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Department of Planning and Environment
GPO Box 39
SYDNEY NSW 2001

Attention: Emma Barnet
By email: emma.barnet@planning.nsw.gov.au

Date: 1 April 2019

Dear Ms Barnet

EPA comments on the EIS on exhibition for State Waste Services Arndell Park – Clinical Waste Management Facility (SSD 6761)

I refer to your invitation for the Environment Protection Authority (EPA) to comment on a proposal for the expansion of the Clinical Waste Management Facility owned by State Waste Services Pty Ltd, at 9 Kenoma Place Arndell Park (SSD 6761).

The EPA has reviewed the Environmental Impact Statement (EIS) for the proposal and provides the comments below in the attachments to this letter. The comments highlight areas where the EPA recommends State Waste Services Pty Ltd (the proponent, SWS) provide more information and clarification to assist the Department of Planning and Environment (DPO) in the assessment and determination of this proposal.

The EPA recommends that further information be sought from the proponent in the following areas:

Air Quality
The EIS does not provide sufficient information to demonstrate the proposal will not have any adverse air quality, including odour, impacts.

The EPA considers the AQIA to be inadequate. A detailed review of the AQIA, including identification and discussion of issues that require additional information is provided in **Attachment A**.

Waste
The EIS does not adequately address the Secretary's Environmental Assessment Requirements with respect to waste management.

The EPA considers the information provided on management of waste associated with the proposal to be inadequate. A detailed review of the waste management assessment, including identification and discussion of issues that require additional information is provided in **Attachment B**.

Other issues
The EPA has noted other issues that require clarification or addressing in **Attachment C**.

If you have any queries regarding this matter, please contact John Klepetko on 9995 6091 or john.klepetko@epa.nsw.gov.au.

Yours sincerely

ERWIN BENKER
Manager Hazardous Materials
Environment Protection Authority

Attachment A

EPA comments on the air impact assessment for the expansion of the State Waste Services Clinical Waste Management Facility (SSD 6761)

The EPA considers the project Air Quality Impact Assessment (AQIA) inadequate, and inconsistent with the requirements of the Approved Methods for the Modelling and Assessment of Air Pollutants in NSW (the Approved Methods)[1].

Specific issues with the AQIA are detailed below. The EPA recommends these issues be addressed via the provision of a revised assessment.

Discussion of issues

1. Only odour was assessed. Other pollutants were not assessed.

The SEARs include an air quality assessment of all potential air quality and odour impacts from the development. Thus emissions of pollutants other than odour should have been considered. These pollutants may include, but not be limited to, benzene, toluene, ethyl benzene and xylene. If emissions were considered negligible, this assumption should have been justified.

EPA recommendation: The proponent should identify all pollutants of concern (other than odour) for the proposal. If these pollutants are considered non-negligible, they should be included in the AQIA.

2. Inadequate information regarding the meteorology of the site is provided.
   a. No information was provided on how the meteorology files used in Aermet were developed. For example, there was no information regarding what upper air data was used, and how the mixing height was calculated. According to the AQIA, the meteorology data files (SFC and PFL files) were provided by the client. Section 9.4.2 of the Approved Methods requires that "a description of the techniques used to prepare the meteorological data into a format for use in the dispersion modelling" be provided.
   b. The assessment did not provide a quantification of calms, and therefore did not assess whether the use of Aermet/Aermod is valid. The AQIA claimed that very stable conditions occurred less than 10% of the time, however, the frequency of calms was not specified. Since odour is problematic during very low windspeeds and calms, there should have been more details provided about how Aermod could accurately model dispersion at the site.
   c. The AQIA states that the year 2015 was chosen for analysis since it was the "most complete and recent dataset available from the monitoring station". No justification that the year 2015 is a representative year is provided. Section 4.1 of the Approved Methods specifies that the meteorology data used in the assessment should be correlated against a longer duration data set of at least five years to show the data is representative.

EPA recommendation: The proponent should revise the AQIA to include details of how the meteorology data files were developed, details of calms and justification of the use of Aermet/Aermod, and justification that 2015 is representative of meteorology over a longer timeframe.

3. Two odour criteria were used.

The assessment uses two different odour criteria: 2 OU for residences, and 6 OU for industrial sites. A single odour assessment criterion is to be applied at all sensitive receptors surrounding the proposed activity. There is no separate odour assessment criterion for industrial/commercial premises. According to Table 7-5 of the Approved Methods, the appropriate criterion is 2 OU because of the urban location and population.

[1] *Approved Methods for the Modelling and Assessment of Air Pollutants in NSW*, NSW EPA, January 2017

EPA recommendation: The proponent should revise the AQIA to compare odour impacts against a single odour criterion of 2 OU.

4. Odour impacts exceed the odour impact criterion, however no additional mitigation measures are proposed.

The AQIA assesses odour from the proposed expansion, and results indicate significant odour impacts (> 7 OU) at the neighbouring commercial/industrial properties, which is in exceedance of the odour criterion. Additional mitigation methods were not implemented, and the modelling was not revised until compliance was achieved.

EPA recommendation: The proponent should revise the AQIA to include pollution control strategies until compliance is achieved in accordance with Section 7.7 of the Approved Methods.

5. Emissions from the neighbouring commercial properties not considered.

There is no discussion about the neighbouring commercial properties and whether these could also be sources of odour and other air pollutants, which could contribute to cumulative impacts.

EPA recommendation: The proponent should revise the AQIA to consider whether the other commercial/industrial properties could also be emissions sources that contribute to cumulative impacts in the surrounding air environment. If so, these should be included in the dispersion model.

6. Odour from the air space in water tank incorrectly calculated.

Odour from the air space in the water tank assumed a "wafting" discharge 24 hours per day. TAA expects the discharge will be much larger when steam and condensate are returned to the water tank, displacing the airspace. This was not considered in the AQIA. Further, the odour emission rate was based on monitoring data taken during the existing operations. There is no discussion how the odour concentration in the air space will change due to the expanded operations.

EPA recommendation: The proponent should revise the AQIA to consider odour emissions from the water tank vents when steam and condensate are returned. The odour concentration in the airspace may increase due to the expanded operations, and this needs to be considered when calculating emission rates from the water tank.

7. Emissions inventory questionable.

It appears that odour emission rates from the broken bag and the process waste bin have been calculated assuming the entire building has these levels of odour concentrations. If so, this is highly conservative and a gross overestimation, and would explain why the odour impacts are dominated by the broken bag and the waste processing bin. The proponent should clarify how the odour emission rates from these sources were calculated. Further, odour emissions from the raw waste processing bin were not included in the model.

EPA recommendation: The proponent should revise the AQIA to:

- ***a. review and consider the appropriateness of the emissions inventory. Where necessary the emissions inventory should be revised and clarified.***
- ***b. include more detail clarifying how odour emissions from broken bags and processing bins were derived.***
- ***c. include odour emissions from the raw waste processing bin in the model.***

8. Other sources of air emissions not considered.

The AQIA only assesses odour sources at the site. There is a small boiler on site that was not included in the assessment. Emissions from the boiler will increase as a result of the proposal.

EPA recommendation: The AQIA should be revised to include all air emissions sources.

Attachment B

EPA comments on matters relevant to waste management for the expansion of the State Waste Services Clinical Waste Management Facility (SSD 6761)

The EPA considers the information provided to assess waste management related impacts inadequate and inconsistent with the requirements of the Secretary's Environmental Assessment Requirements (SEARS).

The SEARs include an assessment of waste management associated with the proposal. The requirements for consideration include:

- details of how the material will be collected, managed and disposed of;
- details of the quantities and classification of waste to be generated on site;
- demonstration that the proposed handling, labelling, storage and disposal of clinical and related waste is consistent with NSW Health's Waste Management Guidelines for Health Care Facilities, August 1998;
- evidence that the expansion of the existing clinical and medical waste facility fulfils the objectives of the NSW Waste Avoidance and Resource Recovery Strategy 2014-21; and
- evidence that NSW Health supports the method of treatment of the clinical waste.

Specific issues with the EIS are detailed below. The EPA recommends these issues be addressed via the provision of a revised EIS.

Discussion of issues

1. It is unclear how the proposed increase in capacity can be achieved.

The proposal consists of an increase in processing capacity from 650 tonnes per annum (tpa) to 3000 tpa. No new infrastructure, plant or equipment are proposed. The proposed increase in waste will be achieved through the extended use of existing plant.

Consent and proposed waste volumes.

The current consent for the site includes:

- the maximum storage of 0.5 tonnes (ie. 23 bins) of unprocessed waste on site any one time;
- the processing of a maximum of 96 sulo bins of untreated waste each day; and
- the processing of 650 tonnes of untreated waste per year.

The EPS states (Section 4.7) the autoclave is capable of processing 1 tonne per hour, and therefore 11 tonnes per day. However currently only 2.5 tonnes of waste per day of clinical waste is received and processed.

The current consent for the site was based on processing 8 sulo bins per hour, or 96 bins during a 12 hour workday. Information that was provided with the development application for the site stated that 23 full bins equate to 0.5 tonnes of waste. Consequently operation of the plant 6 days a week would be equivalent to 576 full sulo bins of 12.5 tonnes of waste each week. The maximum amount of waste that could be treated each year would therefore be 650 tonnes.

An increase in capacity to 3000 tpa would require the site to process approximately 58 tonnes per week, equivalent to around 10 tonnes of waste per day. The autoclave process is 1 hour per load, and consequently the autoclave would need to run continuously every day, with each load equivalent to 1 tonne.

The EPA notes that each processing bin loaded into the autoclave contains much less than 1 tonne of waste. The amount of waste in each processing bin is limited due to the nature of the waste, the volume of the bags received, and the volume of the processing bins.

The EPA notes that it is unclear how a greater volume (and thus weight) of waste can be added to each processing bin, so each bin will carry around 1 tonne of waste, which is required to achieve a capacity of 3000 tpa consistent with the proposal.

It is unclear how much waste the site can manage at any one time.
The EIS states (Section 4.6.2) delivery vehicles would have a maximum capacity to carry waste materials up to 12,000 kg for medium rigid vehicles (two in operation), and 2,000 kg for small rigid vehicles (one in operation).

The EPA notes it is unclear what volume of waste the site can appropriately manage at any one time.

Processing and storage space is lacking. The management of current waste volumes already appears to be problematic at the site.
The EPA notes there is a current lack or appropriate storage space at the facility to conduct current operations in accordance with the current consent and licence conditions. In particular, a large amount of waste bins (clean and empty) are routinely stored outside the building, as also evident in some of photos of the site included in the EIS, for example see Figure 4-4.

Though the EIS refers to the approved outside "warehouse bin storage area" for the storage of clean bins (also not included or clearly depicted in the site plans in Section 4.3 of the EIS), in practice this area is insufficient for the effective and efficient operation of the facility, as observed by EPA officers who conducted recent site inspections at the premises.

EPA recommendation: The proponent should provide further information to clarify and justify how the facility can achieve, in an environmentally sound manner, the proposed 4.5 times increase in capacity to 3000 tpa.

2. Current operations include storage clinical and related wastes over several days contrary to information provided in the EIS.

The EIS states (Section 4.6.3) states there is no overnight storage of any clinical and related waste material on site. The EIS also states that waste material received at the site will be treated immediately after arrival each day, to ensure any potential impacts are prevented as a result of overnight storage (Section 4.2).

However the EPA notes that storage of clinical and related waste overnight does occur. For example SWS have advised the EPA that collection of cytotoxic waste received at the site occur only 2-3 times per week. Cytotoxic waste is not permitted to be processed at the site and as a consequence this waste may be stored on site for several days before being taken offsite for treatment.

Storage of clinical and related waste must be done in an appropriate manner to manage the specific risks associated with the relevant waste type.

As the EIS does not consider storage of clinical and related wastes, such as cytotoxic waste, which currently occurs at the facility and may increase with the proposal, the EIS fails to address a significant aspect required to ensure site impacts and risks are appropriately assessed and managed.

EPA recommendation: The proponent should revise the EIS to include actual current and proposed operations with respect to the management of clinical and related waste.

3. The EIS does not consider or assess the receipt and management of types of medical / clinical and related waste that may be received at the facility.

The EIS states (Executive Summary) the proposal is to increase the processing of medical waste from 650tpa of medical waste to 3,000tpa. However the EPA notes only clinical waste can be processed on site, by autoclaving.

The EPA notes with respect to the autoclaving process (Section 4.3.2) the EIS states the scope of collected waste would be limited to sharps, dressing and disposable linen, microbiological and pathological waste, human and animal tissue and body fluids.

Despite the fact the site is permitted to receive and store 'clinical and related waste' types other than 'clinical waste', such as 'cytotoxic waste' and 'pharmaceutical waste', the EIS does not consider or assess the impacts of the proposal associated with these wastes.

The EPA notes there are specific storage and handling requirements for cytotoxic and pharmaceutical wastes which are required to ensure risks to human health and the environment and prevented. Consequently such aspects must be considered and included in the EIS.

EPA recommendation: The proponent:

- **a. clarify and describe in detail what types of waste are intended to be received at the facility;**
- **b. clarify and describe in detail the management of each type of waste intended to be received at the facility; and**
- **c. consider and assess, where appropriate, potential impacts associated with the receipt of each type of medical / clinical and related waste types that may potentially be received, stored and/or processed at the facility, and that are associated with the project.**

4. <u>The EIS states that no physical works are necessary as a part of the application.</u>

The EIS states the proposal is to increase the processing of medical waste from 650tpa of medical waste to 3,000tpa. The proposed increase is proposed to be achieved through the extended use of existing plant.

The EPA notes during recent EPA site inspections at the facility the proponent referred to additional storage capacity, namely a new storage facility, being included with the proposal. However the EPA notes the EIS does not contain any reference to or information on additional storage to be included as a part of the proposal.

Also see comments under point 1. above.

EPA recommendation: The proponent should:

- **a. *clarify if the EIS contains all relevant works and activities associated with the proposal, such as an additional storage facility; and***
- **b. *where needed, revise the EIS to include all works and activities associated with the proposal.***

5. <u>Relevant activities to the project that are undertaken onsite are not included in the EIS.</u>

The EIS (Section 1.2) states "only clinical and related wastes are processed" at the facility and "No other wastes are processed by SWS". The EPA notes however contrary to these statements, other activities are performed on site that are not included the project description, such as the receipt, collection, sorting and consolidation of plastic and other wastes, for offsite disposal.

The EPA also notes it is unclear what impact, if any, the project may have on these other ancillary activities.

Due to the limited space available onsite the EPA recommends the EIS contain detailed information on all relevant and potentially relevant activities to the proposal and site operations.

EPA recommendation: The proponent should revise the EIS to describe, consider and assess all activities performed on site that are relevant or potentially relevant to the proposal, such as the receipt and processing of other wastes at the facility.

6. Information on the handling and management of bins containing waste is required.

The EIS (Section 1.2) states "on occasions, very small amounts of other materials … are found in the collected bins". However the EPA notes the EIS, including the project waste treatment process described in the EIS (Appendix J), does not include a detail description of waste bin as handling and management (processing), including any activity that would enable waste received to be inspected and reclassified to another waste type.

EPA recommendation: The proponent should revise the EIS to include details of the handling and management of bins containing waste, and reclassification of waste received.

7. NSW Health approval

The EIS refers to the NSW Health approval for treatment of clinical waste using the existing plant in Appendix J and R. The EPA notes Appendix J does not include any approval, and it is unclear if the NSW Health correspondence in Appendix R refers to the plant currently in operation at the facility.

The EPA notes that SWS must maintain a valid approval of the method of treatment of clinical waste at all times.

EPA recommendation: The proponent should revise the EIS to clarify a the facility holds a current approval from NSW Health for the treatment of clinical waste, using the current treatment plant at the site.

8. It is unclear if all waste bins received are suitable for use and appropriately managed

The EIS states (Section 1.2) "SWS clinical waste bins and sharps collectors meet relevant standards, and SWS clinical waste treatment facility, including its processes, is approved by NSW Health and the Environment Protection Authority". The EPA notes however the EIS does not contain any information to verify, or demonstrate and confirm all the bins received on site are compliant with relevant standards, such as those:

a. SWS clinical waste bins and sharps collectors;
b. other company's clinical waste, sharps collectors; and
c. bins and receptacles for cytotoxic and other specific types of clinical and related waste.

The EPA also notes the EIS does not contain information on aspects and contingencies where waste bins, receptacles, and other requirements do not comply with relevant standards and guidelines.

In addition, the EPA does not approve facilities, rather licenses and regulates the operation of facilities.

EPA recommendation: The proponent should revise the EIS to:

a. ***provide information on the waste receptacles and containers that are and may be received, and the management strategies and contingencies that will be used where non-compliant containers are found to be in use; and***
b. **clarify the EPA's role is not to approve the facility.**

9. Details of the handling of waste following autoclaving are not provided.

The EIS states (Figure 4-2) provides the approved and proposed waste treatment process. The EPA notes details of the process in Figure 4-2 are lacking, such as how bins are emptied into the shredder, and following this into the large bin for transport to landfill.

The EIS (Section 4.3.1) states waste from the autoclave is mechanically transferred to a conveyor system, where the waste is fed to a shredder, after which it drops into a waste compactor. However the EPA notes that the EIS description of transfer operations is not consistent with those observed by the EPA, and a conveyor system is not currently used at the facility.

Details of the actual shredding and compaction process, management of spills and residual or generated liquids are not included in the information on the existing approved process in the EIS (Section 4.2). These are required to demonstrate hazards and impacts associated with such

operations have been considered and appropriately assessed with respect to the proposal, which will significantly increase the total amount of waste treated at the site through the same process.

EPA recommendation: The proponent should revise the EIS to include correct and detailed information on the handling of waste, especially following autoclaving.

10. Details of the cleaning and disinfecting process are unclear.
The EIS states (Section 4.3.1) bins are segregated and hand cleaned using hospital grade disinfectant, deodorised and transferred to the warehouse bin storage area ready for re-use. However elsewhere the EIS (Section 6.10) states domestic grade disinfectants are use to disinfect the bins.

EPA recommendation: The proponent should revise the EIS to clarify the cleaning and disinfecting process, including the type of disinfectant to be used to clean bins.

11. The recommendations in the EIS refer to out of date guidelines.
The EIS provides (Section 6.18.8, and elsewhere, such as PHA Section 9) recommendations which include reference to four guidelines for the transport and handling of clinical and related waste.

The EPA notes three of the guidelines provided (AS/NZ 3816:1998; the Waste Management Guidelines for Health Care Facilities, and the National Guidelines for Waste Management in the Health Care Industry (NHMRC March 1999) are now out of date.

EPA recommendation: The proponent should revise the EIS to ensure current standards and guidelines are referred to.

9. The autoclave steam appears to be discharged into the environment from the water tank.
The EIS (Section 4.6.3) states there is no discharge of autoclave steam to the environment. However the EPA has observed steam discharging in a vigorous manner, though briefly, into the environment from the water tank vents (Figure 6-10). The steam appeared to be from the autoclave.

EPA recommendation: The EIS should be revised to:

- ***a. clarify whether autoclave steam is discharged into the environment from the water tank;***
- ***b. consider risks associated with the venting of pathogens in the steam; and***
- ***c. include a process and/or water flow diagram to show and clarify the movement, use, cooling, filtering and discharge of water associated with the autoclave system.***

Attachment C

EPA comments on other issues identified in the EIS for the expansion of the State Waste Services Clinical Waste Management Facility (SSD 6761)

Traffic

The EIS (Section 6.4) states the Traffic Impact Assessment prepared for the proposal assesses changes in traffic related to the project due to:

- an increase in operating hours from 37.5 per week (7:30am to 3pm Monday to Friday) to 72 (7am to 7pm Monday to Saturday), associated with daily movements spread into 12 hours rather than the current 6-7 hours in a working day;
- an increase in daily traffic movement from 36 to 58;
- an increase from 11 to 13 vehicle movements during morning peak times; and
- an increase from 5 to 11 vehicle movements during the evening peak hour.

The EIS also states with respect to the management of vehicles relevant to the proposal:

- all vehicles will continue to be stored off site overnight and when not operated (Section 4.6.2);
- the storage location for business related vehicles is a site in close proximity to the facility (also referred to as the 'works depot' – Section 4.7) rather than the car park of the facility (Section 1.2); and
- no alterations to the existing site access, internal circulation, servicing and built form arrangement are proposed.

The EPA notes:

a. it is unclear if and how vehicle deliveries of waste will be managed and controlled so they are evenly spread between the permitted hours of operation of 7am and 7pm;
b. it is unclear if the traffic impact assessment included consideration of vehicle movements associated with the receipt and/or removal of:
    a. clinical and related waste types that cannot be processed at the facility; and
    b. other non-medical / clinical and related wastes (eg plastic waste) received and processed at the facility.
c. the available space for van, small and medium rigid vehicle manoeuvring and parking is very limited at the site and is generally not conducive to safe and efficient vehicle operations (access, parking, loading/unloading and exit);
d. details of the vehicle storage site, as well as of traffic and other potential impact associated with the use of this site should be provided in the EIS. Contingency measures should also be provided where the use of the storage site no longer becomes available; and
e. it is unclear what operations and how many vehicles can be managed on the site at any one time.

EPA recommendation: The proponent should revise the EIS to consider, address and/or clarify the above issues, as necessary.

Water

The EIS (Table 1-1) states surface water is managed inside the building. However, the EIS states (Section 4.3) and SWS have advised the EPA:

- empty bins are routinely temporarily stored outside the building, and
- on occasion storage of a limited number of full waste bins, and unloading of waste (see EIS Figure 4-2), may occur outside the building.

The EPA notes that outside the building the concrete hardstand slopes towards a stormwater drain which is not isolated. Consequently, there is a risk of pollution to stormwater if any spill of waste is not immediately and effectively contained.

EPA recommendation: The proponent should revise the EIS to consider and address risks to stormwater.

The EPA also notes the EIS does not contain a diagram, schematic or plan of stormwater and related water management infrastructure at the site. The EIS states (Section 4.6.3) that "no drawings or plans associated with the stormwater arrangements on the outside concreted area were found".

EPA recommendation: The proponent should revise the EIS to include a stormwater and related water management infrastructure diagram or plan, to demonstrate this aspect is satisfactorily understood.

Emergency response and Preliminary Hazard Analysis

1. The EPA does not approve pollution incident response management plans.

The EIS (Section 6.1) states SWS has an EPA approved pollution incident response management plan (PIRMP).

The EPA notes that PIRMP's are required under NSW legislation however they are not approved by the EPA.

EPA recommendation: The proponent should revise the EIS to clarify the site PIRMP is not approved by the EPA.

2. It is unclear what the potential impacts associated with loaded trucks parking in the staging area for up to 6 hours might be.

The Preliminary Hazard Assessment (PHA) component of the EIS states (PHA, Section 4.4.5.3) loaded trucks may be parked in the staging area for up to 6 hours in the event of a major plant breakdown. The EIS does not consider storage of clinical waste for up to 6 hours due to:

- infectious wastes are 'generally' stored in plastic lined bins for a number of days before collection;
- the staging area for trucks storing the waste would be locked when the area is unattended; and
- security cameras are in place, limiting chance for vandalism.

The EPA notes it is unclear where the staging area referred to in the PHA is located. If offsite, the staging area would potentially require licensing, which is not referred to in the EIS or PHA.

The EPA also notes the storage of clinical waste containing pathogenic and infectious microorganisms may result in (under favourable conditions) a significant increase in these organisms in the waste. This aspect does not appear to have been considered or assessed in the project PHA.

EPA recommendation: The proponent should revise the EIS to consider in more detail potential aspects, impacts and risk associated with the staging of trucks containing waste at either on- or off-site locations.

3. Information of the validation testing performed on the autoclave is not clearly presented in the EIS.

The PHA refers to aspects relevant to the operation of autoclave. However the PHA or body of the EIS does not include information, including a summary, of validation testing performed on the autoclave to demonstrate it will effectively and efficiently treat all (waste case) wastes that will be loaded into it at the facility.

EPA recommendation: The proponent should revise the EIS to clarify autoclave validation has been undertaken and that it clearly demonstrates the autoclave will properly sterilise all the materials requiring treatment in a reliable, effective and efficient manner.

Noise and vibration

The EIS does not contain a Noise Impact Assessment for the proposal as required by the Secretary's Environmental Assessment Requirements issued by the NSW Department of Planning and Environment.

The EPA notes:

- the premises is located within an established industrial area, with the majority of operations occur within a building;
- industrial premises are located between the subject premises and the nearest residential receivers;
- the proposal will operate mostly during daytime hours; and
- the surrounding area includes the significant noise sources such as the Great Western Highway, the M4 motorway and Eastern Creek Motorsport Park to the south.

The EPA considers the proposal for the extended hours of operation at the site to be low risk with respect to noise impacts.

1. Clarification of operating times is required.

However the EPA notes the EIS (Table 1-2) states no activities will be undertaken between 10pm and 7am.

EPA recommendation: the EIS clarify that activities will not be undertaken between 7pm and 7am – consistent with the current and proposed operating hours.