NBMLHD Feedback

Feedback

Appendix 1: Mamre Road Data Centre Campus

May 2026

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AQIA – General			
58-59	4.3. Meteorology 4.4. Background Air Quality	**Dispersion modelling has methodological limitations** NSW EPA identified several methodological issues in their advice on the exhibited EIS (Ref: DOC26/139195-10) which may have resulted in the AQIA underestimating modelled air pollutant concentrations and exceedances of IAC. As these modelled calculations underpin the HIA/EHRA, the public health risks posed by the project may have also been underestimated. The methodological issues identified by NSW EPA include: • the selection of 2021 as a reference year for background air quality without adequate justification • the use of meteorological conditions that may not be representative of calm winds characteristic of the site the lack of consideration of cumulative air quality impacts from Western Sydney Airport.	The AQIA should be amended to correct the methodological issues identified by the NSW EPA (Ref: DOC26/139195-10) and the HIA/EHRA should be updated accordingly to ensure that the health risks posed by the project are appropriately characterised.
AQIA - Construction			
98-99 Tables 30, 31, 33 (151-152, 156 Table 120, 122, 123	6.1.1. Preliminary impact screening – Particulate Matter	**Construction activities predicted to causes increases in PM_{10} levels that may impact health** The AQIA predicts that construction activities will cause increases in annual average PM_{10} and 24-hour average PM_{10}. While these increases mostly remain below IAC, they are of a magnitude that could be expected to	As per our comment (AQ11), the EHRA/HIA should quantitively assess the health risks associated with the predicted increases in air pollutants from construction and consider additional mitigation measures during construction to lower the increase in

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µg/m^3)		impact health, and measures should be taken to mitigate exposures. For Construction Stage 1: • The maximum predicted percent increase in annual average PM_{10} relative to IAC for residential receptors (22.6% or 5.7 µg/m3) and educational receptors (37.2% or 9.3 µg/m3) are high. • The percent increase in maximum 24-hour average PM_{10} relative to IAC for residential (32.6% or 16.3 µg/m^3), educational (41.8% or 20.9 µg/m^3) and industrial receptors (30.6% or 15.3 µg/m^3) are high. Days of such high increases in exposure to PM_{10} should be minimised. Table 120 has increases of >17 µg/m^3 on 10 of 10 maximum 24-hour average incremental PM_{10} concentration days for educational Receptor 2. For Construction Stage 2, the percent increase in maximum 24-hour average PM_{10} relative to IAC for educational (21.7% or 10.9 µg/m^3) and industrial receptors (32.2% or 16.1 µg/m^3) are high. Days of such high increases in exposure to PM_{10} should be minimised. Table 123 has increases of ≥12 µg/m^3 on 10 of 10 maximum 24-hour average incremental PM_{10} concentration days for industrial Receptor 41.	exposure to annual average PM_{10} and maximum 24-hour average PM_{10} and decrease the number of high-PM_{10}.
98-99 Tables 30-33	6.1.1. Particulate matter	**The AQIA predicts exceedances of the annual average PM_{10} and the 24-hour average PM_{10} and $PM_{2.5}$ IAC during construction at sensitive receptors but there is a lack of quantitative assessment to demonstrate that no residual exceedances remain following the application of mitigation measures** During Stage 1 of construction, lasting 24 months, the AQIA predicts cumulative exceedances at sensitive receptors including: • annual average PM_{10} IAC at educational receptors (107.8% of IAC)	The AQIA should demonstrate via dispersion modelling that no residual exceedances of the annual average PM_{10} and the 24-hour average PM_{10} and $PM_{2.5}$ IAC remain following the application of mitigation measures for all stages of construction.

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		• 24-hour average PM_{10} IAC at all receptor types, including 126.6% of IAC for residential receptors and 133.7% of IAC for educational receptors • 24-hour average $PM_{2.5}$ IAC at all receptor types, including 164.8% of IAC at residential receptors and 165.1% of IAC at educational receptors. During Stage 2 of construction, lasting 18 months, the AQIA predicts cumulative exceedances at sensitive receptors including: • 24-hour average PM_{10} IAC at all receptor types, including 126.1% of IAC for residential receptors and 124.3% of IAC for educational receptors • 24-hour average $PM_{2.5}$ IAC at all receptor types, including 164.0% of IAC at residential receptors and 164.6% of IAC at educational receptors. Best practice dust controls have been accounted for in the modelling and therefore the proponent has proposed that additional measures in the CAQMP and TARP will prevent exceedances. However, there has been no dispersion modelling conducted to demonstrate that these mitigation measures will prevent exceedances of the IAC.	
71-72	5.2.1. Construction stage	**No assessment of construction phase diesel combustion emissions** The AQIA construction phase modelling excludes diesel combustion emissions from the construction plant fleet. Only fugitive dust emissions are modelled for the two earthworks phases (Scenario C1 — main earthworks, 24 months and Scenario C2 — eastern earthworks, 18 months). Diesel construction plant emissions include NO_2, $PM_{2.5}$, PM_{10} and	The AQIA should quantify and model diesel combustion emissions from the construction plant fleet for the full 10-year construction period or provide a justified argument for exclusion.

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		other pollutants. No justification is provided for this exclusion.	
71-77	5.2.1. Construction stage 5.2.2. Operational stage	**No cumulative assessment of emissions from concurrent construction and operation activities** The staging programme shows that from approximately Year 2 onwards, Parcel A will be operational (with generators conducting maintenance testing and potential emergency operations) while Stage 2 construction earthworks are underway. The AQIA models construction and operational scenarios separately but does not model the combined scenario of Stage 1 operational generator emissions (maintenance testing and emergency operation) plus Stage 2 construction emissions occurring simultaneously.	The AQIA should be amended to include a quantitative cumulative assessment of emissions from concurrent construction and operational activities.
AQIA – Operations (Maintenance testing)			
172 Table 152	8.2.6. Operation Phase Impact Assessment – Scenarios M1 to M6 – Maintenance Testing – Scenario M6	**Substantial increases in average 1-hour NO_2 from generator maintenance testing when all 846 generators operational** Under Maintenance Scenario M6, when all diesel generators have been installed on completion of construction, generator testing could maximally increase 1-hour NO_2 by 36.2 to 64.0 $\mu g/m^3$ across the different receptor types from regional background levels of 2.1 to 4.1 $\mu g/m^3$. Although these increases would result in 1-hour NO_2 levels remaining below IAC, they are substantial increases in air pollution that may impact health.	As per our comment (AQ11), the EHRA/HIA should quantitively assess the health risks associated with the predicted increases in air pollutants from generator maintenance testing and the AQIA should consider alternative technologies or additional mitigation measures to lower the increase in exposure to average 1-hour NO_2.
188-189	9.6.2. Operational phase air quality management	**Unclear mechanisms to require data centre operators to coordinate generator maintenance testing** The AQIA proposes that the operators of the eight surrounding data centres coordinate to avoid simultaneous maintenance testing of generators and avoid maintenance testing at times with poor air quality. This is an important mitigation measure to reduce	NSW DPHI should explore mechanisms to require data centre operators to coordinate maintenance testing and avoid times with poor air quality.

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		cumulative short-term NO_2, $PM_{2.5}$ and PM_{10} emissions. However, it is unclear whether and how data centre operators will be required to follow this proposal.	
AQIA – Operations (Emergency)			
101-106, 161 Tables 35-46, 131	6.2.1.1. Preliminary Impact Screening - Operational Phase – Nitrogen Dioxide 6.2.1.2. Preliminary Impact Screening - Operational Phase – Particulate Matter 8.1. Operation Phase Impact Assessment – Scenarios E1 to E6 – Justified Worst Case Scenarios 9.6 Air quality management	**The AQIA predicts significant exceedances of criteria during emergency scenarios without appropriate mitigation** The AQIA predicts substantial exceedances of IAC for NO_2 and particulate matter across all emergency scenarios (E1–E6), with particularly large increases under scenarios involving multiple feeders or full build-out conditions. The exceedances are detailed below. Maximum 1-hour average NO_2: • For all six emergency scenarios where diesel generators would be utilised for a one feeder outage, the percent increases in maximum 1-hour average NO_2 relative to IAC are high for all types of receptors. The lowest being a 251.9% increase for medical receptors for Emergency Scenario E1 (Table 35). This represents a 1-hour average NO_2 level not usually reported in ambient air quality monitoring in NSW and an increase in exposure that could have health impacts. Higher increases in 1-hour average NO_2 are predicted for two or three feeder outages (Appendix H to the AQIA). • Most relevant to the long-term operation of the project is Emergency Scenario E6, when construction is complete and all diesel generators have been installed. For a one feeder outage under Scenario E6 (where 281 of the total 846 diesel generators are operating), the percent increase in maximum 1-hour average NO_2 relative to IAC range from 951.6% for recreational receptors to 1,414.5% for residential receptors (Table 40).	The AQIA should demonstrate via dispersion modelling that no residual exceedances of the short term NO_2, PM_{10} and $PM_{2.5}$ criteria remain following the application of mitigation measures for all six Emergency Scenarios and 1, 2 and 3 feeder failures.

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		These sorts of increases in exposure are likely to have health impacts. Maximum 24-hour average PM_{10} and $PM_{2.5}$: • For all six emergency scenarios where diesel generators would be utilised for a one feeder outage, there are increases in the maximum 24-hour PM_{10} and/or $PM_{2.5}$ greater than 200% relative to IAC across the different receptor types. Increases in PM of this magnitude would likely be associated with health impacts. • Higher increases in maximum 24-hour PM_{10} and $PM_{2.5}$ are predicted for two or three feeder outages (Appendix H to the AQIA). The PM emissions from diesel generators would be primarily $PM_{2.5}$, as indicated by identical mass concentrations for PM_{10} and $PM_{2.5}$ in Appendix H. • Most relevant to the long-term operation of the project is Emergency Scenario E6, when construction is complete and all diesel generators have been installed. For a one feeder outage under Scenario E6 (where 281 of the total 846 diesel generators are operating), the highest percent increase in maximum 24-hour $PM_{2.5}$ relative to IAC is 398.1% for residential receptors, 146.6% for educational receptors and 123.1% for industrial receptors. These sorts of increases in exposure are likely to have health impacts. If there were a power outage (either 1, 2 or 3 feeders), and diesel generators were required to be used for 1-hour (period used to assess NO_2) or 24-hours (period used to assess PM_{10} and $PM_{2.5}$), hundreds of receptors in the community would be exposed to exceedances of the IAC (equivalent to National Environment Protection (Ambient Air Quality) Measure	

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		standards). These exposures would have population-level health impacts. The AQIA conducts a probability analysis which finds that the probability of IAC exceedances occurring during a power outage is very low. Based on this, the AQIA argues that no additional mitigation strategies to prevent IAC exceedances are required. This is inconsistent with the NSW EPA Approved Methods for the Modelling and Assessment of Air Pollutants which requires no additional exceedances of the IAC will occur because of the proposed activity. If the IAC are exceeded, the dispersion modelling must be revised to include mitigation measures until compliance is achieved.	
100	6.2.1. Scenarios E1 to E6 – Justified Worst Case Scenarios	**The AQIA does not clearly characterise short duration NO_2 exceedances in emergency scenarios** The AQIA identifies exceedances of the 1-hour NO_2 IAC across all emergency scenarios (E1–E6) but argues that these are highly conservative because actual generator operation during feeder failure events would last approximately 15–20 minutes, rather than a full hour. However, the AQIA does not validate this adjustment. If a 3–4 dilution factor is applied (as suggested in the report), exceedances are likely to remain in multiple scenarios. The assessment therefore does not provide a transparent or robust characterisation of likely short-duration exposure concentrations.	The AQIA should be revised to clearly characterise the NO_2 exceedances for a 15–20-minute emergency event.
40-43 73-75 179-185	2.3.2.1. Emissions from Generator Use 5.2.2.1. Scenarios E1 to E6 – Justified Worst Case Scenarios	**The AQIA may not assess the realistic worst case emergency scenario of a failure upstream of feeders** The AQIA produces an estimated likelihood of an IAC exceedance at each receptor type during a 1, 2 or 3-feeder failure event under each of Scenarios E1 to E6 (expressed as an interval of once every X years) by estimating the probability of a 1, 2 or 3-feeder failure and multiplying this by the modelled	The AQIA should be amended to give an assessment of the worst-case scenario of a failure upstream of feeders (including likelihood, duration, and cumulative impacts from associated data centres and meteorological events) or to give a justified

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	9.2.1. Scenarios E1 to E6 – Justified Worst-Case	frequency of IAC exceedances during continuous generator operation. The AQIA states that emergency generation across all scenarios would be 15-20 minutes in duration. However, the AQIA appears not to have assessed the plausible worst-case scenario of an upstream failure (e.g. at the Sydney West Bulk Supply Point where all feeders originate). Such a scenario may pose substantially greater air quality and health risks for several reasons: • Emergency generator operation could be of a greater duration than 15-20 minutes. The AQIA acknowledges that in the event of a grid outage, emergency generation would last for "the duration of the grid outage, subject to available diesel fuel storage and resupply logistics" (page 74) but does not give any indication of the anticipated duration. • An upstream failure could result in simultaneous emergency operation of multiple downstream data centres, leading to significant cumulative emissions. • Extreme events such as bushfires or heatwaves may both increase the likelihood of grid stress or failure and contribute to elevated ambient pollution levels, increasing total pollutant concentrations. The AQIA derived the probability of feeder failure from Endeavour Energy's normalised System Average Interruption Duration Index (SAIDI). This metric excludes Major Event Days (the high-impact outage events typically associated with severe weather).	explanation for its exclusion.
EHRA/HIA – Air quality			
15-18 23–27 Table 9	3.2. Environmental Health Risk Assessment	**A quantitative assessment of the health risks associated with air pollution should be undertaken**	The EHRA/HIA should be amended to include a quantitative assessment of the health risks associated

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	and Health Impact Assessment Process 4.1.3. Exposure 4.1.4. Potential Impacts	The EHRA/HIA provides qualitative assessment of the health impacts of air quality with categorical risk levels. To be able to properly assess the degree of health risk associated with air pollution emissions of the project, there should be a quantitative risk assessment. For example, this could be done for incremental increases in air pollution and hospital admissions and deaths using concentration-response functions from high quality studies in the peer-reviewed scientific literature. The SEARs require the EHRA/HIA to comply with the enHealth Environmental Health Risk Assessment Guidelines (2012). This document describes a tiered approach in which escalation to quantitative risk characterisation is required where sensitive populations may be affected, health effects may be irreversible, and dose-response relationships for the relevant pollutants are available. All three conditions are met here.	with air pollution emissions from the project or to justify why this is not required.
7	1.1.1. Air Quality	**Factual error that there were no exceedances of air quality criteria** The EHRA/HIA states that "Modelling demonstrates compliance with relevant EPA and NEPM criteria under both construction and operational scenarios" (page 7). This is a significant factual error given that the AQIA modelling demonstrated significant exceedances across both scenarios and may have affected the characterisation of health risks from emergency generator operations in Table 9.	The EHRA/HIA should be amended to transparently and clearly describe the exceedances of air quality impact assessment criteria found in the AQIA.
11	Environmental Health Risk (EHRA) & Health Impact Assessment (HIA)	**Number of standby generators activated unknown** The report states that standby generators will be activated for approximately 15 – 20 minutes during a feeder failure to ensure continuous electrical supply to the Mamre Road Data Centre Campus during a brief transition while the medium-voltage network reconfigures.	There are significant concerns regarding the air emissions from diesel generator use. NSW Health recommends that the report is revised to specify the number of generators that will be activated to ensure

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	2.5 Electrical Supply and Redundancy		continuous electrical supply in the case the feeder fails. The number of generators to be activated should be considered when modelling for air emissions.
18-19 Table 6 24-27 Table 9 53-55	3.3.1. Sensitive Receptors 4.1.4. Potential impacts Section 5.2 Air Mitigation Measures	**Methodological limitations with qualitative risk assessment of the health risks of air quality impacts** The EHRA/HIA qualitative risk assessment of the health risks associated with the project's air quality impacts, provided in Table 9, has some significant limitations and was not conducted in accordance with enHealth Health Impact Assessment Guidelines (2017) and the enHealth Environmental Health Risk Assessment Guidelines (2012), as required by the SEARs. The limitations are: • The AQIA found exceedances of IAC among sensitive educational and residential receptors. However, the EHRA/HIA does not consider receptor sensitivity in its characterisation of health risks and further makes the factual error that the four schools and retirement village on the northern boundary of the site are more than 3km away, excluding them from the assessment. • The health consequences of the modelled air quality impacts are given only a cursory assessment. For example, the significant exceedances in emergency scenarios are described only as "potential acute exposure" (page 26) with no evidence-based assessment of the potential health consequences. • The AQIA modelling predicted annual average PM_{10} exceedance for educational receptors for Stage 1 of construction lasting two years. The EHRA/HIA qualitative health risk assessment only characterises these	If the qualitative risk assessment of the health risks of air quality impacts is retained in the EHRA/HIA, it should be amended to provide a full and evidence-based assessment of health risks, in accordance with the enHealth Health Impact Assessment Guidelines (2017) and the enHealth Environmental Health Risk Assessment Guidelines (2012).

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		air quality impacts as “temporary” and the health consequences as “short-term respiratory symptoms”. Given the two-year duration of exposure among school age children, the EHRA/HIA should assess the risk of chronic health impacts. • A categorical severity level for each predicted health consequence is not provided. As this underpins the inherent and residual risk assessment, the risk assessment is incomplete. The EHRA/HIA concludes there is a ‘Medium’ inherent health risk associated with air quality impacts from construction and maintenance testing of generators and a ‘High’ inherent health risk associated with air quality impacts from emergency generator operation. Following the application of a range of mitigation measures, the residual risk across all these scenarios is concluded to be ‘Low’. However, there is no detailed analysis to demonstrate how and to what extent the mitigation measures will reduce the health risks. Furthermore, many of the listed mitigation measures may have been accounted for in the AQIA modelling used to derive the inherent risk (see AQIA 5.4.1. Emissions controls – Construction phase) and therefore cannot be applied again to reduce the residual risk. As per our comment (AQ8), the AQIA should be amended to model the effects of the application of mitigation measures on IAC exceedances and the EHRA/HIA qualitative risk classifications updated accordingly.	
Noise and Vibration			
18	Environmental Health Risk (EHRA) & Health Impact Assessment (HIA)	**Inconsistent information regarding distance of sensitive receptors** Use of inconsistent information regarding the distance of sensitive receptors from proposed site.	NSW Health recommends that the EHRA and HIA is revised to accurately reflect the distance of sensitive receptors from

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	3.3.1 Sensitive Receptors	The EHRA and HIA use a GIS-based spatial assessment that states that the nearest public facilities (schools, childcare, healthcare) are located >3km from the site, outside immediate receptor zones. However, in the Noise and Vibration Impact Assessment report (p.14), there are 3 schools and a retirement village within 500m of the proposed site.	the proposed site and is consistent with the NVIA.
151-152	Noise and Vibration Report 9.1 Operational Noise Assessment 9.2 Construction Noise and Vibration Assessment	**Cumulative impacts of overlapping construction and operational stages** The NVIA does not address the cumulative impacts of noise during overlapping construction and operational stages, including the subsequent increase in road traffic noise.	Given the extended construction timeframe of 10 years, there are significant concerns regarding the health impacts that will be experienced by the surrounding sensitive receptors, in particular: Catholic Healthcare Emmaus Retirement Village, Trinity Catholic Primary School. Emmaus Catholic College, Mamre Anglican School, BAPS Shri Swaninarayan Hindu Mandir and Cultural Precinct and the existing residences within the project precinct. Impacts include, increased stress, sleep disruption, disruption to learning and psychosocial impacts. NSW Health recommends that the NVIA is revised to include a detailed assessment addressing the potential for combined cumulative impacts of overlapping operational and construction noise over the 10-year construction period of the project.

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Legionella Risk			
13	Ecologically Sustainable Design Report 3.1 Energy	**Potential use of cooling towers for cooling and ventilation on campus** The use of multiple closed-circuit cooling towers per building is listed as an option for the heating, cooling and ventilation strategy for the campus.	NSW Health has significant concerns regarding the use of a large number of cooling towers given the increased Legionella risk and its close proximity to sensitive receptors, in particular the Catholic Healthcare Emmaus Retirement Village, whose population are more vulnerable to Legionnaires' Disease. NSW Health strongly recommends alternate non-water based methods of reducing heat across the data centre are explored and considered.
14	Plant and Equipment Systems Report 5.2 Mechanical Roof Plant Cooling	**Potential use of cooling towers to reduce heat absorption** The use of water-cooled chillers coupled with open loop cooling towers is listed as a moderately viable option to reduce heat absorption. It is noted that it is not considered a suitable long-term solution.	While NSW Health notes that the use of water-cooled chillers coupled with open loop cooling towers is not considered a suitable long-term solution, NSW Health recommends that non-water-based cooling methods such as air cooling are considered for data centres to avoid or minimise public health risk associated with Legionnaires' disease. Where cooling water systems are employed as a cooling method, data centres must comply with the *Legionella* control requirements of the Public Health Regulation 2022.

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			It is important to note that the Mamre Road Data Centre Precinct is located close to a retirement village, whose population are more susceptible to contracting Legionnaires' Disease.
Water Usage			
15	Ecologically Sustainable Design Report 3.3 Water Consumption Estimates	**Water consumption estimate** Projections depict the best-case scenario of water usage i.e. minimum required water for the campus, not typical water consumption for operation. The estimate is based on water use in December, January, February, and above certain temperatures for the water-efficient misting system. This is inaccurate as it is likely that water will be used year-round to operate the Mamre Road Data Centre Precinct. Estimates have been provided by the client directly and not by consultant.	NSW Health recommends that the water consumption estimate is revised to project the typical water consumption for operation as well as worst case scenario to ensure there is an accurate reflection of the amount of water required to operate the data centre campus.
13	Water and Stormwater Management Plan 4.3.2 Water Sources	**Demand on drinking water** The site's water requirements include domestic supply (e.g. amenities), mechanical water supply for potential cooling towers and fire water supply to sprinklers and hydrants. The primary source of water to the Mamre Road Data Centre Campus will be Sydney Water's potable reticulation network and therefore has the potential to impact the availability of safe drinking water to the growing population within the Sydney Water catchment.	NSW Health recommends that detailed discussions with Sydney Water are required to ensure that the water requirements of the precinct will not affect the drinking water supply. Additionally, it is recommended that other water sources to operate the data centre campus are explored and prioritised to ensure there is limited impact on the Sydney Water drinking water supply.
Additional Concerns			

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19	Environmental Health Risk (EHRA) & Health Impact Assessment (HIA) 4.3.4 Potential Impacts	**Contaminated soil** Site investigations identified asbestos (bonded and friable), mixed waste and isolated hydrocarbon contamination	NSW Health agrees that a Remedial Action Plan and Asbestos Management Plan should be developed. All mitigation strategies should be implemented throughout the construction stages of the precinct. Additionally, strategies to reduce worker exposure and continued occupational health monitoring throughout construction should be implemented.
16	GHG Assessment Report 3.6 Emissions Estimates	**Green House Gas (GHG) emissions** The report indicates that the Mamre Road Data Centre Precinct has a very large emissions profile due to a number of sources including diesel combustion from back-up generators, fuel and energy related activities, waste generation in operations and employee commuting. Increased GHG emissions are known to drive climate change and therefore may contribute to climate change related health impacts such as heat related illnesses.	NSW Health recommends that the health impacts of the GHG emissions from the precinct are explored and analysed.
49	Environmental Health Risk (EHRA) & Health Impact Assessment (HIA) 4.4.2.2 Urban Heat Island Analysis	**Urban Heat Island Effect** Modelling indicates that while there will be no increase in daytime peak temperatures, there will be increases in minimum daily temperatures and nighttime temperatures due to increased thermal mass.	The report does not indicate what the increase in nighttime temperatures will be or for how long they will persist over a 12-month period. Additionally, the report does not consider the potential health effects of consistent increased nighttime temperature will have on the population, including sleep

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			disturbance. This may be of great concern particularly during peak summer months when there is potential for disruptions to the electricity grid and residents are unable to access air conditioners. NSW Health recommends further analysis is required to predict what the increase in nighttime temperatures will be and explore the potential health impacts in relation to heat stress and sleep disturbance.
	Environmental Health Risk (EHRA) & Health Impact Assessment (HIA)	**Further Comments** The construction timeline of the Mamre Road Data Centre Precinct is approximately 10 years, which includes periods where multiple concurrent development projects will occur across the Mamre Road Data Centre Precinct. The report does not account for the cumulative effects of the potential health impacts caused by air pollution, noise pollution, and the urban heat island effect over the construction period. The report is heavily reliant on the assumption that a number of sensitive receptors are short-term and will relocate over the construction period. This assumption has led to a number of exceedances in air pollution, noise and heat being discounted.	The Mamre Road Data Centre Precinct has the potential to present unacceptable risks to human health. The EHRA/HIA should be revised to include an analysis for the cumulative health impacts over the 10-year construction period and accounts for all current sensitive receptors that are in close proximity to the precinct, regardless if there is potential for the receptors to relocate during the construction period. NSW Health strongly recommends an independent expert is engaged to review the revised EIS to ensure all errors are corrected and all health recommendations have

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			been taken into consideration.