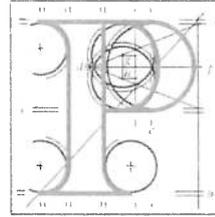


**Our Case Number:** ACP-323980-25

**Your Reference:** Peamount Healthcare



An  
Coimisiún  
Pleanála

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

**Date:** 10 March 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 landowners affected by the compulsory purchase order associated with this application are not required to pay the €50 submission fee associated with this case. Accordingly, as your client is an affected landowner, a refund for the €50 that you have paid (SID-OBS-004650) will be issued to the debit/credit card used to make the payment.

Please be advised that copies of all submissions / observations received in relation to the application will be made available for public inspection at the offices of the local authority and at the offices of An Coimisiún Pleanála when they have been processed by the Commission.

More detailed information in relation to strategic infrastructure development can be viewed on the Commission's website: [www.pleanala.ie](http://www.pleanala.ie).

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,

  
Eimear Reilly  
Executive Officer  
Direct Line: 01-8737184

PA09

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64 Sráid Maoilbhríde	64 Marlborough Street
Baile Átha Cliath 1	Dublin 1
D01 V902	D01 V902

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) Uisce Éireann Compulsory Purchase (Water Supply Project Eastern and Midlands Region) Order, 2025 (ACP Ref 323982)

Dear Sir/Madam

Peamount Healthcare wishes to make a number of observations on the above referenced Strategic Infrastructure Development application (the **Proposed Development**) by Uisce Éireann (UÉ). Peamount Healthcare also wishes to object to the draft Compulsory Purchase Order (CPO), and particularly the CPO of Plots No ACQ09a.2172 and ACQ09a.2175 on Drawing No IW/10001814/CA/09a.

Peamount Healthcare is an independent voluntary organisation that operates in partnership with HSE Dublin Midlands Region to provide a range of high-quality Rehabilitation, Residential and Community Services including providing safe and homely residential care for older persons, people with intellectual disabilities, people with traumatic and progressive neurological disabilities, rehabilitation for people with chronic lung conditions, older people with traumatic and progressive neurological conditions and people with rheumatological conditions on the campus at Peamount Healthcare (**Peamount Hospital**). Peamount Hospital directly adjoins the Proposed Development, specifically the proposed Termination Point Reservoir Site at Loughtown Upper and Peamount, County Dublin, the pipeline, and the access road.

We ask that An Coimisiún Pleanála (ACP) take this observation 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. As the proposed design changes involve the use of an alternative access road, we also object to the compulsory acquisition of Plots No ACQ09a.2172 and ACQ09a.2175 on Drawing No IW/10001814/CA/09a.

## 1 Executive Summary

1.1 Peamount Healthcare considers there are several deficiencies in the Environment Impact Assessment Report (the **EIAR**) for the Proposed Development in relation to Peamount Healthcare that must be addressed by UÉ:

1.1.1 **Mischaracterisation of sensitive receptors:** the patients at Peamount Hospital are both (1) extremely sensitive to any health impact resulting from construction activities and (2) live permanently at Peamount Hospital, which adjoins the TPR site boundary. Peamount Healthcare considers the extreme sensitivity of the patients as receptors has not been adequately acknowledged or addressed with regard to construction impacts in the EIAR both in terms of the methodology selected and the assessment of likely significant effects. In fact, the EIAR repeatedly

- 1.1.2 **Insufficient mitigation:** considering the extreme sensitivity of the receptors and the significance of the construction effects, Peamount Healthcare submits that the measures proposed to mitigate the significant effects of the Proposed Development on Peamount Hospital lack the necessary specificity and detail to avoid the predicted impacts on the patient population. Moreover, the mitigation proposed appears to be based on assumptions that do not hold true for Peamount Hospital and does not consider nor evaluate the feasibility of implementing such measures at Peamount Hospital. In relation to aspergillus risk in particular, Peamount Healthcare's position is that Uisce Éireann should go further than committing to the implementation of generic guidelines and provide evidence that there are control measures that are capable of implementation in the specific circumstances of Peamount Hospital.
- 1.1.3 **Construction access road:** the Alternatives Assessment did not consider a third alternative access point to the TPR site, via the Grange Castle West Access Road, which is constructed as dual and single carriageway and terminates less than 300m from the site of the proposed TPR. Peamount Healthcare considers this alternative should be evaluated by UÉ, as it will avoid the significant construction impact on Peamount Hospital.
- 1.1.4 **Objection to CPO:** Peamount Healthcare also wishes to object to the draft Compulsory Purchase Order, and particularly the CPO of Plots No ACQ09a.2172 and ACQ09a.2175 on Drawing No IW/10001814/CA/09a. In relation to those Plots, an alternative access is available that would avoid several significant impacts to Peamount Hospital, so there is no need for the proposed construction access route and consequently no need for the CPO of those Plots.

## **2 Description of Peamount Hospital and its patient population**

- 2.1 Peamount Healthcare is a voluntary organisation providing a range of health and social care services through a Service Level Agreement with the Health Service Executive under Section 38 of the Health Act.
- 2.2 The services provided encompass Acute Rehabilitation, Residential, Outpatient and Community Services.
- 2.3 Peamount Healthcare provide rehabilitation for approximately 1,600 inpatients per year with Respiratory, Rheumatological or Neurological conditions, a significant proportion of whom are over 65 years of age with impaired immune systems. In addition, located on our site is a 50 bed Nursing home for Older Persons, residential accommodation for 40 people with an Intellectual Disability, Outpatient Respiratory, Rheumatology and Neurology services with approximately 4,000 attendances annually and an Older Person's Day Service with 2,500 attendees per year. Specialist slow stream rehabilitation and residential care for people with an Acquired Brain Injury and Prolonged Disorders of Consciousness is provided in an 18 bed Unit.
- 2.4 Peamount Hospital is located immediately adjacent to the Proposed Development Termination Point Reservoir (TPR). Please see **Appendix 1** to this submission that sets out the locations of the inpatient facilities at Peamount Hospital relative to the proposed construction access road and TPR.
- 2.5 Of utmost concern to Peamount Hospital are the likely significant construction effects the Proposed Development will have on Peamount's patient population, and particularly St. Brid's Neuro Disability Unit as shown in Appendix 1.
- 2.6 St Brid's is a highly specialised unit for people with traumatic and progressive neurological disabilities requiring consultant-led interdisciplinary care with 24/7 specialised nursing care and support. The centre provides a homely environment to encourage the enhanced participation of residents and families while also meeting the needs of this very complex patient group. St Brid's is located immediately adjacent to the Proposed Development TPR site boundary at the termination of the proposed construction access road.

### 3 Impacts of the proposed development

- 3.1 Peamount Healthcare's principal concern is the construction stage impact of the works.
- 3.2 According to the EIAR, Peamount Hospital is located 15m from the site boundary and 35m from the nearest works. The following risks have been identified:
- 3.2.1 **Infection:** due to the nature of the proposed works, there will be significant potential exposure to *Aspergillus* and other spores released during excavation. Peamount Hospital's patient population is extremely sensitive to such exposure. In addition to the St Brid's facility, Peamount Hospital also provides an older person's residential service for 50 people aged over 65, and an inpatient pulmonary rehabilitation unit that manages chronic lung conditions such as asthma, bronchiectasis, chronic obstructive pulmonary disease, pulmonary fibrosis and pleural disease. This exposure risk is compounded by the fact that the Peamount Healthcare buildings are old and will offer little protection from ingress of spores. There is no air handling, ventilation or HEPA filtration units in any unit at Peamount Hospital.
- 3.2.2 **Noise and Vibration:** it is anticipated that the proposed excavation, subsequent building work and ongoing maintenance and plant operation will significantly increase noise levels experienced by residents, patients and staff across the Peamount Healthcare campus. It will also cause vibration. Of particular concern is the effect this may have on residents in St Brid's, our Neuro Disability residential and Neuro Rehabilitation Unit.
- 3.2.3 **Lighting:** mobile lighting structures operating during construction and operation of the TPR could affect the residents in St Brid's given its location directly adjacent to the TPR.
- 3.2.4 **Construction Access Road:** There is a readily available alternative that would take the construction access road away from Peamount Hospital, particularly away from the long-term residential facilities for patients with neurological conditions at the southwest corner of the facility and would avoid or mitigate many of the above impacts at that location.
- 3.2.5 **Architectural heritage:** the Peamount Hospital site contains 4 Protected Structures and St Finian's Schoolhouse, another building of significant historical interest. Given the proximity to construction of the TPR, it is anticipated that vibration from construction works could affect these structures.

### 4 Prior consultation with Uisce Éireann

- 4.1 Peamount Healthcare provided a written submission to UÉ in response to its non-statutory public consultation on the Proposed Development. The purpose of this submission was to outline the highly specialised services Peamount Hospital provides to patients with a range of complex needs. Peamount Healthcare raised the following concerns regarding potential health risks to the vulnerable patient population resulting from construction activities:

#### 4.1.1 *Aspergillus infection*

- 4.1.2 The movement of large volumes of earth during construction is expected to release *aspergillus* spores and other moulds. *Aspergillus* spp. can cause a range of illnesses, from mild respiratory issues to Invasive Aspergillosis which is particularly dangerous for immunocompromised patients. The risk of nosocomial (hospital-acquired) infections will be heightened as a result of the construction activities, due to the proximity of the construction site to Peamount Hospital's vulnerable patient population. Peamount Healthcare emphasised the need to implement the National Guidelines for

the Prevention of Nosocomial Invasive Aspergillosis During Construction/Renovation Activities (National Disease Surveillance Centre, 2002).

4.1.3 In its response UÉ confirmed it would adopt the German TA Luft guideline standard good practice limit for dust deposition of 350mg/m<sup>2</sup>/day generally, and at the TPR use a real-time particular monitor for particulate matter (PM10 and PM2.5) concentrations.

4.1.4 Specifically in relation to aspergillus, UÉ proposed a suite of mitigation measures including:

(a) Implementing a Dust Management Plan;

(b) Requiring the appointed Contractor to comply with the National Guidelines for the Prevention of Nosocomial Invasive Aspergillosis during Construction/Renovation Activities and the National Guidelines for the Prevention of Nosocomial Aspergillosis (Health Protection Surveillance Centre 2018).

(c) Implementing an Aspergillus Prevention Plan developed by a qualified specialist in line with the HSE's National Guidelines for the Prevention of Nosocomial Aspergillosis (Health Protection Surveillance Centre 2018).

4.1.5 *Noise and vibration*

4.1.6 Peamount Healthcare noted that the TPR access road is adjacent to a significant portion of the Peamount Hospital boundary. Increased traffic and construction noise resulting from the Proposed Development will pose risks to patients, especially those with neurological conditions or disabilities who are particularly sensitive to environmental stressors.

4.1.7 Peamount Healthcare requested further consultation on noise abatement strategies.

4.1.8 In its response UÉ referred to imposing a range of potential mitigation measures including localised noise barriers, limiting construction activities to daytime only, and a suite of other best practice control measures as set out in the CEMP.

## **5 Impacts of the Proposed Development on Peamount Hospital as outlined in the EIAR**

### **5.1 *Inadequate characterisation of Peamount Hospital as a receptor***

5.1.1 The Noise and Vibration assessment and Human Health assessment inadequately characterise the sensitivity of Peamount Hospital and its patients.

5.1.2 Section 6.4 of the Noise and Vibration Thresholds adopts generic thresholds of potential significance for receptors. There is no assessment of whether these thresholds are appropriate to protect Peamount Hospital's patient population, particularly those with neurological conditions.

5.1.3 The Human Health chapter (para 133) does recognise that the patient population is of high sensitivity and notes that it includes Alzheimer's patients. It recognises that impacts will be negative, significant and short term (short term in EIAR terms meaning several years). It refers to the scientific literature on construction noise impacts being "limited", but there is no evidence that the authors have characterised the actual conditions treated at Peamount Hospital, nor that they conducted a literature review in relation to the impacts of changes in the noise environment on that population.

5.1.4 The Human Health chapter (para 126) also recognises the sensitivity of Peamount Hospital to aspergillus infection, but again fails to identify the specific sensitivity of the patients with respiratory and profound neurological conditions who are treated and resident there.

5.1.5 Peamount Hospital as outlined above also contains 4 Protected Structures. The Noise and Vibration chapter does not appear to characterise or assess whether these buildings are vulnerable to cosmetic or structural damage resulting from construction phase vibration.

## 5.2 *Noise and vibration*

5.3 Chapter 6 of the Environmental Impact Assessment Report (**EIAR**) assesses the likely significant effects of the Proposed Development from noise and vibration. In relation to Peamount Hospital, the assessment reaches the following conclusions:

### 5.3.1 *Construction noise*

5.3.2 Most construction activities at the TPR site are likely to exceed the Category A threshold of 65 dB  $L_{Aeq,T}$  at the nearest NSLs (which are two Peamount Hospital buildings) for several construction phases. Table 6.40 predicts that the cumulative plant noise level at the south-east section of the TPR site (adjacent to Peamount Hospital) is likely to reach between 82-85 dB  $L_{Aeq,T}$  at 10m distance for site clearing and preparation, excavations and below ground concrete structures, the temporary laydown area, roadworks, landscaping and reinstatement.

5.3.3 Chapter 6 therefore concludes noise mitigation measures are required given:

- (a) the predicted noise levels are likely to exceed the Category A threshold for several construction phases.
- (b) the TPR site perimeter is approximately 15m from the two nearest Peamount Hospital buildings; and
- (c) there is a possibility of brief activities close to the site boundary.

5.3.4 The assessment also notes that construction noise calculations were undertaken from 35m to account for the distance from the NSLs to the nearest construction works, a distance that was deemed conservative given most construction works would not take place at the immediate site boundary. However, the assessment does not rule out the possibility that some construction works could take place at the site boundary.

5.3.5 The pre-mitigation noise and vibration effects during construction of the TPR at the closest NSLs within Peamount Hospital to the north of the Hospital grounds were therefore assessed as being significant.<sup>1</sup>

### 5.3.6 *Road construction noise*

5.3.7 The construction of a temporary road adjacent to Peamount Hospital was assessed as having the potential to operate above or close to the threshold of 70 dB  $L_{Aeq,1hr}$ , where the road construction is

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<sup>1</sup> page 42-43, Chapter 6

within 30m of the nearest NSL. The two NSLs identified are approximately 25m to the south-west of Peamount Hospital.

- 5.3.8 In the absence of mitigation, the effects at the two NSLs within 30m at Peamount Hospital is assessed as being significant.<sup>2</sup>
- 5.3.9 *Construction Vibration*
- 5.3.10 Chapter 6 concludes that the pipeline and the TPR structures will be to the west and the north-west of the TPR site are, in its assessment, 'significantly further away' from the Peamount Hospital receptors such that construction (and any associated rock breaking) will not result in significant vibration effects.
- 5.3.11 At the south-east of the TPR, works are proposed 'to support drainage and utility connections'. The Chapter states that embedded mitigation is incorporated into the design of the Proposed Development so that no works will be undertaken that would require rock breaking within the land adjacent to Peamount Hospital.
- 5.3.12 *Proposed Mitigation*
- 5.3.13 Chapter 6 proposes the following specific mitigation for Peamount Hospital:
- (a) *'site hoarding of a sufficient height and mass will be erected along the boundary of the hospital alongside localised screening around noisy items of plant and other good practice noise control measures discussed in Section 6.5.2.1 to reduce construction noise to within the adopted criteria'.*
- 5.3.14 At para 388 of Chapter 6, the conclusion in relation to residual impacts is that "*Once the relevant mitigation measures set out in Section 6.5.2.2 are employed, predicted noise levels at the nearest NSLs 35m from construction works associated with the TPR would be reduced by the order of 10 dB. The resultant residual effect post-mitigation at the nearest NSLs at Peamount Hospital would be short term, negative, and Slight to Moderate (effect is not significant).*"
- 5.3.15 *Human Health*
- 5.3.16 The human health Chapter of the EIAR also concludes that in the absence of standard noise mitigation, the health impact of construction noise from the TPR and the access road at the two NSLs at the northern perimeter of Peamount Hospital and the two supported living residences at the south-western perimeter of Peamount Hospital is significant.<sup>3</sup>
- 5.3.17 The chapter concludes that mitigation will partially mitigate the health effects predicted at Peamount Hospital complex, including the nursing home, but that the residual health effects are negative, moderate, and short term (but overall, not significant).

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<sup>2</sup> Page 44, Chapter 6.

<sup>3</sup> Page 38, chapter 15

#### 5.4 **Peamount Response**

5.5 In summary, Peamount Hospital remains highly concerned that the noise and vibration assessment does not:

5.5.1 Outline how the methodology considered the various residential units of Peamount Hospital and their specific sensitivities for the purposes of selecting Noise Sensitive Locations for the assessment.

5.5.2 Outline, in view of the significant effects identified, specific and detailed mitigation (beyond site hoarding) to avoid and/or mitigate effects on the residential units at Peamount Hospital most exposed to noise.

5.5.3 Justify the residual impact as being an acceptable degree of impact on the patient population at Peamount Hospital.

5.5.4 Provide any justification or explanation as to whether the heightened sensitivities of Peamount Hospital residents could result in significant vibration effects notwithstanding the Peamount Hospital receptors being 'significantly further away' from the proposed rock-breaking activities.

#### 5.6 **Air quality**

5.7 Chapter 12 of EIAR assess the likely significant effects of the Proposed Development on air quality. Table 12.18 summarises the sensitivity of the TPR Satellite Construction Compound as 'medium' for dust soiling and 'low' for human health. This is despite 'high' sensitivity being characterised in Table 12.14 for dust soiling as *'the people or property would reasonably be expected to be present continuously, or at least regularly, for extended periods as part of the normal pattern of use of the land'* and hospitals also being characterised as having a high level of sensitivity for human health impacts.

5.8 Table 12.31 summarises the overall dust risk to dust soiling and human health at the construction compound for the TPR as being *low* for both earthworks, construction and trackout.<sup>4</sup> The assessment concludes that in the absence of mitigation the effects on air quality from construction dust emissions are not significant.<sup>5</sup>

5.9 Only in the Construction Dust Monitoring Measures section (12.5.2.4) is the TPR construction compound acknowledged as being an area of particularly high sensitivity due to Peamount Hospital. A real-time particular monitor is proposed to monitor PM10 and PM2.5 concentrations.

5.10 Chapter 12 notes that aspergillus spp. may have adverse respiratory effects for immunosuppressed or low immunity individuals, and that it is therefore of particular concern near hospital wards where such patients are accommodated. Despite this acknowledgement, the Chapter goes on to state that no additional impact assessment was specifically undertaken for aspergillus spp.<sup>6</sup> Only generic monitoring and mitigation is proposed, to be developed after ACP grants permission.

5.11 Chapter 15, Human Health also concludes, on the basis that the National Guidelines will be followed, that the risk of exposure is negligible and that the risk of an invasive aspergillosis health impact on the severely

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<sup>4</sup> Page 50, chapter 12.

<sup>5</sup> Page 51, chapter 12.

<sup>66</sup> Page 46, chapter 12.

immunocompromised within 250m of construction sites is not significant.<sup>7</sup> It is also worth noting here that the Human Health assessment only refers to the 'Peamount Healthcare Nursing Home' and notes that there are residents with Alzheimers in its assessment but does not appear to consider or evaluate the risk to the other patient populations at Peamount Hospital that may also be exposed (particularly those inpatients with Respiratory, Rheumatological or Neurological conditions).

- 5.12 As requested by Peamount Healthcare in its initial submission, Chapter 12 confirms that mitigation will be implemented in line with the National Guidelines for the Prevention of Nosocomial Aspergillosis. Chapter 12 proposes additional prevention works in addition to standard dust mitigation including the following statements:

*247. Research has found that dust suppression techniques also prevent the suspension of Aspergillus successfully (Fournel, et al. 2010). The National Guidelines for the Prevention of Nosocomial Aspergillosis (HSE 2018) provide a risk assessment for Aspergillus, and preventative dust mitigation measures in Appendix B: Pre-Project Planning and Contractor Advice. The HSE guidance also provides information that will be included as part of tender documents. Prevention works, in addition to the standard dust mitigation with respect to Aspergillus, will involve advising that the windows on the façades of the hospital that are in closest proximity to the works are sealed where feasible to limit fugitive dust entering the hospital through windows. Highly immune suppressed patients which are susceptible to Aspergillus are usually located in hospital rooms with HEPA filters in place and the windows are therefore not openable. An Aspergillus Prevention Plan will be completed by a specialist to prevent Aspergillus spores spreading. The potential risk from Aspergillus is also considered in Chapter 15 (Human Health). The mitigation measures put in place to control construction dust are also considered as mitigation measures with respect to Aspergillus as they will limit the potential for spread of the fungal spores.*

- In relation to Aspergillus specifically, survey and prevention works will take place before construction commences by a competent Contractor in proximity to any sensitive buildings and in particular in proximity to Peamount Hospital*

- Prevention works will involve advising that the windows on the façades of the hospital that are in closest proximity to the works are sealed where feasible to limit dust entering the hospital through windows (in line with the National Guidelines for the Prevention of Nosocomial Aspergillosis)*

- An Aspergillus Prevention Plan will be developed by a suitably qualified specialist prior to commencement of works on the site to prevent Aspergillus spores spreading*

- The National Guidelines for the Prevention of Nosocomial Invasive Aspergillosis will be taken into consideration by the competent Contractor as a source for the Aspergillus Prevention Plan.*

### **Peamount Response**

- 5.13 In summary, Peamount Hospital remains highly concerned that the air quality assessment does not:

5.13.1 Adequately justify the conclusion that (before mitigation) effects on air quality from construction dust emissions are not significant, particularly given the TPR site is identified as being of 'particularly high sensitivity'.

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<sup>7</sup> Page 45, chapter 15.

- 5.13.2 Undertake any assessment as to potential aspergillus effects on this specific location.
- 5.13.3 Consider or assess the feasibility of implementing the proposed aspergillus measures at Peamount Hospital, nor evaluate whether there would be any significant effect on Peamount Hospital if these measures cannot be implemented. Peamount Hospital particularly wishes to highlight that, due to the age of the Hospital buildings, there are no HEPA filters currently in place, and it may not be possible to seal all relevant windows.

#### 5.14 **Visual Effects**

- 5.15 Chapter 16 of the EIAR concludes there will be 'some night time visual effects' arising from construction lighting at the Construction Compounds. The Report concludes that, after implementing CEMP measures including cowl lighting to reduce light spill, the visual effects would not be significant.<sup>8</sup>
- 5.16 Peamount Healthcare are concerned that this Chapter did not assess the impact the construction lighting will have on Peamount Hospital, and particularly on St Brid's, given its location less than 10m away from the TPR site boundary, which houses patients with complex, traumatic and progressive neurological disabilities requiring 24/7 care.

#### 5.17 **Architectural Heritage and construction noise and vibration**

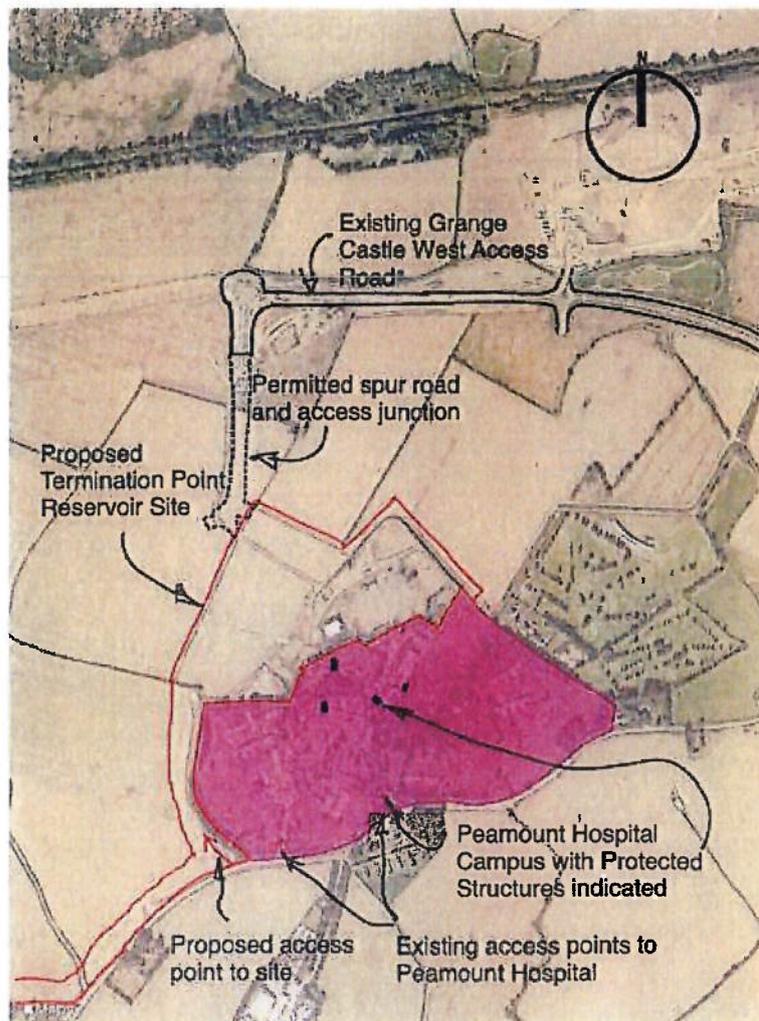
- 5.18 The Peamount Hospital site contains 4 Protected Structures (RPS Ref. Nos. 159, 161, 163 and 166), and St Finian's Schoolhouse, another building of significant historical interest. Peamount Hospital is concerned that there does not appear to be an assessment in the EIAR of whether there is any potential for significant construction noise and vibration effects on these Structures.

### 6 **Proposed alternative construction access arrangements**

- 6.1 The proposed construction and permanent access to the new TPR runs along the western, and part of the northern, boundaries of the Peamount hospital campus. The proposed access is a T-junction onto the regional road R120 connecting Newcastle to Lucan. The new junction is 60 metres from a secondary access to the hospital and approximately 350 metres from the main entrance to the hospital site. This new junction and the construction road will be very close to Peamount Hospital and to its permanent residents living in residential units, as is shown in **Appendix 1**. The R120 is a relatively narrow regional road with several junctions and direct accesses in the vicinity of Peamount.
- 6.2 A ready alternative to this route exists via the Grange Castle West Access Road which is constructed as dual and single carriageway including a roundabout with a southern spur which terminates less than 300 metres from the site of the proposed new reservoir. The Part 8 planning permission for the road includes the spur and a roundabout at the northwest corner of the reservoir site.
- 6.3 Use of this alternative access would remove all construction and operational traffic from the vicinity of Peamount Hospital using existing, or already permitted public infrastructure that is wider, engineered to modern standards and generally more fit for purpose.
- 6.4 This alternative construction access arrangement was not considered as part of the Chapter 4 Alternatives Assessment despite Peamount Hospital addressing the problems with the proposed access in the non-statutory consultation.

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<sup>8</sup> Paragraph 268, Chapter 16.



**7 Comments on Outline CEMP and Aspergillus Control Plan and proposed text to achieve protection for:**

**7.1 Heritage buildings:**

7.1.1 The Peamount Hospital site contains 4 Protected Structures including one at its Northern boundary. These are:

- (a) Saint Finian's RC church (RPS Ref.No.166) - a detached gable fronted corrugated ironclad church;
- (b) Saint Luke's Church of Ireland church (RPS Ref. No.159) - a detached four-bay gable fronted former church;
- (c) Peamount Hospital (RPS Ref. No. 163) a detached 5-bay, 3-storey former country house; and
- (d) the Manor (RPS Ref. No. 161) - a detached 3-bay, 2-storey farmhouse.

7.1.2 It also contains St Finian's Schoolhouse, another building of significant historical interest, that received repair and restoration funding under the Government's 2025 Built Heritage Investment Scheme.

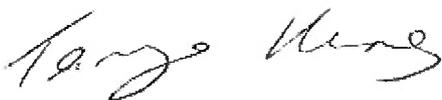
- 7.1.3 The Construction Environmental Management Plan (CEMP) proposes vibrational limits (at table 1.3 Page 3 of the plan) of eight millimetres per second at less than 10 Hertz, 12.5 millimetres per second at 10 to 50 Hertz, and 20 millimetres per second at 50 to 100 Hertz and above; all at the closest part of the sensitive property to the source of vibration.
- 7.1.4 Given the number of Protected Structures in close proximity to the works site, we believe that stricter limits based on the German standard DIN 4150 for structures of great intrinsic value and particularly sensitive to vibration should be used instead. These are three millimetres per second at less than 10 Hertz, 8 millimetres per second at 50 Hertz and 10 millimetres per second at 100 Hertz and above. These vibrational limits have been implemented successfully on other Uisce Eireann infrastructure projects close to heritage structures – for example, on the Upper Liffey Valley Sewerage Scheme Phase 3: Clane Pumping Station, where a 5m deep excavation was carried out approximately 30m away from Clane Friary, a Recorded Monument. We therefore do not believe that these standards are unduly onerous in this regard.

## 8 Conclusion

Peamount Healthcare seeks that specific issues relating to the construction impacts should be addressed in order to safeguard the health of the existing patient population at the Peamount Campus.

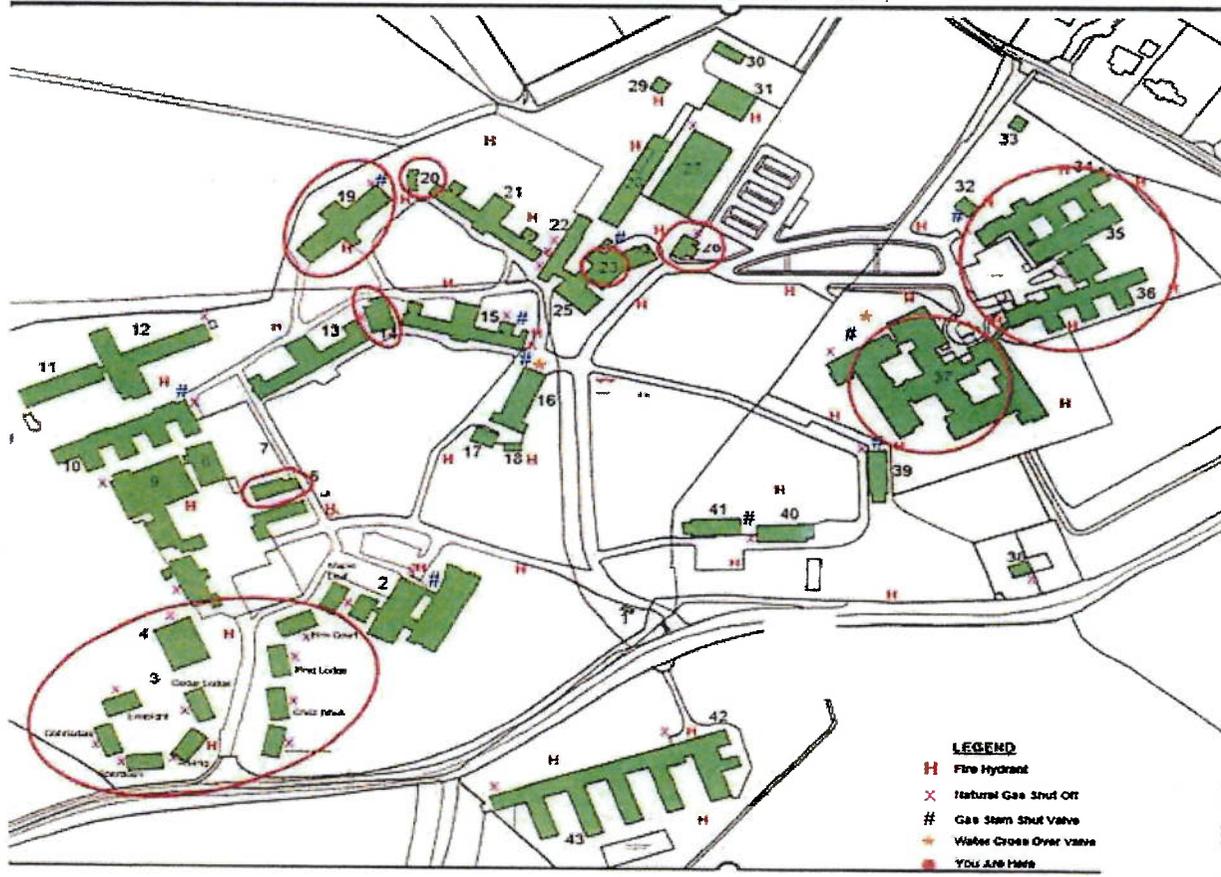
Payment of the €50 in respect of the submission fee is made online.

Yours sincerely



Tanya King  
Chief Executive  
Peamount Healthcare  
Peamount Road  
Newcastle  
Co. Dublin  
D22 Y008

**APPENDIX 1: PEAMOUNT HOSPITAL MAP**



19	St. Brigid's Neurological Rehabilitation
<b>Protected Structures</b>	
20	St. Luke's Church
14	St. Francis Church
22	Peamount House
25	Peamount Manor
6	School House
32 to 37	100 Bed Rehabilitation and 50 Residential Nursing Home
34A	Named Houses: Ableism, Disability, Recovery Houses

- LEGEND**
- H Fire Hydrant
  - X Natural Gas Shut Off
  - # Gas Stem Shut Valve
  - Water Cross Over Valve
  - YOU ARE HERE