MOORE TREES
Consulting Arborist

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Site Address: Wollongong Hospital, Loftus Street, Wollongong – redevelopment works

This Report has been commissioned by Health Infrastructure, on behalf of Wollongong Hospital concerning redevelopment works at the abovementioned site. The study area is an atrium, shown in Diagram 1. This is a desktop review of the proposed works and impacts to subject trees located within the study area for a REF submission.

1. Introduction:

The proposed redevelopment works at Wollongong Hospital include enclosing the atrium space located adjacent to the chapel, to build additional clinical services. In this area there are several palm trees.

I have been asked to undertake a desktop assessment of the impacts on subject trees in relation to the proposed redevelopment works for the study area. As part of the scope of this report, the viability of relocating these palms or the option of removal should relocation not be possible has also been addressed.

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Diagram 1: Image showing Wollongong Hospital and atrium (red arrow). Google Earth, 2024.

2. Observations:

The central courtyard area contains nine (9) mature Kentia palms *(Howea forsteriana)*. These palms appear to be in good health and condition, based on the images provided (Plate 1). The Kentia palm is not native to the Illawarra area, and is actually indigenous to Lord Howe Island group.

These specimens within the Hospital grounds are possibly 15-20 years old. A boardwalk area has been constructed below them (Plate 3).

Palm species are monocots and, as such, the site palms will have fibrous root systems. For the purpose of this report as the site trees are all palm species, a modified single distance has been calculated to determine the project impacts. The Australian Standard *Protection of trees on development sites,* AS 4970, 2009 does not detail a requirement for monocots and the minimum distance for SRZ calculations is recommended as being 1.5 metres would be considered excessive. For the purpose of this report, I have calculated a combined TPZ and SRZ distance of one (1) metre for each palm.

3. Conclusions:

Although the site palm species have a small combined TPZ area of one (1) metre, the height of these specimens will make it difficult to relocate them. Any attempt to relocate these palms would require a large crane to move them due to their height and weight. However, the other issue will be access for any form of excavator equipment to excavate the root ball of the palm trees from the shared grafted root zones (Plate 4). Ultimately, it will be very difficultto relocate these palm trees, and as they are not indigenous specimens, this would also raise the question of the value in relocating them.

To achieve the proposed enclosed atrium space to build additional clinical services, these trees will be required to be removed.

4. Images:

Plate 1: Image showing the palm canopies.

Plate 2: Image showing the palm canopies.

Plate 3: Image showing the planting situation of the specimens.

Plate 4: Image showing the grafted root zones of the palm canopies.

Please call me if you have any questions regarding this letter.

Yours sincerely

Paul Vezgoff, Consulting Arborist
Dip Arb (Dist), Arb III, Hort cert, AA, ISA

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Appendix 1
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