time)  | Sometimes<br>(40% of time) | Often<br>(70% of time)   | Always                   |
|--------|--------------------------|--------------------------|----------------------------|--------------------------|--------------------------|
| Summer | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |
| Winter | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |

## G. REFRIGERATORS



1. How many refrigerators do you have plugged in?
- 0 (Skip to *Stand-Alone Freezers*, question 1.)    1    2    3 or more
2. What style best describes your refrigerator(s)?
- |              | Refrigerator 1           | Refrigerator 2           | Refrigerator 3           |
|--------------|--------------------------|--------------------------|--------------------------|
| Single Door  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Top-Bottom   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Side-by-Side | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
3. What size, in cubic feet, best describes the above refrigerator(s)? (Refrigerator information is usually found on a nameplate just inside the door.)
- |                                   | Refrigerator 1           | Refrigerator 2           | Refrigerator 3           |
|-----------------------------------|--------------------------|--------------------------|--------------------------|
| Mini (less than 2 cu.ft.)         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Very small (2-10 cu.ft.)          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Small (11-16 cu.ft.)              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Medium (17-20 cu.ft.)             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Large (21-27 cu.ft.)              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Extra large (more than 27 cu.ft.) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
4. What type of defrost does the above refrigerator(s) have?
- |                        | Refrigerator 1           | Refrigerator 2           | Refrigerator 3           |
|------------------------|--------------------------|--------------------------|--------------------------|
| Automatic (frost-free) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Manual                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Partial automatic*     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
- \* (It has a frost-free refrigerator and a manual defrost freezer.)
5. How old are the above refrigerator(s)?
- |                          | Refrigerator 1           | Refrigerator 2           | Refrigerator 3           |
|--------------------------|--------------------------|--------------------------|--------------------------|
| New (less than one year) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1-5 years                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6-10 years               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11-15 years              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16-20 years              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| More than 20 years       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
6. Are any of the above refrigerator(s) ENERGY STAR® qualified models?
- |            | Refrigerator 1           | Refrigerator 2           | Refrigerator 3           |
|------------|--------------------------|--------------------------|--------------------------|
| Yes        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| No         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Don't Know | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## H. STAND-ALONE FREEZERS



1. How many stand-alone freezers do you have plugged in?  
(Do not include freezers that are part of your refrigerator unit.)  
 0 (Skip to Food Preparation, question 1.)     1     2 or more
2. What style best describes your freezer(s)?
- |         | Freezer 1             | Freezer 2             |
|---------|-----------------------|-----------------------|
| Upright | <input type="radio"/> | <input type="radio"/> |
| Chest   | <input type="radio"/> | <input type="radio"/> |
3. What size, in cubic feet, best describes the above freezer(s)?  
(Freezer info. is usually found on a nameplate just inside the door.)
- |                               | Freezer 1             | Freezer 2             |
|-------------------------------|-----------------------|-----------------------|
| Small (less than 13 cu. ft.)  | <input type="radio"/> | <input type="radio"/> |
| Medium (13-16 cu. ft.)        | <input type="radio"/> | <input type="radio"/> |
| Large (17-20 cu. ft.)         | <input type="radio"/> | <input type="radio"/> |
| Extra Large (over 20 cu. ft.) | <input type="radio"/> | <input type="radio"/> |
4. What type of defrost (feature/system) does the above freezer(s) have?
- |                        | Freezer 1             | Freezer 2             |
|------------------------|-----------------------|-----------------------|
| Automatic (frost-free) | <input type="radio"/> | <input type="radio"/> |
| Manual                 | <input type="radio"/> | <input type="radio"/> |
5. Approximately how old are the above freezer(s)?
- |                          | Freezer 1             | Freezer 2             |
|--------------------------|-----------------------|-----------------------|
| New (less than one year) | <input type="radio"/> | <input type="radio"/> |
| 1-5 years                | <input type="radio"/> | <input type="radio"/> |
| 6-10 years               | <input type="radio"/> | <input type="radio"/> |
| 11-15 years              | <input type="radio"/> | <input type="radio"/> |
| 16-20 years              | <input type="radio"/> | <input type="radio"/> |
| More than 20 years       | <input type="radio"/> | <input type="radio"/> |
6. Are any of the above freezer(s) ENERGY STAR® qualified models?
- |            | Freezer 1             | Freezer 2             |
|------------|-----------------------|-----------------------|
| Yes        | <input type="radio"/> | <input type="radio"/> |
| No         | <input type="radio"/> | <input type="radio"/> |
| Don't know | <input type="radio"/> | <input type="radio"/> |

## I. FOOD PREPARATION



1. What type of range/oven do you use?  
 Electric only     Combination of both electric and gas  
 Natural gas only     Other, Specify: \_\_\_\_\_
2. Does your range/oven have a pilot light?  
 Yes, both the range and the oven have a pilot light.  
 Yes, only the range has a pilot light.  
 Yes, only the oven has a pilot light.  
 No.
3. During a typical week, how often are the following hot meals prepared in your home? (Choose one answer for breakfast, lunch, and dinner.)
- |           | Never                 | Rarely<br>(1-2 times) | Sometimes<br>(3-4 times) | Often<br>(5-7 times)  |
|-----------|-----------------------|-----------------------|--------------------------|-----------------------|
| Breakfast | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>    | <input type="radio"/> |
| Lunch     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>    | <input type="radio"/> |
| Dinner    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>    | <input type="radio"/> |
| Other     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>    | <input type="radio"/> |
4. How often do you run your dishwasher each week?  
 We do not have or use a dishwasher. (Skip to Spas, Hot Tubs, and Pools question 1.)  
 1     2     3     4     5     6     7     8     9     10 or more
5. Is your dishwasher an ENERGY STAR® qualified model?  
 Yes  
 No  
 Don't know

## J. SPAS, HOT TUBS AND POOLS



1. Do you have a spa or hot tub at your home? (Do not include whirlpool bath tubs.)  
 Yes, and I pay to heat it.  
 Yes, but I do not pay to heat it. (Skip to question 6.)  
 No spa or hot tub. (Skip to question 6.)

2. How is the spa or hot tub heated?
- Electricity                       Propane (bottled gas)
- Electric heat pump               Solar with electric backup
- Natural gas                       Solar with gas backup
3. Do you use an insulated cover on your spa or hot tub?
- Yes               No               No, but it is located indoors
4. Please indicate how often you use your spa or hot tub in both the summer and winter:
- |                        | Summer                   | Winter                   |
|------------------------|--------------------------|--------------------------|
| Never                  | <input type="checkbox"/> | <input type="checkbox"/> |
| Rarely                 | <input type="checkbox"/> | <input type="checkbox"/> |
| Once a month           | <input type="checkbox"/> | <input type="checkbox"/> |
| Once a week            | <input type="checkbox"/> | <input type="checkbox"/> |
| 2-4 times a week       | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 or more times a week | <input type="checkbox"/> | <input type="checkbox"/> |
5. How large is your spa or hot tub?
- Small (3 people or less)
- Medium (4 to 6 people)
- Large (7 or more people)
6. Do you have a swimming pool?
- Yes, and I pay for its energy use.
- Yes, but it is in a common area and I do not pay for its energy use. (Skip to *Water Usage*, question 1.)
- No pool. (Skip to *Water Usage*, question 1.)
7. Is your pool pump over 10 years old?
- Yes
- No
8. What type of pool pump do you have?
- Single-speed     Two-speed     Variable speed

9. Do you use a solar insulating cover on your pool?
- Yes
- No
10. Please indicate the number of hours per day the swimming pool filter operates: (Choose one for each season.)
- |               | Summer                   | Winter                   |
|---------------|--------------------------|--------------------------|
| Not operated  | <input type="checkbox"/> | <input type="checkbox"/> |
| Up to 2 hours | <input type="checkbox"/> | <input type="checkbox"/> |
| 3-4 hours     | <input type="checkbox"/> | <input type="checkbox"/> |
| 5-6 hours     | <input type="checkbox"/> | <input type="checkbox"/> |
| 7-8 hours     | <input type="checkbox"/> | <input type="checkbox"/> |
| 9-12 hours    | <input type="checkbox"/> | <input type="checkbox"/> |
| 13-23 hours   | <input type="checkbox"/> | <input type="checkbox"/> |
| 24 hours      | <input type="checkbox"/> | <input type="checkbox"/> |
11. How often do you use natural gas to heat your pool?
- |                               | Summer                   | Winter                   |
|-------------------------------|--------------------------|--------------------------|
| Never                         | <input type="checkbox"/> | <input type="checkbox"/> |
| Rarely                        | <input type="checkbox"/> | <input type="checkbox"/> |
| Once a month                  | <input type="checkbox"/> | <input type="checkbox"/> |
| Once a week                   | <input type="checkbox"/> | <input type="checkbox"/> |
| Two to four times a week      | <input type="checkbox"/> | <input type="checkbox"/> |
| Keep pool heated continuously | <input type="checkbox"/> | <input type="checkbox"/> |

## K. WATER USAGE



1. How many toilets do you have in your home?
- 1     2     3     4     5 or more
2. If your home was built before 1992, how many toilets have you replaced?
- 1     2     3     4     5 or more
3. Do you use energy-saving (low flow) showerheads?
- Yes, all showers     Yes, some showers     No     Don't know
4. Do you have a water softener?
- Yes     No
5. Do you have a water filter or purification system?
- Yes     No

6. How many of the faucets in your home have "water-saving" aerators?  
 None  Some  All

7. Do any of the following fixtures have leaks?

	Yes	No
Bathroom faucets	<input type="radio"/>	<input type="radio"/>
Tub diverter	<input type="radio"/>	<input type="radio"/>
Showerhead	<input type="radio"/>	<input type="radio"/>
Toilet	<input type="radio"/>	<input type="radio"/>
Kitchen faucet	<input type="radio"/>	<input type="radio"/>
Outside hose faucet	<input type="radio"/>	<input type="radio"/>
Irrigation valve	<input type="radio"/>	<input type="radio"/>

8. Do you let the water faucet run when you:

	Never	Sometimes	Always
Brush your teeth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Wash your face or hands	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clean dishes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prepare food	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9. How often do you hose off sidewalks or driveways?  
 Never  Rarely  Weekly  Monthly

10. How often do you wash your cars at home?  
 Never  Rarely  Weekly  Monthly

11. Do you use water shut-off hose nozzles on the end of your water hoses?  
 Yes  No

## L. LAWN & GARDEN

1. Do you have a lawn that you water regularly?  
 Yes  No (Skip to Lawn & Garden question 5.)

2. What percentage of your yard is lawn?  
*(Please consider only the area that you typically water.)*  
 25%  75%  
 50%  100%

3. Which system do you use to water your lawn?  
 In-ground sprinkler system with automatic control  
 In-ground sprinkler system with manual control  
 Garden hose

4. How often do you water your lawn?

	Summer	Winter
Every day	<input type="radio"/>	<input type="radio"/>
Every other day	<input type="radio"/>	<input type="radio"/>
Every third day	<input type="radio"/>	<input type="radio"/>
Once a week	<input type="radio"/>	<input type="radio"/>
Less than once each week	<input type="radio"/>	<input type="radio"/>

5. Which system do you use to water your trees, plants, and shrubs?  
 Garden hose  In-ground sprinkler system  
 Drip irrigation system  Do not water or do not have trees, plants, and shrubs (Skip to Lawn & Garden, question 7.)

6. How often do you water your trees, plants, and shrubs?

	Summer	Winter
Every day	<input type="radio"/>	<input type="radio"/>
Every other day	<input type="radio"/>	<input type="radio"/>
Every third day	<input type="radio"/>	<input type="radio"/>
Once a week	<input type="radio"/>	<input type="radio"/>
Less than once each week	<input type="radio"/>	<input type="radio"/>

7. Which system do you use to water your vegetable garden?  
 Garden hose  In-ground sprinkler system  
 Drip irrigation system  Do not water or do not have garden (Skip to Lighting, question 1.)

8. How often do you water your vegetable garden?

	Summer	Winter
Every day	<input type="radio"/>	<input type="radio"/>
Every other day	<input type="radio"/>	<input type="radio"/>
Every third day	<input type="radio"/>	<input type="radio"/>
Once a week	<input type="radio"/>	<input type="radio"/>
Less than once each week	<input type="radio"/>	<input type="radio"/>

## M. LIGHTING

1. How many of the following light fixtures do you use inside or outside your home?

Inside	None	1-4	5-9	10 or more
Standard incandescent light bulbs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Track lighting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Spot or flood lamps	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fluorescent light fixtures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

(See next page for more choices)

1. Continued

**Inside**

	None	1-4	5-9	10 or more
Compact fluorescent light bulbs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Compact fluorescent table/floor lamps	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Compact fluorescent fixtures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pin-based compact fluorescent fixtures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Halogen torchiere (floor lamp)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other, Specify:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Outside**

	None	1-4	5-9	10 or more
Standard incandescent light bulbs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Compact fluorescent light bulbs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
HID (sodium vapor or metal halide)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. Which of the following best describes how many of the interior lights are used in the evenings until bedtime?

- Most of the lights (more than 10 lamps/bulbs on simultaneously)
- Many of the lights (6 to 9 lamps/bulbs on simultaneously)
- Some of the lights (3 to 5 lamps/bulbs on simultaneously)
- Few lights (2 or fewer lamps/bulbs on simultaneously)

3. Do you use any of the following types of controls for your lighting?

	Yes	No
Timers	<input type="radio"/>	<input type="radio"/>
Motion detectors or occupancy sensors	<input type="radio"/>	<input type="radio"/>
Dimming switches	<input type="radio"/>	<input type="radio"/>
Dusk-to-Dawn sensors	<input type="radio"/>	<input type="radio"/>

**N. OTHER APPLIANCES**



1. Indicate how many of the following appliances are used in your home: (Choose no more than one response for each appliance listed.)

	1	2	3 or more
Plasma television (TV)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cathode Ray Tube (CRT) TV	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Liquid Crystal Display (LCD) TV	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
VCR/DVD	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Home theatre/entertainment system	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Home office: PC, copier, printer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cable or DSL modem	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

1. Continued

	1	2	3 or more
Digital cable TV box	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Digital video recorder, etc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chargers for wireless/cordless devices	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Wine cooler	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Humidifier/Dehumidifier	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Well pump	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Irrigation/booster pump	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heated waterbed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Aquarium	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Water fountain pump	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pond pump	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. Do you have a home security system?

- Yes  No

3. How often do you use the following natural gas appliances?

(Do not include propane/bottled gas appliances.)

	Never (about once a month)	Rarely (up to once a week)	Occasionally (2 times a week or more)	Frequently
Gas fireplace	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Outdoor natural gas barbecue	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Outdoor natural gas heaters	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Outdoor natural gas lighting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4. If you regularly use (3 or more hours per week) any other appliances, please select them below.

- Electric kiln
- Gas kiln
- Electric medical equipment
- Gas medical equipment
- Other electric equipment, specify: \_\_\_\_\_
- Shop tools
- Welding equipment
- Air Compressor
- Other gas equipment, specify: \_\_\_\_\_

**O. OPTIONAL**



We would appreciate this information to help us better serve our customers. However, completing this question is optional.

1. What is your annual household income.

- Up to \$29,999
- \$30,000 - \$39,999
- \$40,000 - \$49,999
- \$50,000 - \$69,999
- \$70,000 or more

CITY OF CARSON

STAFF COMMUNICATION TO  
THE ENVIRONMENTAL COMMISSION

NEW BUSINESS

August 6, 2014

SUBJECT: Comments on the Los Angeles County General Plan Draft  
Environmental Impact Report (DEIR)

REQUEST: Review and provide comments on the DEIR

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I. Introduction

Los Angeles County has been working on a comprehensive General Plan update for the past few years. The General Plan DEIR public review period started on June 23, 2014 and ends on August 7, 2014. The County General Plan is proposing two (2) Transit Oriented Districts (TOD) just outside of Carson that will impact our City

II. Background/Analysis

One TOD is proposed by the Del Amo Blue Line station and the other by the Carson Street and I-110 transit center. TODs encompass a ½ mile radius around a transit center. The Del Amo TOD is industrial oriented and the Carson Street TOD is mixed use with residential densities up to 150 units per acre and 3.0 FAR for commercial developments. Staff will be providing comments to the County regarding the impacts of the Carson Street TOD which could significantly increase the population of this area which in turn will impact the City. Staff believes that fire, police, and library services will be impacted within the City. In addition, the additional population will impact City's parks and streets. The DEIR states that these impacts will be mitigated by the development impact fees imposed by the County; however, it is not clear how the collection of these fees would mitigate impacts to City services and facilities.

Staff believes that TODs are appropriate for the proposed areas. Furthermore, they are a necessary component of future development of cities to encourage alternative means of transportation other than single occupant automobiles. However, future developments within these TODs should be required to ensure all modes of transportation are provided by these developments to encourage the residents not to use their cars. Otherwise, higher densities would translate to more automobiles on the road.

III. Recommendation

Review and provide comments on the DEIR.

IV. Exhibits

1. None

Prepared by: \_\_\_\_\_

Saied Naaseh, Associate Planner