Our Case Number: ACP-323980-25

Your Reference: Peamount Healthcare

An Coimisiún Pleanála

A&L Goodbody LLP
25 North Wall Quay
Dublin 1
D01 H104

Date: 04 August 2026

Re: Proposed Water Supply Project for the Eastern and Midlands Region
in the counties of Clare, Limerick, Tipperary, Offaly, Kildare, and Dublin.

Dear Sir / Madam,

An Coimisiún Pleanála has received your submission in relation to the above-mentioned proposed development and will take it into consideration in its determination of the matter.

The Commission will revert to you in due course in respect of this matter.

Please be advised that a copy of all submissions/observations received in relation to the application will be made available for inspection on the Commission's website at the following link: https://www.pleanala.ie/en-ie/case/323980.

If you have any queries in the meantime, please contact the undersigned officer of the Commission. Please quote the above mentioned An Coimisiún Pleanála reference number in any correspondence or telephone contact with the Commission.

Yours faithfully,

pp Co'K

Eimear Reilly
Executive Officer
Direct Line: 01-8737184

PA09

Teil	**Tel**	(01) 858 8100
Glao Áitiúil	**LoCall**	1800 275 175
Láithreán Gréasáin	**Website**	www.pleanala.ie
Ríomhphost	**Email**	communications@pleanala.ie

64 Sráid Maoilbhríde
Baile Átha Cliath 1
D01 V902

64 Marlborough Street
Dublin 1
D01 V902

Eimear Reilly

From: LAPS
Sent: Tuesday 21 July 2026 16:30
To: Eimear Reilly
Subject: FW: Further submission: Uisce Éireann Compulsory Purchase (Water Supply Project Eastern and Midlands Region) Order, 2025 (ACP Ref 323982) and SID Application (323980)- Peamount Healthcare [ALGDMS-MAIN.220209.01451729.FID1835785]
Attachments: ACP 323982 and 323980 - Peamount Healthcare Further Submission dated 21 July 2026(91708431.1).pdf

Follow Up Flag: Follow up
Flag Status: Completed

Categories: Both Cases

From: Marika Williams <mwilliams@algoodbody.com>
Sent: Tuesday 21 July 2026 15:59
To: LAPS <laps@pleanala.ie>; SIDS <sids@pleanala.ie>
Cc: Brendan Curran <bcurran@algoodbody.com>; John Byron <jbyron@algoodbody.com>; Eilidh O'Connor <eioconnor@algoodbody.com>
Subject: Further submission: Uisce Éireann Compulsory Purchase (Water Supply Project Eastern and Midlands Region) Order, 2025 (ACP Ref 323982) and SID Application (323980)- Peamount Healthcare [ALGDMS-MAIN.220209.01451729.FID1835785]

Dear Ms Reilly

On behalf of our client, Peamount Healthcare, please find attached a further submission in relation to the Uisce Éireann Compulsory Purchase (Water Supply Project Eastern and Midlands Region) Order, 2025 and Strategic Infrastructure Development application (ACP Ref 323982).

Grateful if you could please confirm receipt of the further submission. A hardcopy has also been delivered to ACP this afternoon.

Yours faithfully
A&L Goodbody

Marika Williams | Lawyer (Qualified in New Zealand)
A&L Goodbody LLP

DDI: +35316492046 | T: +35316492000 | E: mwilliams@algoodbody.com
25 North Wall Quay, Dublin 1, D01 H104 | www.algoodbody.com

Peamount Healthcare
Rehabilitation
Residential
Community

An Coimisiún Pleanála
34 Marlborough Street
Dublin
D01 V902

RE: (A) Direct planning application to An Coimisiún Pleanála under section 37E of the Planning and Development Act as amended in respect of a Strategic Infrastructure Development (Proposed Water Supply Project Eastern and Midlands Region) (ACP Ref. 323980); and
(B) Peamount Healthcare objection to draft Uisce Éireann Compulsory Purchase (Water Supply Project Eastern and Midlands Region) Order 2025 (ACP Ref 323982)

Wayleave Numbers: IW/10001814/CWL/425a
Plot Numbers: ACQ09a.2172, ACQO9a.2175, WL425a.2166, WL425a.2164, WL425a.2165, WL425a.2167
Landowner Name: Peamount Healthcare

Dear Ms Reilly

We refer to your letter dated 24 June 2026, and the response attached to your letter from Uisce Éireann (**UÉ**) dated 5 May 2026. As invited, Peamount Healthcare now wishes to make further observations on the above referenced Compulsory Purchase Order (**CPO**) for the Water Supply Project (the **Proposed Development**), particularly the CPO of Plots No ACQ09a.2172 and ACQ09a.2175 on Drawing No IW/10001814/CA/09a. Peamount Healthcare also wishes to make further observations on the Strategic Infrastructure Development application.

UÉ notes in its response that there continues to be ongoing active dialogue with Peamount Healthcare, however Peamount wishes to express its dissatisfaction with the level of engagement on UÉ's behalf to date. Enclosed as **Appendix 1** is a letter sent from Peamount Healthcare to UÉ on 14 July 2026. In this letter we reiterated our intention to engage constructively with UÉ on the Proposed Development, and set out, on an open basis, a number of proposals on how Peamount Healthcare and UÉ could address the matters raised in our original submission by mutual agreement.

Peamount Healthcare remains very concerned that UÉ has not adequately addressed the deficiencies in the Environmental Impact Assessment Report (the **EIAR**) identified in our submission in relation to Peamount Hospital, particularly regarding construction access and nuisance (including noise and vibration). UÉ continues to assert without evidence or explanation that the EIAR's generic thresholds for sensitive receptors will protect the patients of Peamount Hospital. We respond below to each of the individual points raised by UÉ, but overall wish to reinforce to ACP that Peamount's circumstances are materially different from those of an ordinary neighbouring landowner. Peamount Hospital accommodates highly vulnerable patients, including patients with prolonged disorders of consciousness, and the campus itself is made up of many older buildings, some of which are over 200 years old. It cannot be assumed that adhering to standard guidelines will adequately protect Peamount's patients, nor that implementing standard guidelines will be practicable at the campus itself.

We set out below our response to each of the points raised by UÉ in its letter. We ask that ACP takes these further observations into account and incorporates the requested design changes and mitigation measures in order to

ensure that the construction and operation of the Proposed Development avoids health impacts on Peamount Healthcare's vulnerable patient population, many of whom live directly adjacent to the Termination Point Reservoir site.

1 EXECUTIVE SUMMARY

1.1 Peamount Healthcare remains of the view there are deficiencies in the EIAR for the Proposed Development that must be addressed by UÉ and therefore requests that UÉ:

1.1.1 Provides an explanation as to how the assessment of noise, vibration, dust and lighting addresses the particular circumstances of Peamount Hospital patients who are (a) in long term residential care or (b) have prolonged disorders of consciousness, and in particular provide a justification as to how the target thresholds for mitigation are appropriate for those populations. In addition, Peamount Hospital requests that UÉ demonstrate that there are feasible mitigation measures available to mitigate any impact on these populations. In the alternative, Peamount Healthcare requests an updated assessment with new specific thresholds and proposed mitigation measures.

1.1.2 Prepares an updated Human Health assessment, based on our comments at 1.1.1 above.

1.1.3 Applies stricter vibrational limits to the Protected Structures and St Finian's Schoolhouse on Peamount Hospital grounds, based on DIN 4150 standards for structures of intrinsic heritage value and particular sensitivity to vibration. Any such limits must be supported by a clear monitoring and enforcement regime. Without those measures, Peamount Healthcare remains concerned that the proposed vibration mitigation is insufficiently specific and protective, and incapable of proper monitoring or enforcement.

1.1.4 Prepares a site-specific aspergillosis risk assessment and mitigation strategy, including demonstration of the feasibility of at-receptor mitigation with commitment to fund that mitigation.

1.1.5 Includes conditions requiring final management plans for the above construction nuisance and health impacts to be agreed with Peamount Healthcare before works start, with reference to An Coimisiún Pleanála or South Dublin County Council in the event that agreement cannot be reached.

1.1.6 In relation to the CPO, omit the proposed construction access road from the CPO entirely, or alternatively, provide full justification for why the Grange Castle West access road cannot be implemented, together with an updated noise assessment and analysis of proposed mitigation measures as set out above.

2 HUMAN HEALTH ASSESSMENT – CHARACTERISATION OF RECEPTORS, METHODOLOGY AND MITIGATION

2.1 UÉ's response to Peamount's submission states that it is not proportionate for an EIA process to undertake a literature review in relation to the range of specific health outcomes in a population. UÉ also notes that it may have been possible to 'draw out a more detailed understanding from research into the actual conditions treated at Peamount Hospital' but that it was not considered this would affect the conclusions of the population health-based assessment.

2.2 Simply put, this is an admission that UÉ has not investigated whether the thresholds adopted in its assessment are protective of the patient population at Peamount Hospital.

2.3 Peamount Healthcare submits that this response does not engage fully with its submission. This response does not identify how UÉ identified and characterised the actual conditions treated at Peamount Hospital. Nor does Peamount Healthcare agree that its submission requested UÉ undertake an assessment on individual (clinical) health status. Peamount Healthcare is not seeking a population analysis but rather analysis from UÉ as to the sensitivity of the specific patient populations who are most directly exposed to the Proposed Development, namely the residents of St Brid's and the long-term residential/supported living residents closest to the proposed construction access road. UÉ's response to date shows that it has not considered nor can it demonstrate to ACP (1) at what threshold these patients suffer harm, (2) what measures are required to mitigate that harm and (3) whether any disruptive mitigation at receptor will be required (i.e. mitigation that will involve retrofitting works to the Peamount Hospital campus).

2.4 These cohorts of patients are materially different from ordinary residential receptors. They include patients with traumatic and progressive neurological disabilities, acquired brain injury, prolonged disorders of consciousness, chronic respiratory conditions, older patients and other vulnerable residents who may have heightened sensitivity to infection risk. Many are long-term residents of the campus and cannot be assumed to have the same resilience, mobility, ability to communicate distress, or ability to avoid exposure as an ordinary residential population. The assessment should have considered whether the predicted construction impacts would be clinically tolerable for those specific exposed cohorts, not merely whether the impacts would be acceptable by reference to generic population health or residential receptor thresholds.

2.5 UÉ's response appears to concede the underlying deficiency. By stating that it may have been possible to "*draw out a more detailed understanding from research into the actual conditions treated at Peamount Hospital*", UÉ demonstrates that the actual conditions treated at Peamount Hospital were not analysed in any meaningful detail. That leaves ACP without the information necessary to understand at what threshold these specific patients may suffer harm, whether the proposed thresholds protect them, and whether the residual effects described as 'not significant' are in fact acceptable in the clinical context of Peamount Hospital.

2.6 This is particularly important because the EIAR itself identifies significant pre-mitigation effects arising from construction noise associated with the TPR and the access road at receptors within Peamount Hospital. In those circumstances, it is not sufficient for UÉ to rely on generic best practice mitigation or standard construction management measures. UÉ must identify, in advance, the specific mitigation required to protect the exposed patient cohorts, including whether mitigation is required at source, pathway, or at receptor. That includes considering whether disruptive at-receptor measures may be required within the Peamount campus, such as temporary relocation, physical alterations to buildings, sealing works, ventilation, filtration, acoustic upgrading, cooling, respite arrangements or other operational controls.

2.7 Without that assessment, Peamount Healthcare cannot know whether the mitigation proposed is feasible, clinically adequate or capable of being implemented without disruption to patient care. Nor can ACP be satisfied that the likely significant human health effects have been properly assessed and mitigated.

2.8 Peamount therefore requests that ACP require UÉ to carry out a site-specific human health assessment focused on the patient cohorts most exposed to construction effects and to produce a corresponding mitigation plan which identifies the thresholds to be protected, the measures required to achieve those thresholds, any at-receptor works required, and who will fund and implement those measures before works commence.

3 PEAMOUNT HEALTHCARE'S PROPOSED ALTERNATIVE ACCESS

3.1 Peamount Healthcare acknowledges UÉ is willing to consider and explore an alternative access arrangement for the TPR in line with the delivery of the Grange Castle West Masterplan. As UÉ notes, this alternative access would have significant benefits both for Peamount Hospital and UÉ.

3.2 The existing proposed access route would have significant impacts on Peamount's long-term residential facilities. It would bring construction traffic, noise, vibration, dust, lighting and operational activity very close to vulnerable residents, as is outlined further below in Sections 5 and 6. The impact of this is particularly acute in circumstances where many of those on the campus are long-term residents, as opposed to short-term visitors.

3.3 This is especially serious for St Brid's Neuro Disability Unit. St Brid's provides care for people with traumatic and progressive neurological disabilities. Residents require consultant-led care and 24/7 specialised nursing support. The Unit is located immediately beside the proposed TPR site boundary and at the end of the proposed construction access road.

4 CPO PROCESS

4.1 The principles to be applied by ACP when determining whether to confirm a CPO have been considered by the Supreme Court on multiple occasions. In both *Clinton*[1] and *Reid*[2] the Court drew attention to the constitutional framework within which CPOs are made, given the invasion of constitutionally protected property rights a CPO entails. The relevant administrative body must determine *"whether the constitutionally guaranteed rights of the citizen in respect of his private property should yield to the exigencies of the common good".*[3] The onus is on UÉ to demonstrate that the exercise of its CPO powers goes no further than is necessary to attain the legitimate objective pursued:

> *"...**exercise of such power** must be granted and **carried out in such a way** that the impairment of the individual's rights must not exceed that which is necessary to attain the legitimate object sought to be pursued. In other words, the interference must be **the least possible** consistent with the advancement of the authorised aim which underlines the power **[emphasis added]"***[4]

4.2 ACP must therefore be satisfied that UÉ has exercised its statutory powers in such a way that requires the least possible intervention with Peamount Hospital's land consistent with the advancement of UÉ's statutorily authorised objective.

4.3 UÉ appears to acknowledge in its response to Peamount Healthcare that there is a viable alternative access arrangement available on State owned land:

> *"Uisce Éireann is cognisant of the road layout proposal set out in the Grange Castle West Master Plan and can see the potential benefit to Peamount Hospital and to Uisce Éireann. Uisce Éireann notes the road layout identifies a potential access to the TPR site from the Phase 4 road. However, the masterplan states that there is no current specific timeline for the delivery of the north south road within Grange Castle West (identified as Phases 3 and 4) and that is dependent on future demand.*
>
> *Without prejudice Uisce Éireann is willing to consider and explore an alternative access arrangement for the TPR site in line with the delivery of the masterplan layout, in consultation with the local authority. However, in the absence of a confirmed and committed road layout, the current proposal remains the preferred access arrangement to the site."*

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[1] *Clinton v An Bord Pleanala [2007] 4 IR 701.*

[2] *Reid v Industrial Development Agency; [2016] 1 ILRM 1.*

[3] *Clinton v ABP.*

[4] *Reid v IDA.*

4.4 Peamount Healthcare submits this response does not satisfactorily discharge the onus on UÉ to demonstrate that the exercise of its CPO powers goes no further than is necessary in relation to Peamount Hospital lands.

4.5 From the limited information available to Peamount Healthcare, it appears that there is a viable alternative access on State land that is already provided for in planning policy. Beyond pointing to a phasing issue, UÉ has not given any other planning or technical justifications as to why this alternative access would not be suitable. Peamount Healthcare submits that the current justification given – that the timing of the Grange Castle West Masterplan is unclear – is not a sufficient reason to demonstrate the impairment of Peamount Healthcare's private property rights is necessary to achieve the legitimate object pursued.

4.6 Peamount Healthcare therefore submits that ACP cannot be satisfied that UÉ's proposed compulsory acquisition goes no further than reasonably required to meet the identified community need. Peamount Healthcare requests that UÉ either omits the proposed construction access road from the CPO, or provides full justification as to why the Grange Castle West access road cannot be implemented.

5 NOISE ASSESSMENT: CHARACTERISATION OF RECEPTORS, METHODOLOGY AND ADEQUACY OF MITIGATION

5.1 Peamount Hospital has been assigned the highest sensitivity in UÉ's assessment. However, Peamount Healthcare remains highly concerned that UÉ has not addressed the fundamental issue raised in our submission i.e. that the Hospital is not simply a noise-sensitive receptor in the ordinary sense. Peamount Hospital contains long-term residential and clinical units that provide consultant-led and interdisciplinary care and 24/7 specialised nursing support to patients, including those who have complex neurological disabilities. UÉ has not provided any explanation or evidence as to how the thresholds account for this highly unusual and sensitive patient population, particularly at St Brid's.

5.2 In UÉ's response to Peamount Healthcare's submission on the alternative access road they say that construction and operational traffic will only have a marginal noise impact. But the construction of the access road is later acknowledged to be an issue:

5.2.1 *"In relation to any construction noise, the main activities that would have likely significant effects on the NSLs within the Peamount Hospital site are the construction of the TPR and the construction of the associated access road. In the absence of mitigation, there would be likely significant effects from these activities as described in EIAR Chapter 6 — Noise & Vibration."*

5.3 By pursuing the existing proposed access route rather than Peamount Healthcare's proposed alternative, UÉ has failed to apply a fundamental principle of environmental impact assessment – i.e. that once significant adverse effects are identified, potential measures to avoid that effect are explored and evaluated before it is otherwise considered if that effect can be minimised or mitigated.

5.4 As mentioned above, Peamount Healthcare also submits that the lack of acknowledgement as to the extreme sensitivity of Peamount Hospital is particularly concerning where significant pre-mitigation noise effects have been identified.

5.5 In light of the significant pre-mitigation effects, Peamount Healthcare is not satisfied with UÉ's proposal to incorporate standard best practice mitigation measures to reduce construction noise at NSLs within the Peamount Hospital site. Despite Peamount Healthcare repeatedly outlining the sensitivities of its patient population, UÉ has not provided any detail as to how those generic mitigation measures will adequately protect Peamount's patients. Again, Peamount Healthcare wishes to reiterate that these are patients for whom noise, vibration, sleep disturbance and environmental stress may have clinical consequences.

5.6 Peamount Healthcare submits that UÉ should therefore provide a site-specific justification for the proposed noise thresholds and a site-specific noise mitigation plan to demonstrate how they can be achieved.

5.7 There is an existing body of medical research and studies that demonstrates patients with prolonged disorders of consciousness and complex acquired brain injuries are a uniquely vulnerable cohort in respect of environmental noise.[5] Disorders of consciousness are characterised by impaired but potentially residual awareness and limited capacity to communicate distress or participate in behavioural assessment. EEG-based research demonstrates that residual consciousness in such patients is associated with measurable neural complexity, and that minimally conscious patients may retain greater residual brain activity than patients in a vegetative or unresponsive wakefulness state. This is clinically relevant because environmental noise is not merely an annoyance or amenity issue for this patient group: noise exposure has been shown to affect brain activity, attention, sleep, stress-response pathways and neurophysiological functioning.

5.8 Peamount Healthcare submits these studies reinforce the need for a precautionary, patient-specific approach at Peamount Hospital. Patients with prolonged disorders of consciousness and severe neurological disability cannot be treated as ordinary residential noise-sensitive receptors, and generic construction-noise thresholds or standard mitigation measures cannot be assumed to be clinically protective without a site-specific assessment.

6 VIBRATION ASSESSMENT

6.1 UÉ's response to Peamount Healthcare's submission notes that the residential receptors at Peamount Hospital have been considered highly sensitive and that no differentiation was applied for residents of the hospital compared with other residential receptors. With respect, Peamount Healthcare submits that this is a mischaracterisation of the Peamount Hospital receptors. Peamount Healthcare's fundamental submission is that its patient population *is* more sensitive than other residential receptors.

6.2 Peamount Healthcare also notes that UÉ did not address in its response whether the heightened sensitivity of its residents could result in significant vibration effects notwithstanding receptors being 'significantly further away' from proposed rock breaking activities. For the same reasons as set out above in relation to the noise assessment, Peamount Healthcare submits that UÉ should provide a site-specific justification for the proposed vibration thresholds and a site-specific vibration management plan to demonstrate how they can be achieved.

6.3 Peamount Healthcare is also concerned that the vibration assessment and proposed mitigation do not adequately address potential effects on the protected and historically significant structures within the Peamount campus. This was raised in our original submission and not addressed in UÉ's response. The campus contains four Protected Structures, namely St Finian's RC Church, RPS Ref. No. 166, St Luke's Church of Ireland, RPS Ref. No. 159, Peamount Hospital, RPS Ref. No. 163, and the Manor, RPS Ref. No. 161. It also contains St Finian's Schoolhouse, a building of significant historical interest which has received repair and restoration funding under the Government's 2025 Built Heritage Investment Scheme.

6.4 Given the proximity of the proposed works, Peamount Healthcare seeks clarity as to how vibration impacts on these structures were assessed. The Outline CEMP appears to propose generic vibration limits, but it is not clear whether those limits apply specifically to each Protected Structure and St Finian's Schoolhouse, where the limits will be measured, or whether the point of measurement will be the closest relevant part of each structure to the vibration source. Peamount Healthcare requests that the CEMP expressly identify these

[5] *See for example Hahad O and others, 'Cerebral Consequences of Environmental Noise Exposure' (2022) 165 Environment International 107306; Jafari MJ and others, 'The Effect of Noise Exposure on Cognitive Performance and Brain Activity Patterns' (2019) 7(17); Liu Y and others. 'EEG Complexity Correlates with Residual Consciousness Level of Disorders of Consciousness' (2023) 23 BMC Neurology 140*

buildings as sensitive receptors and confirm that the relevant limits apply at the closest appropriate point of each structure, rather than at a general Hospital boundary or other generic receptor location.

6.5 Peamount Healthcare further requests that stricter vibration limits be applied to the Protected Structures and St Finian's Schoolhouse, based on DIN 4150 standards for structures of intrinsic heritage value and particular sensitivity to vibration. Any such limits must be supported by a clear monitoring and enforcement regime. Without those measures, Peamount Healthcare remains concerned that the proposed vibration mitigation is insufficiently specific, protective and incapable of proper monitoring or enforcement.

7 ASPERGILLUS ASSESSMENT AND DUST ASSESSMENT: CHARACTERISATION OF RECEPTORS, METHODOLOGY AND MITIGATION

7.1 UÉ's response to Peamount Healthcare focusses on the adequacy of its dust mitigation strategy. UÉ notes that the 'highest level of dust mitigation' is proposed for the Proposed Development, which is intended to prevent dust from becoming airborne and thus also suppress the potential spread of aspergillus. On this basis, they assert it was unnecessary to carry out a specific aspergillus assessment as part of the EIAR.

7.2 UÉ also acknowledges that the National Guidelines for the Prevention of Nosocomial Invasive Aspergillosis during Construction/Renovation activities (the **National Guidelines**) are primarily aimed towards works within hospital buildings, so many of these mitigation measures will not be applicable to the TPR construction works and will therefore be supplemental to the proposed dust mitigation measures. They have also outlined a range of mitigation and monitoring measures that will be implemented at Peamount Hospital specifically, and during construction generally. They repeatedly suggest that windows will be closed and sealed at the Hospital.

7.3 It is unclear to what extent UÉ intends to comply with the National Guidelines. In places, UÉ states that the National Guidelines 'will be complied with' while later apparently contradicting this statement by stating that mitigations from the National Guidelines 'will be implemented where possible' as a supplementary measure. Compliance with the National Guidelines is also later noted as the basis for the Chapter 15 Human Health conclusion that the risk of invasive aspergillosis is negative, Not Significant and temporary. Peamount Healthcare submits UÉ must provide clarity as to (1) the extent to which it intends to comply with the National Guidelines and (2) to what extent the National Guidelines can in fact be applied at the Peamount site, accounting for structural building limitations and the fact that the risk arises from adjoining external construction works rather than construction or renovation works within the hospital buildings themselves.

7.4 In any event, UÉ's acknowledges that the National Guidelines are primarily directed towards construction or renovation works within healthcare buildings and are not directly applicable to the TPR works. This demonstrates that UÉ has failed to identify a complete framework within which an adequate aspergillus management plan could be developed for Peamount Hospital. It is entirely unclear how UÉ intends to address the risk of aspergillus entering Peamount Hospital rooms from adjoining construction works. That fundamentally undermines UÉ's conclusion in Chapter 15 Human Health, which appears to treat compliance with those Guidelines as sufficient to mitigate the invasive aspergillosis risk.

7.5 While Peamount Healthcare is supportive of implementing site-specific measures at Peamount Hospital, we remain concerned that no site-specific assessment was undertaken to determine the potential effects that may arise from the spread of aspergillus, notwithstanding that best practice mitigation measures are the same as for dust generally. This lack of assessment is more concerning given UÉ has provided no specific detail as to what the proposed site-specific Aspergillus Prevention Plan would contain beyond 'sealing windows'. UÉ has not engaged with either (1) Peamount's concern that aspergillus may affect its uniquely sensitive patient population, particularly those with respiratory conditions and (2) Peamount's submission that the age of the Peamount Hospital buildings (all being at least 50 years old) may make it impractical to implement mitigation measures without significant on-site intervention. Peamount Hospital buildings have no

air handling, ventilation or HEPA filtration units, and are not capable of being sealed in a manner assumed by UÉ's proposed mitigation. UÉ does not engage with these issues at all in its response.

7.6 Peamount Healthcare submits that aspergillus risk cannot be addressed by reliance on generic dust mitigation measures or by a bare commitment to "seal windows". The proposed works involve large-scale external construction and excavation in very close proximity (35m) to clinical and residential hospital units. Peamount's clinicians have identified proximity, the vulnerability of patients, and the duration of patient exposure as critical risk factors in this situation. Some patients will remain on campus for several months, meaning the exposure risk is not transient.

7.7 On the face of the National Guidelines, the proposed TPR works fall within the category of major external non-containable activities, being external construction activities generating large levels of dust, including major soil excavation. Critically, where construction or demolition work is considered likely to result in Aspergillus-contaminated air entering areas containing at-risk patients, all windows, doors, air intake and exhaust vents should be sealed, and high and very high-risk patients should preferably be treated in HEPA-filtered positive pressure rooms or facilities, or otherwise subject to a specific risk assessment to identify alternative options.

7.8 Peamount's clinical team is not satisfied, on the information currently provided, that UÉ has demonstrated how the proposed measures would prevent aspergillus spores from entering patient areas. Aspergillus may be released with dust, but dust monitoring is not an adequate proxy for aspergillus monitoring. Real-time dust monitors do not monitor aspergillus. Aspergillus monitoring requires microbiological sampling, including exposure of agar plates / air sampling to capture spores, followed by laboratory culture and analysis. There is therefore an inherent and clinically significant delay between any exposure event and the availability of monitoring results. Aspergillus monitoring cannot operate as a real-time control measure in the same way as ordinary dust monitoring. By the time elevated aspergillus levels are identified, exposure may already have occurred.

7.9 Peamount Healthcare therefore submits UÉ must specify precisely what at-source, pathway and at-receptor measures are required in order to achieve best practice aspergillus mitigation at Peamount Hospital. If best practice mitigation requires at-receptor works such as sealing, filtration, HEPA-filtered positive pressure facilities, portable HEPA filtration or other temporary mechanical ventilation, UÉ should be required to commit to those works in advance, fund them in full, and address any disruption to patients, staff and clinical services caused by their implementation.

Without a detailed, site-specific solution, Peamount cannot assess the adequacy or feasibility of the proposed mitigation. UÉ must identify precisely how patient areas will be protected from the ingress of aspergillus-contaminated air before works commence.

7.10 Peamount therefore requests that ACP require UÉ to engage with Peamount Healthcare to develop that detail and to provide further information in that regard before ACP makes its decision on the application. That engagement should include Peamount's clinical, infection prevention, estates and engineering representatives. In particular, Peamount Healthcare requests that UÉ:

7.10.1 carry out a site-specific Invasive Aspergillosis Risk Assessment;

7.10.2 produce a detailed Aspergillus Prevention Plan and contractor method statement which identifies, in advance, the precise works and controls required to prevent aspergillus-contaminated air entering patient areas;

7.10.3 funds the independent clinical, infection prevention and engineering input needed to identify and implement any required at-receptor works;

7.10.4 Commits to fund any at-receptor works, as well as any necessary measures to manage the associated disruption to patients, staff and clinical services;

7.10.5 agree monitoring, reporting and escalation procedures with Peamount Healthcare in advance of all works, along with any necessary works-cessation procedures.

8 LIGHTING IMPACTS

8.1 Peamount Healthcare's initial submission raised concerns regarding the adequacy of the lighting impact assessment, particularly with regard to St Brid's. These submission points are not addressed in UÉ's response to Peamount Healthcare. Peamount respectfully requests that UÉ considers those points further, and requests, as set out above, a site-specific management plan to address these impacts.

Yours sincerely

Peamount Healthcare
Peamount Road
Newcastle
Co. Dublin
D22 Y008

APPENDIX 1

Peamount Healthcare

Athshlánú **Rehabilitation**
Cúram Cónaithe **Residential**
Comhphobail **Community**

14th July 2026

Subject to contract/contract denied
By Email

Seán Spillane
Landowner Liaison Partner
Uisce Éireann

RE: (A) Direct planning application to An Coimisiún Pleanála under section 37E of the Planning and
Development Act as amended in respect of a Strategic Infrastructure Development (Proposed Water Supply
Project Eastern and Midlands Region) (ACP Ref. 323980) (the Observation); and
(B) Uisce Éireann Compulsory Purchase (Water Supply Project Eastern and Midlands Region) Order, 2025
(ACP Ref 323982) (the Objection)

Dear Mr Spillane,

We write to express our disappointment at Uisce Éireann's wholly inadequate engagement with Peamount Healthcare to date in relation to the above matter. To give a single example, Peamount Healthcare cares for patients with Prolonged Disorders of Consciousness (i.e. comatose and minimally conscious patients in laypersons' terms) within 15m of the site boundary and 35m of the nearest works. This uniquely sensitive population is unmentioned in the EIAR and, despite it being brought to Uisce Éireann's attention in Peamount's submission, Uisce Éireann continues to assert without evidence or explanation that the EIAR's generic Noise and Vibration Thresholds will protect these patients in response to ACP in relation to our submission.

Furthermore, Uisce Éireann has made no attempt to explain to Peamount Healthcare through direct engagement why it believes these generic standards will adequately protect Peamount Healthcare's patients.

Despite that, Peamount Healthcare intends to engage constructively with Uisce Éireann on the Water Supply Project and the purpose of this letter is to set out, on an open basis, its proposals on how to deal with these matters by agreement. Peamount Healthcare would have much preferred to present these proposals to Uisce Éireann in a less formal manner (or indeed that Uisce Éireann would have made its own proposals).

Bothar Peamount, An Caisleán Nua, Co. Bhaile Átha Cliath
Peamount Road, Newcastle, Co. Dublin
T +353 1 601 0300 E info@peamount.ie
F +353 1 628 2306 W www.peamount.ie

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As you are aware, Peamount Healthcare has made both an observation on the above referenced Strategic Infrastructure Development application by Uisce Éireann (**UÉ**) and an objection to the draft Compulsory Order (**CPO**). We have included a detailed chronology of the submissions made at Appendix 1 to this letter. Nothing in this letter should be taken as withdrawing, limiting or qualifying Peamount Healthcare's observation, objection, statutory rights, property rights, or entitlement to participate fully in the forthcoming process before An Coimisiún Pleanála (**ACP**).

On that basis, Peamount Healthcare makes the following proposals to UÉ:

1 Uisce Éireann should commit to amending the construction and operational access arrangements for the Termination Point Reservoir (**TPR**). Access should be taken from the Grange Castle West Access Road rather than from the proposed access adjoining Peamount Hospital and the R120. Peamount Healthcare's position, as set out in its Observation and Objection, is that this alternative would remove construction and operational traffic that will otherwise pass right next to Peamount Hospital's long-term residential care facilities for patients with profound intellectual disabilities (this is a separate location and patient cohort from the patients suffering prolonged disorders of consciousness mentioned at the start of this letter).

2 The change in the access arrangements will then remove the need for the permanent CPO of Plots No. ACQ09a.2172 and ACQ09a.2175.

3 Furthermore, Peamount Healthcare seeks a commitment from UÉ that UÉ will develop site-specific proposals designed to specifically respond to the impacts on Peamount Hospital identified in the Observation and Objection, namely in the area of:

3.1.1 *Infection control, including aspergillus risks arising from excavation and construction activity*

Peamount's circumstances are materially different from those of an ordinary neighbouring landowner because it is an operational healthcare campus accommodating highly vulnerable patients, including older persons, patients with impaired immune systems, respiratory patients, and residents with prolonged disorders of consciousness

It cannot be assumed that the National Guidelines for the Prevention of Nosocomial Invasive Aspergillosis During Construction/Renovation Activities

(2018) can be implemented at Peamount Hospital without significant at-receptor interventions, which must be funded by Uisce Éireann. Peamount Hospital's buildings are old, have no air handling, ventilation or HEPA filtration units, and are not capable of being sealed in the manner assumed by Uisce Éireann's proposed mitigation. A generic Dust Management Plan or post-consent Aspergillus Prevention Plan is therefore insufficient.

Peamount therefore calls on Uisce Éireann to commit to agreeing an Aspergillus Prevention Plan and Dust Management Plan with Peamount Healthcare prior to the commencement of works.

3.1.2 *Noise and vibration impacts, including impacts on St Bríd's and other residential or clinical units*

A bespoke agreement is justified because Peamount is not simply a noise-sensitive receptor in the ordinary sense: it contains long-term residential and clinical units, including St Bríd's Neuro Disability Unit, which provides consultant-led interdisciplinary care and 24/7 specialised nursing support to residents with complex neurological disabilities.

Uisce Éireann has not explained why the proposed noise threshold of 65 dB LAeq,T will be adequate to protect the highly unusual and sensitive patient population at Peamount Hospital, particularly at St Bríd's.

The EIAR itself identifies significant pre-mitigation noise effects at Peamount, including predicted construction noise levels exceeding relevant thresholds during several phases and significant effects from road construction works near Peamount buildings. However, the proposed mitigation remains largely generic and does not adequately address the particular sensitivities of patients for whom noise, vibration, sleep disturbance and environmental stress may have clinical consequences.

Peamount therefore calls on Uisce Éireann to provide a site-specific justification for the proposed noise thresholds and site-specific noise mitigation plan to demonstrate how they can be achieved.

3.1.3 *Construction and operational lighting impacts*

Peamount's need for a bespoke lighting agreement arises from the location and nature of its residential healthcare uses, particularly St Bríd's, which is located immediately adjacent to the TPR site boundary and accommodates residents requiring 24/7 care.

Construction lighting and operational lighting cannot be treated as a standard visual amenity issue in this context. Light spill, glare, intermittent lighting, night-time illumination and movement of mobile lighting towers may affect residents' rest, orientation, neurological wellbeing and the operation of clinical care routines.

Peamount Healthcare therefore calls on Uisce Éireann to provide a site-specific construction and operational noise design for its review.

3.1.4 *Impacts on protected structures and other buildings of heritage significance*

Peamount's campus contains four Protected Structures, together with St Finian's Schoolhouse, a building of significant historical interest. These structures are located in close proximity to the proposed works, and Peamount has already identified concern that construction vibration, settlement or related activities may affect buildings of heritage value.

The response to submissions report notes that in respect of vibration there are sensitive receptors within the hospital site within 50 m of the planning application boundary that could be impacted by construction vibration, but that embedded mitigation to address this has been incorporated into the design. This is welcome but we note that the Noise and Vibration Management Plan, Annex D, Appendix A5.1 in Volume 6, Appendices of the Environmental Impact Assessment report (EIAR) on page 3, Table 1.3, "Recommended Construction Vibration Thresholds for Proposed Project" states that the allowable vibration in terms of PPV at the closest part of the sensitive boundary to the source of vibration is:

- 8 mm/s at less than 10 Hz
- 12.5 mm/s at 10 to 50 Hz
- 20 mm/s at 50 to 100 Hz and above

These are the thresholds that will be applied by the contractor in the absence of any other more specific requirement. In respect of the Peamount Hospital site we are seeking a commitment to install vibration monitoring equipment at each of the four Protected Structures within the Peamount Hospital site or, at agreed locations, distributed along the site boundary, to continuously monitor vibration and report in real time on any exceedance above agreed thresholds, which we believe should be to the German Standard DIN 4150 as per our submission.Peamount Healthcare would engage experts to review the site-specific mitigation plans put forward by UÉ.

4 Peamount and Uisce Éireann to submit on an agreed basis to ACP that those plans be incorporated by way of condition into any grant of permission for the Water Supply Project or, in the alternative, that work not commence on the Water Supply Project until those plans are agreed between Peamount Healthcare and Uisce Éireann;

5 Peamount Healthcare's reasonable vouched expenses are to be paid by UÉ, both for experts and for the implementation of any mitigation measures requiring work at the Peamount Healthcare campus.

6 Peamount Healthcare to withdraw its submissions on the planning application and objection to the CPO when the plans are agreed and its costs paid.

We invite UÉ to set up a meeting to discuss how to develop these principles into a formal binding agreement.

We look forward to hearing from you.
Yours faithfully,

Tanya Kelly

For and on behalf of
Peamount Healthcare

Peamount Healthcare

Athshlánú Rehabilitation
Cúram Cónaithe Residential
Comhphobail Community

APPENDIX 1

Date	Submission
19 December 2025	Direct planning application to An Coimisiún Pleanála under section 37E of the Planning and Development Act as amended in respect of a Strategic Infrastructure Development (Proposed Water Supply Project Eastern and Midlands Region) (ACP Ref. 323980) (the Observation);
19 December 2025	Uisce Éireann Compulsory Purchase (Water Supply Project Eastern and Midlands Region) Order, 2025 (ACP Ref 323982) (the Objection);
5 May 2026	Submission by Uisce Éireann regarding the Objection;
6 May and 2 June 2026	Submission by Uisce Éireann regarding the Observation;
24 June 2026	An Coimisiún Pleanála request to Peamount to make further submissions and observations to Uisce Éireann's response regarding the Observation; and
24 June 2026	An Coimisiún Pleanála request to Peamount to make further submissions and observations to Uisce Éireann's response regarding the Objection

Bothar Peamount, An Caisleán Nua, Co. Bhaile Átha Cliath
Peamount Road, Newcastle, Co. Dublin
T +353 1 601 0300 E info@peamount.ie
F +353 1 628 2306 W www.peamount.ie

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