Att: Assessing Officer
Dept. of Planning and Environment
Application number - SSI 13_6136
Major Projects Assessment

9th September, 2014

There have been scholarly responses made to the EIS for the NorthConnex, with which I agree. They have been from medical and technical experts. I would like to briefly voice my particular concerns.

I find it difficult to accept the overseas report seemingly culled for its endorsement of Sydney air quality, ie. the bar-chart prepared by Environment Canada placed on p1. of the Air Quality Information booklet.

This is not what the OECD report (May 2014) said. It stated that deaths from air pollution in Australia went from 882-1483 between 2005 and 2010, a 68% rise, and that health impacts from road transport are "much larger than previously thought". The Sydney basin probably has the worst scenario with its large population and incidence of smog especially during temperature inversions.

In July 2012, Michele Goldman, Chief Executive of the Asthma Foundation NSW stated that Australia's air monitoring was 10 years behind the rest of the world despite compelling evidence of harm.

In 2013 a Parliamentary Inquiry on the impact of air quality on health stated that the number of Australians who died from air pollution each year was more than twice the national road toll. There would be many more unaccounted for - road statistics are easily quantified, but the effects of diesel pollution, like asbestos, take years to surface and might never be attributed.

WHO has categorically stated that there is no safe level of fine diesel particulate matter, particularly for children's brain and lung development, and putting them in the same Class 1 category as asbestos, mustard gas and arsenic. Are these being specifically measured?

The retro-filtering of the M5 tunnel was successful, but the RMS statement that it only gave a 5% reduction in pollution was made by using figures from 6 hours of filtering and averaging it over the 24 hr period. Will retro-filtering be factored in if non-filtering is found to be ineffective? In-tunnel filtration can reduce the cost of ventilation by 30 to 50 per cent.

What effect does the large height and width of the tunnels have on the piston effect of vehicular movement? Will there be an eddying effect in times of lower usage or slow traffic due to the pinch-points at the M1 and M2 junctions? The posted minimum speed of 80kmh is presumably to facilitate the piston effect, but often will not be possible.

The southern stack will be lower in the Sydney basin, producing higher concentrations around it than even the northern stack. In any case they are both about 1/3 the size of the Lane Cove stacks

and that tunnel does not have anywhere near the percentage of trucks that the NorthConnex will have. These stacks will be only 7-8m above ground height.

There has been no diagrammatic information on the expected groundstrike plume effect from the dispersed matter from the stacks. It does not disappear as we have been told and must eventually drop to earth.

The cost to the public purse of the future need for health care needs to be addressed and factored in.

There is no provision for contra-flow between the tunnels when accidents occur. This would be a decision made to prevent counteraction of the effectiveness of the piston effect for fumes, but will greatly hinder rescue attempts. If a truck jack-knifed there would be no access lane for rescue vehicles.

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