Blacktown Hospital Redevelopment Stage 2

Attachment A - Response to Submissions

Issues Raised by Agencies	Response
Department of Planning	
Outline what constitutes as 'redundant services' as these have been nominated for removal as part of the project	To allow for the bulk excavation and shoring to take place, some services around the site need to be relocated. These services diversions (including hydraulic, fire, electrical, communications, security and stormwater services) are being carried out under the Part 5 authorisation. Once the service diversions have been carried out, the redundant services will be removed, as they are no longer required.
Section 5.53, Figure 27 does not provide details of where the 'proposed 303 car spaces' are to be located, whilst Figure 19 in the Early Works Package 2: Building Envelope and Excavation - Transport Accessibility Study and Construction Traffic Management Plan (TASCTMP) shows a different Figure with different numbers of car parking spaces for the 'Stage 2 Multi-Storey', please rectify	The graphic presented in the EIS is out-dated. The figure in the TASCTMP is correct, and should be relied upon.
The EIS makes reference to a parking agreement between Blacktown Bowling Club whereby 220 dedicated parking spaces are made exclusively available for construction worker, please provide evidence of this agreement	The agreement between Seven Hills – Toongabbie RSL Club Limited and Health Administration Corporation is commercial in confidence. A copy of the cover page is attached to this response as evidence of the agreement (refer to Attachment B).
A total of 200 car parking spaces in the multi storey car park was made available to construction workers parking during Stage 1 works, confirm if this arrangement will be made for construction workers for Stage 2 works	No, these parking spaces will not be available for Stage 2 construction workers. All construction workers will park at the Blacktown Bowling Club, where 220 parking spaces will be provided.
The TASCTMP outlines that the existing ambulance station is to be decommissioned and that a new ambulance station facility is being constructed on Bungarribee Road next to St Martins Crescent, which differs from explanation regarding the future of the ambulance station as detailed in the EIS. Please clarify and outline any resultant impacts should the facility be proposed for relocation	This is an error in the TASCTMP. The ambulance station will not be decommissioned or relocated as part of the proposed development.
An improved perspective of the Plan -'Proposed View 4' with views from various angles is required to gain an improved understanding of the bulk and scale of the	Jacobs has prepared an additional view from further to the east on Blacktown Road, at the intersection with Wall Park Avenue (refer to Attachment C). The view shows that the building will be concealed behind the existing hospital

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proposal in context with existing buildings.	buildings, and will not be visible from this location.
	A range of views have already been provided from along Blacktown Road and Marcel Crescent. Jacobs has considered providing additional views from the east and south of the site, however due to the surrounding topography, the development is not visible from these locations.
Blacktown City Council	
Parking	
The proposal indicates that the parking assessment relies on the availability of all day on-street parking for staff and visitors where they do not wish to utilise on-site paid parking. As previously raised with Health Infrastructure, please be advised that Council will shortly be introducing the trial of a permit parking scheme in the Blacktown Medical precinct. The parking in the streets near Blacktown Hospital will be limited to two hours parking, which is likely to increase the demand for on-site parking for the Hospital.	The parking assessment has not placed any reliance on existing on-street car parking to meet future car parking demand. Instead, the traffic report acknowledges that on-street car parking is currently used where it is available. The future car park expansion on the site will be sized to cater for the expected total car parking demand, as outlined in Section 4.2.5 of the Traffic Report.
The forecast for the provision and timing of on-site Hospital parking is to be reviewed so as not to rely on street parking.	Refer to above. The assessment does not rely on on-street car parking.
Public Transport	
To reduce the reliance on car travel to and from the hospital, improvements to the location and frequency of bus servicing should form part of the access and transport strategy supporting the development proposal.	Noted. The hospital supports the re-introduction of the free Blacktown shuttle bus service. This will be considered further in the Green Travel Plan, which will be prepared as part of the detailed design for the Acute Services Building as part of a separate application.
In addition, we have been making representations to the State Government for the introduction of a free shuttle bus service from Blacktown Station to Blacktown Hospital, and a similar service from Mount Druitt Station to Mount Druitt Hospital.	Allowance has already been made for the existing regular bus route which services the site as part of the hospital's redevelopment, with two stops accommodated within the campus.
This project would provide the catalyst for these services, and your support to the Minister for Transport and Infrastructure to have the services provided would be appreciated.	
The reintroduction of this service would be a positive component of your transport strategy.	
Improved Access Arrangements	
The current access to the hospital via the small roundabout at the intersection of Marcel Crescent and Panorama Parade is considered inadequate for the proposed size of the Hospital. The local road network adjacent to the Hospital is	Arup has confirmed that the existing Marcel Crescent and Panorama Parade access roundabout, together with the new left-in / left-out access from Blacktown Road, provide sufficient capacity to service the proposed Stage 2 redevelopment.
primarily residential, and is not planned for the traffic demand created by the Hospital.	As Council is aware, a new Hospital entry from Panorama Parade is being reviewed as part of the Acute Services Building design. The findings will be detailed as part of the Traffic Impact Assessment that will be submitted with the forthcoming

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Whilst there will be an additional left in left out access from Blacktown Road, a higher capacity access is required. In this regard, we request consideration be given to developing an access directly opposite Wall Park Avenue via the existing traffic signals on Blacktown Road. Whilst we recognise this will involve the acquisition of 2 properties, we consider that the scale of this development demands this level of access.	SSD application for the detailed design of the Acute Services Building.
Planning Matters	
As identified in Point 1 above, the parking assessment places reliance on public parking to cater for parking demand. Due to the introduction of a trial permit parking scheme, further consideration is required to cater for the parking needs of staff and visitors.	No reliance has been placed on on-street car parking to meet future car parking demand by the hospital. Instead, the traffic report acknowledges that on-street car parking is currently used where it is available. The future car park expansion on the site will be sized to cater for the expected total car parking demand, as outlined in Section 4.2.5 of the Traffic Report.
We strongly object to the proposal requiring Hospital staff being forced to pay for onsite parking and/or having to rely on street parking which is not in the immediate vicinity of the Hospital site.	The majority of public hospitals across metropolitan Sydney charge staff for parking. NSW Health has an established policy which is adhered to by the Western Sydney Local Health District. The policy outlines staff parking rates for public hospitals in Sydney. The policy, titled Sydney Hospital Car Parking Fees Policy: Campuses which are subject to car parking development, is available on NSW Health's website.
The following is required to be addressed: - The proposal indicates that separate Development Applications (DAs) will be lodged for the purpose of expanding the Stage 1 multi-car park by an additional 180 parking spaces, and for the construction of the Stage 2 multi-storey car park for 303 parking spaces. However, this approach does not ensure that these DAs will be lodged and approved to correspond with the operation of the Stage 2 building, in particular given the increased demand for on-site parking due to the likely implementation of the permit parking scheme.	The detailed design of the new multi-storey car park will form part of the forthcoming SSD application for the Acute Services Building. The timing of the extension to the existing multi-deck car park is not yet known, however Health Infrastructure will continue to manage parking on the site to ensure that supply always meets demand associated with the redevelopment.
 The Proponent is requested to demonstrate the timing of the lodgement of these DAs and their intended construction programme to deliver these car parking structures. 	Refer to above.
 Please note that suitable conditions are also recommended to be imposed on any consent issued which requires future traffic and parking studies to be undertaken to ensure that sufficient parking spaces are provided in response to parking demand at the various development stages as some car park areas are closed and others become available, as described in the construction programme. 	Noted.
 Details of the Hospital's paid parking scheme are to be provided which includes consideration of how this will be managed and who is responsible for its operation. Details are to include the incremental hourly rates or all day rates to be applied, any fines / penalty notices 	Staff parking permits are issued at the award rate, which is consistent across most public hospitals in Sydney. Visitor / patient car parking is provided on a timed basis, in accordance with the rates set out in NSW Health's Sydney Hospital Car Parking Fees Policy.

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likely to be issued, and the dispensations for staff, persons with a valid disabled parking permit and treatment plans.	Disabled and concession parking for up to three hours is free, when validated. Specific car parking areas are provided for some regular patient user groups.
- This paid parking scheme is required to be implemented in a fair and equitable manner, as is Council's consistent approach for any paid parking scheme within the Local Government Area. This is to include details of the implementation and management measures, such as a boom gate and issuing of tickets, or a 'pay and display' scheme, etc., and how this will be managed.	Refer to above. Staff parking permits are issued at the award rate, which is consistent across most public hospitals in Sydney. Visitor / patient car parking is provided on a timed basis, in accordance with the rates set out in NSW Health's Sydney Hospital Car Parking Fees Policy.
 Council is also concerned that any exorbitant pricing of parking is not in keeping with the socio-economic needs of the Blacktown community and will further exacerbate the on street parking problem as onsite parking is not affordable for regular patients and visitors on site. 	A review of other comparable parking stations in the LGA indicates that the long-stay parking costs at Blacktown Hospital are comparable with, or less than, other parking facilities in the area, including Westpoint in Blacktown. Further, the parking rates are consistent with those set out in NSW Health's Sydney Hospital Car Parking Fees Policy.
Given the high likelihood of the Stage 1 two storey addition and the Stage 2 multistorey building being required to be constructed in order to respond to parking demand; these structures are recommended to be included in the 'Indicative Building Massing' study. This is to demonstrate that all current, approved and future building forms on the site are considered as a whole. It is requested that the future DAs for the Stage 2 development works comprise suitable architectural design measures to ameliorate the bulk and scale of all development works in a cohesive manner.	An updated Indicative Building Massing diagram has been prepared by Jacobs to include the proposed parking structures (refer to Attachment C). The detailed design of the structures will be resolved as part of separate detailed applications for these works.
The proposal identifies that up to 220 off-site car parking spaces will be available at the nearby Blacktown Bowling Club for construction workers. Given this parking area is likely to be accessed prior to 7am and during the day with persons passing several residential properties, concern is raised that the amenity of these residential properties will be adversely affected.	Noted. The Construction Management Plan will incorporate measures to ensure that the amenity of nearby residents is maintained.
The Construction Management Plan is to be extended to include this off-site car parking area so as to minimise adverse noise and general amenity impacts for the nearby residents. This is to be communicated to users of this car parking area at the relevant site induction.	Refer to above.
Recommended Conditions of Consent (Note: Council's Advisory notes are not	replicated below)
 The engineering plans are required to comply with the following: Australian Rainfall and Runoff - A Guide to Flood Estimation, Volumes 1 and 2 (1987); SA/NZS 3500.3.2 National Plumbing and Drainage Part 3.2: Stormwater Drainage - Acceptable Solutions; On-Site Stormwater Detention Handbook (Fourth Edition, December 2005) – Upper Parramatta River Catchment Trust; 	Noted. The scheme has been designed to comply with these requirements, including Council's new DCP.

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 Managing Urban Stormwater- Soils and Construction Volume 1 (4th Edition March 2004)- NSW Department of Housing; Blacktown City Council Engineering Guidelines for Development- 2015; and New Blacktown City Council Development Control Plan 2015 Part J Water Sensitive Urban Design and Integrated Water Cycle Management. 	
Should valid noise complaints be received from the public with regard to construction noise and vibration, the hours of construction are required to be restricted to reflect the "standard" hours as per the EPA Guideline, being Monday to Friday 7am to 6pm, and Saturday 8am to 1 pm only. The contact details of the nominated site officials are also to be provided to Council should noise complaints be received.	Noted. The proposed hours are consistent with the approved hours for the Stage 1 redevelopment, being: - Monday to Friday 7am to 6pm; - Saturdays 7am to 5pm; and - No work on Sundays or public holidays. There have been no complaints received during the Stage 1 works, and similar management measures (including contact details for any complaints) would be implemented for the Stage 2 redevelopment.
Transport for NSW	
With the increase in number of trips associated with the hospital upgrade, the demand for the public transport is expected to increase with increased mode share from 1% to 4% based on the Transport Accessibility Study and Construction Traffic Management Plan (Traffic Report). TfNSW supports the need for Health Infrastructure to develop and implement a green travel plan as suggested in the Traffic Report.	Noted. The hospital is willing to prepare a Green Travel Plan prior to the issue of the final Occupation Certificate for the new Acute Services Building (subject to a forthcoming SSD DA).
A total of 417 vehicles are estimated to exit the hospital via Panorama Parade access during the PM peak period based on Table 15 of the Transport Accessibility Study and Construction Traffic Management Plan (Traffic Report). However, Figure 28 of the Traffic Report shows a total of 343 vehicles exit the hospital.	It is noted that Figure 28 actually shows 443 vehicles exiting the site via Panorama Parade, which is slightly higher than the figure in Table 15. The number shown in Figure 28 (443 vehicles) is the correct figure, with the discrepancy resulting from a drafting error. The minor discrepancy will not result in any changes to findings of the traffic assessment, or the intersection performance results.
The proposed development will increase traffic movements at the Wall Park Avenue/Blacktown Road/Baronta Street intersection. Increase in traffic movements at this uncontrolled intersection would have the potential to create vehicle and pedestrian safety issues.	Noted. Health Infrastructure will engage a road safety audit once the Blacktown Road entry is opened, as part of the Blacktown Stage 1 redevelopment, and operational.
TfNSW requests that a road safety audit be undertaken for the Wall Park Avenue/Blacktown Road/Baronta Street Intersection in accordance with Austroads Guide to Road Safety Audit Part 6: Road Safety Audit by an independent TfNSW accredited road safety auditor. Based on the results of the Road Safety Audit, the applicant may need to implement safety measures for this intersection with consultation with Roads and Maritime Services.	
The proposed development has the potential to impact on traffic and transport operation in the vicinity of the hospital and pedestrian safety within and adjacent	A project-specific CTMP will be prepared prior to the issue of the relevant Construction Certificate. Consideration of the cumulative construction impacts of all adjacent developments is considered unnecessary due to the limited number of

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to the hospital during construction.	projects in the immediate vicinity of the site.
Prior to the commencement of any works on the site, a Construction Traffic Management Plan (CTMP) prepared by a suitably qualified person shall be submitted to the Principal Certifying Authority (PCA). The Plan must be prepared in consultation with Blacktown City Council, Roads and Maritime Services and TfNSW. The CTMP should specify any potential impacts to traffic, pedestrian, cyclists and bus services within the vicinity of the proposed site from construction vehicles during construction. Any potential impacts to pedestrian access or public transport infrastructure including bus stops should also be specified in the CTMP. The CTMP shall include the cumulative construction impacts of all the projects adjacent to the site. The Applicant shall submit a copy of the CTMP to Blacktown City Council, prior to the commencement of work. The proposed development is expected to continue to use the existing loading dock for the expanded hospital. No analysis has been provided for the adequacy of the loading bays for the upgraded hospital. TfNSW requests that the applicant develop a loading dock management plan to	A loading dock management plan will be prepared by the hospital, as part of the forthcoming application for the detailed design of the Acute Services Building. The works the subject of this current application will not result in any additional demand on the loading dock.
service the upgraded hospital.	
TfNSW advises that the proposed development presents an opportunity to take advantage of the cycleway link by providing the following: - Bicycle parking and end of trip facilities for pedestrian and bicycle riders in accordance with relevant standards and guidelines; - The connectivity, safety and accessibility for pedestrians and bicycle riders to existing pedestrian and bicycle networks within the hospital and public transport; and - Wayfinding signs to assist with increasing the mode share of walking and cycling.	As part of the Blacktown Stage 1 redevelopment, new bicycle parking has been installed adjacent to the multi-storey car park on the central pedestrian spine. Cyclists use the internal hospital roads for access onto the site from the Blacktown Road shared path. The Green Travel Plan will be provided as part of the detailed design of the Acute Services Building. The plan will provide information to staff regarding bicycle access and end of trip facilities. Wayfinding signage will include bicycle parking as a destination.
It is suggested that the applicant undertake consultation with the hospital staff and visitors to obtain their views on existing bus services to the hospital and bus facilities located around the hospital during the preparation of the green transport plan. Based on the outcome of the consultation, Health Infrastructure in partnership with TfNSW and Roads and Maritime Services need to implement measures to increase bus patronage to achieve 4% mode share.	Noted. The hospital is willing to undertake the necessary consultation as part of the preparation of the Green Travel Plan.

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Office of Environment & Heritage	
The Office of Environment and Heritage has not raised any issues with the proposed development.	Noted.
Roads and Maritime Services	
Roads and Maritime has reviewed the submitted application and raises no objection to the above subject application for Stage 2 Blacktown Hospital redevelopment.	Noted.
Sydney Water	
Local water and wastewater systems have adequate capacity to service the development area.	Noted.
The proposed development site has frontage to an existing 250mm water main and 400mm wastewater main traversing the site.	Noted.
Extensions or adjustments of Sydney Water assets may be required to enable a connection to the trunk assets.	Noted.
Detailed drinking water and wastewater requirements will be provided at the Section 73 application phase.	Noted.
NSW EPA	
Noise and Vibration (Standard Hours)	
The EPA notes with concern that EIS section 3.9 proposes the undertaking of noisy activities including site preparation, demolition, bulk earthworks, construction and construction-related activities after 1.00 pm on Saturdays. The EPA does not accept the suggestion in section 5.1 of EIS Appendix I that the Interim Construction Noise Guidelines " would be applicable in more sensitive situations - in quiet/rural residential suburbs, for example".	Consistent with the Stage 1 approval and the submitted Demolition and Excavation Noise and Vibration Assessment, the proposed hours of work are: - Monday to Friday 7am to 6pm; - Saturdays 7am to 5pm; and - No work on Sundays or public holidays.
Similarly, the EPA does not accept the argument that productivity considerations in and of themselves offer adequate justification for undertaking noisy work outside the recommended standard hours. Instead, the EPA anticipates that the above mentioned noisy activities would only be undertaken during the recommended standard hours as set out in Table 1 to Chapter 2 of the Interim Construction Noise Guideline, 2009.	It is noted that there have been no complaints from residents during the Stage 1 construction process, even during these extended hours. With the adoption of appropriate mitigation measures, it is anticipated that the same hours could be adopted for the Stage 2 redevelopment without causing any adverse amenity impacts.
The EPA does accept that certain emergency work may need to be undertaken urgently (other than during the standard recommended hours) in order to avoid-loss of life,	Noted.

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damage to property, orenvironmental harm.	
The EPA acknowledges that certain oversize plant and equipment may be subject to RMS travel time restrictions. However, the EPA considers that all unloading of oversize plant or equipment onto the site and all loading of oversize plant or equipment for removal from the site should be undertaken during standard hours.	Noted.
Noise and Vibration (Intra-Day Respite Periods)	
The EPA is aware from long experience that certain construction activities (identified in Interim Construction Noise Guideline section 4.5) have proven to be particularly annoying and intrusive to nearby residents. The EPA anticipates that site preparation, demolition, bulk earth works, construction and construction-related activities generating noise with particularly annoying or intrusive characteristics would be subject to a regime of intra-day respite periods, where – - they are only undertaken over continuous periods not exceeding 3 hours with at least a 1 hour respite every three hours, and. - 'continuous' means any period during which there is less than an uninterrupted 60 minute respite between temporarily halting and recommencing any of the work referred to in ICNG section 4.5	The submitted Demolition and Excavation Noise and Vibration Assessment recommends that a detailed Construction Noise and Vibration Management Plan be prepared prior to the issue of the relevant Construction Certificate. Consistent with the submitted report, feasible acoustic controls will be implemented where noise emissions are excessive. These recommended controls include the use of respite periods, where necessary.
Accordingly, the proponent should be required to schedule intra-day 'respite periods' for those construction activities identified in the Interim Construction Noise Guideline as being particularly annoying to surrounding residents and other noise sensitive receivers.	The conditions of consent for the Stage 1 works included respite periods – refer to Condition C9. The applicant would accept similar conditions being imposed on the Stage 2 development.
Contamination	
EIS Appendix H indicates the presence of a 5,000 litre capacity Underground Petroleum Storage System (UPSS) which the EPA understands is required to serve the hospital emergency generators. And, notes that a previous investigation identifies the likely presence of a 20,000 litre capacity UPSS. The Preliminary Environmental Site Assessment suggests (p.15) in regard to the suspected 20,000 litre capacity UPSS that "The Coffey report could be referring to the 5000L UST". However, the EPA is unclear whether the previous	Previous investigations (Coffey 2011, as noted in the EIS (2014) PESA report) noted the potential presence of a 20,000L UPSS, reported to be within the Stage 1 area, not Stage 2. Although the precise location of the UPSS was not reported, it is unlikely to be in the proposed redevelopment zone which is at the ED and Main Entries to the hospital, where petroleum supply is not required. Rather, this may have been located on the northern side of the hospital adjacent to generators and engineering services, which is outside the development zone.
recommendation (by Coffey) to undertake further investigations to locate the 20,000 litre UPSS was implemented.	As noted below, there is no reference to a 20,000L UPSS or other container in the Blacktown Hospital Dangerous Goods Register (DGR) included in the EIS (2014) PESA report. Reference to a 5000L diesel UST is made in the PESA report, based on the DGR for Blacktown Hospital, which includes reference to a 5000L diesel storage container located in a diesel storage area on Level 1 of the main building. This suggests that the tank may be above ground rather than below ground (i.e. not UPSS), although the DGR does not indicate whether the container is above or below ground. The PESA report indicates the 5000L tank is in the main hospital building to the north of the subject site (i.e. not within the current

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	site). There is no reference in the DGR to a 20,000L dangerous goods container.
	JBS&G have completed further investigations within Stage 2 areas to characterise fill and natural materials, and no evidence of UPSS was observed. Nonetheless, an Unexpected Finds Protocol has been developed by JBS&G for implementation during the Stage 2 works, and should any unexpected UPSS be identified during construction, the Protocol requires an environmental consultant to make an assessment and provide advice regarding appropriate management. Any UPSS to be removed will need to be decommissioned and validated consistent with the POEO (UPSS) Regulation and relevant standards and guidelines.
The EPA notes that the Preliminary Environmental Site Assessment also excludes areas occupied by buildings proposed for demolition. And, identifies in Table 9-1 the presence of fill material to a depth of up to 2.5 metres with traces of ash and slag.	The EIS (2014) PESA included a Preliminary Conceptual Site Model (PCSM) based on historical background information, which included reference to the potential for ash and slag in fill. Intrusive investigations in accessible areas identified some fill material ranging in depth from 0.3 to 2.5m. Only trace ash and slag was observed, and it was reported that as no significant ash was encountered, any incineration products do not appear to have been used to fill the site.
	All contaminants of potential concern (COPC) in samples of fill material analysed were below the adopted site assessment criteria (conservative health-based criteria for residential with accessible soil land use scenarios). Review of drilling logs within the PESA indicate trace ash and/or slag was observed in relatively shallow fill (<0.8m) at only two locations. Analysis of samples of these materials reported in the PESA did not contain elevated COPC including those typical of ash/slag. Deeper fill (>1 m) was observed at only four locations, and fill exceeded 2m at only one of these. Further investigations by JBS&G to characterise materials at the site did not identify any ash or slag. While these materials are not anticipated to be encountered in significant amounts, based on investigations to date, an Unexpected Finds Protocol has been developed by JBS&G for implementation during any earthworks/construction, and in the event any unexpected ash/slag or other materials are encountered, an environmental consultant is required to make an assessment and advise on appropriate actions.
The EPA recommended in its previous letter that a site auditor, accredited under the Contaminated Land Management Act, should be engaged. The EPA notes that auditor involvement to review the site contamination assessments would amongst other things- - provide an opinion on whether the nature and extent of contamination has been appropriately determined, and - ensure any necessary remedial work is carried out .in accordance with best practice and reporting is to the standards required by the EPA.	The recommendation by EPA is noted, however the SEARs for the project do not require a Site Audit, only that it be demonstrated the site is suitable for the proposed use in accordance with SEPP 55. It is noted no change in land use is proposed, as the project involves redevelopment/upgrade of the hospital site for ongoing hospital use. Preliminary and detailed investigations, consistent with SEPP 55 planning guidelines, have been completed at the site by appropriate environmental consultants (as described by NEPC (2013), with the aim of addressing the SEARs with respect to contamination.
	The previous investigations identified the only historical activity listed on Table 1 of the SEPP 55 Planning Guidelines at the site, prior to development of the hospital, was low-level agricultural (predominantly grazing) use. The site has also been subject to more detailed intrusive site investigations, with the EIS (2014) PESA concluding that the site was suitable for the proposed redevelopment (i.e. ongoing hospital use). The results of further intrusive investigations by JBS&G, at a density consistent with relevant EPA guidelines, have not revealed the presence of any previously unidentified contamination that would alter the previous PESA conclusions. To date, environmental data collected does not indicate an unacceptable contamination requiring remedial action.

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	An Unexpected Find Protocol has been developed (consistent with recommendations of the EIS (2014) PESA), with an additional Material Tracking Protocol to guide earthworks contractors in appropriate excavation and tracking of characterised materials to, within and from the site. Further, JBS&G have been engaged to provide oversight of the soil excavation and movement works. In the event that any unexpected finds are identified, JBS&G will undertake an assessment and provide appropriate advice consistent with relevant EPA-made or endorsed guidelines. It is considered that the investigations completed and the unexpected find and material tracking protocols implemented will adequately manage contamination risks.