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Proposed Mixed Use Development

143A Stoney Creek Road, Beverley Hills

22 May 2020

Waste:management

Version	Date	Reason for Issue	Prepared By	Checked By
REP01-D01	14/05/2020	Draft	M Fairlie & T Chen	P Malley
REP01-F01	22/05/2020	Final	M Fairlie & T Chen	P Malley

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Table of contents:

Chapter / Section

Page No.

Executive Summary:	4
1 Introduction:	5
1.1 The Proposed Development	5
1.2 Purpose	5
1.3 Applicable Standards and References	5
1.4 Limitations	5
2 Waste Generation Estimates:	6
2.1 Garbage Generation	6
2.2 Recycling Generation	7
2.3 Clinical Waste Generation	8
3 Waste System and Storage Arrangements:	9
3.1 System for Managing Waste	9
3.2 Garbage and Recycling Storage Facilities	9
3.3 Bin Colour and Signage	11
3.4 Clinical Waste Storage Facilities	12
4 Bin and Collection Details:	13
4.1 Proposed Bin Schedule	13
5 Waste Collection Arrangements:	14
5.1 Collection Arrangements – Private Collection	14
5.2 Waste Collection Times	14
6 Management Responsibilities:	15
6.1 General Waste Disposal and Sorting Responsibilities	15
6.2 Operator Responsibilities	15
6.3 Tenant Responsibilities	15
6.4 Clinical Waste Management Responsibilities	16
6.5 Arrangements for Bins / Equipment Labelling	16
6.6 Waste Management Plan Revisions	16
7 Waste Minimisation:	17
7.1 The Waste Hierarchy	17
8 Supplementary Information:	18
8.1 Contact Information	18

Appendices:

Appendix A : Plans Assessed

Appendix B : Swept Path Assessment

Executive Summary:

Address

143 Stoney Creek Road, Beverley Hills

Local Council

Georges River Council

Land Use

Land use type: Mixed Use Development

Number of levels: Three storeys + three levels of basement car parking

Development Application Number

To be assigned

Development Schedule

Use	Floor Area
GF Tenancy 1	299 m ²
GF Café	284 m ²
GF Chemist	214 m ²
L1 Tenancy 101	1,377 m ²
L2 Tenancy 201	887 m ²

Weekly Waste Generation

Use	Garbage Generation	Recycling Generation
GF Tenancy 1	1,047 L/week	209 L/week
GF Café	13,253 L/week	2,651 L/week
GF Chemist	749 L/week	749 L/week
L1 Tenancy 101	4,820 L/week	964 L/week
L2 Tenancy 201	3,105 L/week	621 L/week
Total	22,973 L/week	5,194 L/week

Proposed Bin Schedule

Waste Stream	Bin Quantity	Bin Size	Collection Frequency	Bin Storage Area Required
Garbage	7	1100 L	Three times per week	9.1 m ²
Recycling	3	1100 L	Twice weekly	3.9 m ²
Hard waste & E-Waste	2.0 m ² storage area		As required	2.0 m ²
Net Bin Storage Area Required (excluding circulation)				15.0 m ²

Collection Summary

A private contractor shall be engaged to collect garbage and recycling from the on-site loading dock, using up to 8.8m long rear loading vehicles.

An accredited clinical waste contractor shall be engaged to collect all clinical related waste from within the on-site loading dock.

1.1 The Proposed Development

The site of the proposed mixed-use development is located at 143A Stoney Creek Road, Beverley Hills.

The proposal involves the construction of a three-storey building plus three levels of basement car parking.

The development schedule, as assessed for this waste management plan, and based on the Revision P9 plans dated 22 May 2020 prepared by Rothe Lowman Architects is outlined in Table 1.1 below.

Table 1.1: Development Schedule

Use	Floor Area
GF Tenancy 1	299 m ²
GF Café	284 m ²
GF Chemist	214 m ²
L1 Tenancy 101	1,377 m ²
L2 Tenancy 201	887 m ²

At the time of preparation of this Waste Management Plan, the Architectural Plans show a bin room on ground level, located to the east of the loading dock.

Refer to Appendix A for a copy of the architectural plans used in the preparation of this Waste Management Plan.

1.2 Purpose

This Section 2 Waste Management Plan has been prepared to accompany the Development Application.

1.3 Applicable Standards and References

Relevant guidelines and publications considered as part of the preparation of this Waste Management Plan include:

- Hurstville Development Control Plan Appendix No. 1 (DCP 1) (Amendment No. 7, 2019).
- EPA NSW – Clinical and Related Waste.
- Waste Management Association of Australia – Industry Code of Practice for the Management of Clinical and Related Wastes (Rev 7, 2014).

1.4 Limitations

Waste management arrangements during the demolition, construction and fit-out stages of the development (Section 1 Waste Management Plan), and the on-going monitoring of the waste management arrangements for the development following the occupation of the development are outside the scope of this Waste Management Plan.

2.1 Garbage Generation

The Hurstville Development Control Plan No. 1 (DCP 1) provides the waste generation rates to be adopted for commercial developments. These rates are outlined below:

- Offices: 50 L/100m² floor area/day (adopted for all medical)
- Café: 10 L/1.5m² floor area/day (adopted for the ground floor café)
- Shop greater than 100m² floor area: 50 L/100m² floor area/day (adopted for the ground floor chemist)

The development is proposed to operate for seven days per week.

Applying the above garbage generation rates, the garbage generation estimate for the development is outlined in Table 2.1 below.

Table 2.1: Garbage Generation Estimate

Use	Floor Area	Garbage Generation Rate	Garbage Generation
GF Tenancy 1	299 m ²	50 L/100m ² /day	1,047 L/week
GF Café	284 m ²	10 L/1.5m ² /day	13,253 L/week
GF Chemist	214 m ²	50 L/100m ² /day	749 L/week
L1 Tenancy 101	1,377 m ²	50 L/100m ² /day	4,820 L/week
L2 Tenancy 201	887 m ²	50 L/100m ² /day	3,105 L/week
Total Garbage Generation			22,973L/week

2.2 Recycling Generation

Applying a similar approach to our assessment of the recycling generation associated with the development, we have also adopted the recycling generation rates provided within the Hurstville Development Control Plan No. 1 (DCP 1), as outlined below:

- Offices: 10 L/100m² floor area/day (adopted for all medical areas)
- Café: 2 L/1.5m² floor area/day (adopted for the ground floor café)
- Shop greater than 100m² floor area: 50 L/100m² floor area/day (adopted for the ground floor chemist)

Applying the above recycling generation rates, the recycling generation estimate for the development is outlined in Table 2.2 below.

Table 2.2: Recycling Generation Estimate

Use	Floor Area	Recycling Generation Rate	Recycling Generation
GF Tenancy 1	299 m ²	10 L/100m ² /day	209 L/week
GF Café	285 m ²	2 L/1.5m ² /day	2,651 L/week
GF Chemist	215 m ²	50 L/100m ² /day	749 L/week
L1 Tenancy 101	1,377 m ²	10 L/100m ² /day	964 L/week
L2 Tenancy 201	887 m ²	10 L/100m ² /day	621 L/week
Total Recycling Generation			5,194 L/week

2.3 Clinical Waste Generation

There are no specific, published waste generation rates for clinical waste streams at the time of preparation of this Waste Management Plan within the Hurstville Development Control Plan No. 1 (DCP 1). However, the Department of Health via its Waste Management Guidelines for medical facilities estimates that for a typical medical clinic, 70% by volume of waste generated is the general garbage and commingled recycling streams, with the balance 30% by volume being classified as clinical waste.

The clinical waste generation of medical facilities varies based on the type of medical facility being operated. As specific tenancies or medical services are unknown at this stage, the general medical clinic waste profile has been presented for information purposes.

Based on adoption of the Department of Health's waste mix, the medical related areas (not including the café and chemist) are expected to generate:

- 8,971 L/week – General Garbage.
- 1,794 L/week – Commingled Recycling.
- 4,613 L/week – Clinical Waste.

The Department of Health Guidelines has further identified that of the clinical waste streams, sharps waste typically makes up 2/3 of the overall clinical waste streams. Applying this ratio, of the estimated 4,613L of clinical waste generated per week, 3,075L are estimated to be sharps waste.

The following streams of clinical waste are likely to be generated by the development:

Table 2.3: Clinical Waste Generation

Waste Stream	Weekly Generation
Confidential Paper Recycling	Confidential paper shall be placed within a dedicated confidential paper bin
Clinical Waste (Sharps)	3,075 L/week
Clinical Waste (Other)	1,538 L/week

It is expected that once the medical centre is fully operational, the medical centre manager will be responsible for the on-going monitoring of both general and clinical waste streams, with waste minimisation being a fundamental principle of any clinical waste management strategy. It is also the responsibility of the medical centre manager to determine where required, additional storage or increases in the frequency of collection.

As clinical waste requirements vary by the health service, the treatment, storage and disposal of such waste will be the responsibility of the specific tenancy. All clinical waste arising on the premises shall be stored within the specific tenancy, with the type, size and quantity of clinical bins/containers to be determined by the tenant with the assistance of an accredited clinical waste contractor.

The accredited clinical waste contractor shall be engaged to implement the code, provide clinical waste storage facility design advice and operational advice (including the preparation of a Clinical Waste Management Plan) for the safe handling, storage, collection and treatment of clinical and related wastes.

3.1 System for Managing Waste

The collection arrangements for the various waste streams are summarised as follows:

- Garbage: for collection purposes, garbage shall be stored within garbage collection bins;
- Recycling: for collection purposes, recyclables shall be commingled into the recycling collection bins (for paper, cardboard, PET, glass, aluminium, steel and HDPE containers);
- Green Waste: it is proposed that all landscaping will be managed by the medical centre via a landscaping contractor, who will be responsible for the removal and transportation of green waste off-site;
- Hard Waste & Bulk Cardboard: hard waste and bulk cardboard shall be stored within a dedicated hard waste storage area located within the ground floor bin room. Hard waste and bulk cardboard shall be collected by a private contractor, as required;
- E-Waste: a portion of the area dedicated to hard waste and bulk cardboard within the ground floor bin room shall be allocated for the storage of e-waste. E-waste shall be collected by a private contractor, as required.
- Clinical Waste: clinical waste shall be disposed of in correctly labelled and classified receptacles, packaged and stored in accordance with relevant State and National Guidelines. Clinical and related waste shall be collected and transported off-site using licensed contractors and disposed of in facilities licensed to treat the waste. Generators of clinical waste shall be responsible for the provision of appropriate training for all staff involved in the generation and handling of clinical waste, the determination of the type of clinical waste, and ensuring suitable waste storage and disposal arrangements are in place.

3.2 Garbage and Recycling Storage Facilities

The waste management system consists of the following components:

- Waste receptacles for garbage and recycling located within individual consulting/pathology/treatment rooms and all associated operational spaces;
- Waste receptacles for garbage and recycling located within the café and chemist;
- Clinical waste disposal receptacles located within rooms where clinical waste is to be generated; and
- Garbage and recycling bulk collection bins and a hard waste / e-waste storage area, located within a ground floor bin room.

Based on the current site layout, bin transfer equipment is not expected to be required, subject to the appointed waste collection contractor conducting a Safe Work Method Statement Assessment. Should additional bin transfer equipment be deemed necessary, the appointed waste collection contractor shall liaise with the medical centre operator to arrange for necessary equipment and storage arrangements.

It is recommended that the following considerations be made for the ground floor bin room:

General Requirements

- Comply with Building Code of Australia (BCA) and all relevant Australian Standards;
- Allow storage of collection bins on-site at all times;
- Allow easy access for users of the bins;
- Artificial light shall be provided where necessary outside the bin room to enable occupiers of the site to dispose of waste safely and appropriately at all times; and
- The path for transferring the bins from the bin room to the collection vehicle shall be of adequate width, direct, smooth, and free of lips, steps and other obstacles.

Space and Facilities Requirements

- The bin room shall be sized to accommodate all garbage and recycling arising on the premises together with any associated equipment for handling the waste. The area designated for the bin room is based on the number of bins and the physical dimensions of the bins. The number of bins and bin sizes required for the development are outlined in Section 4.
- The bin room shall be maintained to ensure that the aesthetics of the development are not compromised;
- Each bin must be accessible and manoeuvrable in and out of the bin room, with minimum or no handling of other bins; and
- The floor of the bin room shall be constructed of concrete (or similar) and shall be finished to a smooth even surface covered at the intersection of walls and plinths.

Ventilation & Bin Washing Requirements

- The bin room shall be ventilated in accordance with the requirements of the Building Code of Australia and AS1668.2;
- Ventilation openings should be protected against flies and vermin;
- Doors shall be tight fitting; and
- It is recommended that a graded bin wash area with a hosecock, hose and suitable floor-waste be provided in accordance with the relevant authority requirements. If a bin wash area cannot be provided on-site, a private contractor can be engaged to clean / wash bins on a regular basis, with all waste-water transported off-site.

3.3 Bin Colour and Signage

Bin Colour Requirements

- All bins shall be provided by a private supplier. The below bin colours are specified by Australian Standard AS4123.7 2006, however due to the private nature of the collection, these are only recommendations and are not mandatory:
 - General garbage bins with a dark green or black body with red lid; and
 - Commingled recycling bins with a dark green or black body with yellow lid.

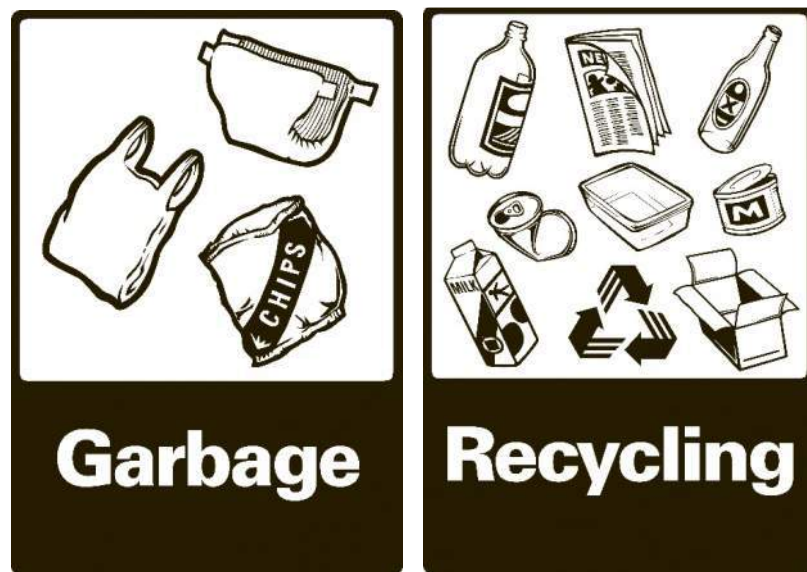
NOTE: Private collection contractors often supply their own bins for collection and may adopt alternate bin colours.

Signage Requirements

- Bins will be clearly marked and signed with the industry standard signage approved by NSW EPA; and
- The bin room will be provided with signs showing correct disposal of general garbage and commingled recycling.

The typical NSW EPA signage is shown in Figure 3.1.

Figure 3.1: NSW EPA Signage



3.4 Clinical Waste Storage Facilities

Clinical waste storage facilities typically include the immediate clinical waste containers within rooms/areas expected to generate clinical waste, as well as storage of used/spare clinical waste containers.

Design requirements for clinical waste storage facilities are detailed as follows.

General

- Ensure sufficient space is provided within medical rooms/areas for clinical waste containers;
- Ensure that the location of clinical waste containers allows for convenient disposal;
- Clinical waste containers shall be sited away from food preparation areas and routes used by the public;
- Clinical waste containers shall be positioned to allow for safe and efficient movement to/from the secure clinical waste storage area within the medical centre;
- Safe and efficient accessibility for collection contractors; and
- Clear signage and labelling on all points of entry to/from the clinical waste storage area within the medical centre.

Temperature-Controlled Areas

- Temperature-controlled areas may be required for the storage of some materials, including some clinical waste and clinical waste for incineration only;
- If a temperature-controlled area is required, the temperature should be maintained at or below 5-7°C. This area should have:
 - Adequate ventilation to prevent build-up of odours; and
 - Clear signage and labelling on all door and entrances.

Safety

- All clinical waste containers shall be secure or tamper proof; and
- All clinical waste storage areas must contain a spill response kit.

Infection Control

- Empty 'clean' clinical waste containers shall be stored separately to full 'dirty' clinical waste containers to avoid cross contamination.

Signage

- All clinical waste containers must be clearly and correctly labelled and coloured to identify which materials are to be placed in which container.

4.1 Proposed Bin Schedule

Based on the garbage and recycling generation estimates calculated in Sections 2, it is considered that the use of 1,100L bins will be appropriate for the development.

The dimensions of the bins that shall be utilised are detailed in Table 4.1.

Table 4.1: Bin Dimensions

Bin Size (L)	Height(mm)	Width (mm)	Depth (mm)	Area (m ²)
1,100	1,330	1,240	1,070	1.3

Based on Sulo dimensions

Table 4.2 summarises the number and size of bins required, as well as the collection frequency and the bin storage area required.

Table 4.2: Proposed Bin Schedule

Waste Stream	Bin Quantity	Bin Size	Collection Frequency	Bin Storage Area Required
Garbage	7	1,100 L	Three times per week	9.1 m²
Recycling	3	1,100 L	Twice weekly	3.9 m²
Hard waste & E-Waste	2.0 m² storage area		As required	2.0 m²
Net Bin Storage Area Required (excluding circulation)				15.0 m²

The above schedule will provide a capacity of:

- General Garbage: 23,100 L/week.
- General Recycling: 6,600 L/week.

This provides sufficient allowance for the waste generation estimates calculated in Sections 2.

The area allocated for bin storage shown on the Architectural Plans is sufficient to store the required number of bins outlined above.

Once the site is operational, if the actual waste generated exceed the estimated amounts, additional collections can be organised.

5.1 Collection Arrangements – Private Collection

Garbage and Recycling

Given the proposed bin sizes, private on-site collection is proposed for the development.

Rear loading waste trucks will be utilised for the collection of waste from the on-site loading dock. The waste collection trucks will be 8.8 metres long and require an operational height clearance of up to 4.5 metres.

A swept path assessment, prepared by Ason Group on the Revision P9 plans and attached in Appendix B, demonstrates that the nominated waste collection vehicle can access the site, undertake collection via the ground floor loading dock and exit the site in a forward direction.

Collection contractors will be responsible for transferring bins from the bin room to the collection vehicle and returning the bins to the bin room immediately after collection.

NOTES:

Bins shall not be left in a manner that blocks access to doorways, service cupboard openings or public roadways at any time.

Bins shall be returned to the bin room immediately after collection.

Clinical Waste

Collections for clinical waste and sharps will be undertaken on an as-required basis, within the on-site loading dock.

An accredited clinical waste collection contractor will attend the site and collect full clinical waste and sharps containers directly from the medical centre.

The storage of clinical waste will be within a secure area located within the medical centre and not within the communal waste room.

The transfer of clinical waste from medical centre to the collection vehicle shall be undertaken in accordance with procedures outlined in the relevant State guidelines.

5.2 Waste Collection Times

Due to the site's proximity to residential properties, waste collection from the subject site shall only occur during daytime hours, as stipulated in the *Environment Protection (Residential Noise) Regulations 2008*.

All waste collection shall occur during the following time-period:

- Between 7:00am and 8:00pm, Monday to Friday; and
- Between 9:00am and 8:00pm, Weekends and Public Holidays.

Further to the above, it is recommended that waste collection is undertaken outside of peak AM and PM traffic periods (i.e. between 10:00am and 3:00pm) to minimise disruption to traffic entering and exiting the site.

6.1 General Waste Disposal and Sorting Responsibilities

- Garbage shall be placed within tied plastic bags prior disposal in to the garbage collection bins.
- Cardboard shall be flattened and recycling containers uncapped, drained and rinsed prior to disposal into the recycling collection bins. Bagged recycling is not permitted.
- Hard waste and e-waste shall be stored within the dedicated hard waste storage area, located within the ground floor bin room.

6.2 Operator Responsibilities

The operator shall be responsible for the following:

- Construction of the bin room in accordance with the relevant standards and guidelines outlined in Section 3;
- Ongoing management of the waste system including the maintenance of all waste areas to the satisfaction of users, staff and the relevant authority;
- Engage and manage the waste collection contractor, including the frequency of waste collection;
- Developing and implementing adequate safe operating procedures (including the preparation of Safe Work Method Statements);
- Securing the waste areas and labelling/numbering the bins according to the property address to protect the equipment from theft and vandalism;
- Servicing all public areas through sweeping and removal of litter on a regular basis;
- Publish and distribute information or 'house rules' to ensure that staff and other users are familiar about the waste management system and the use/location of the associated equipment;
- Preventing overfilled bins by keeping lids closed and ensuring bungs are leak free;
- Inform users that bagged recycling is not permitted; and
- Ensure that bins provided for use at the site are not removed.

6.3 Tenant Responsibilities

Each tenant shall be responsible for the following.

- Ensure that any container used for the storage of waste is:
 - Constructed of approved impervious materials so as to prevent the escape by leakage of the contents;
 - Thoroughly cleaned at regular intervals;
 - Kept at all times in good order and in a clean and sanitary condition; and
 - Constructed to be water-tight, fly and vermin proof.
- Regularly transfer waste from local containers to the bulk bins within the ground floor bin room to prevent overflowing of bins and littering;
- Monitor user behaviour and if littering is observed, arrange for additional bins / infrastructure to be provided to minimise littering;
- Developing and implementing adequate safe operating procedures (including the preparation of Safe Work Method Statements);

- Removal of litter from all public areas on a regular basis;
- Preventing overfilled bins by keeping lids closed and ensuring bungs are leak free;
- Inform staff and users that bagged recycling is not permitted; and
- Ensure that bins provided for use at the designated site are not removed.

6.4 Clinical Waste Management Responsibilities

In accordance with the EPA Guidelines, generators of clinical and related waste have the responsibility to, where practicable, avoid the generation of the clinical waste. Generators must take all necessary precautions to minimise potential hazards and ensure that they manage clinical and related waste safely and legally, including:

- Clinical waste segregation, packaging, labelling and storage;
- Appropriate training for all staff involved in the generation and handling of clinical waste streams;
- Arrange for, and using of licensed contractors, for collection and transport of the waste;
- Verifying that the relevant disposal facility is licensed to treat the waste; and
- Regularly auditing the processes and procedures in place to deal with the clinical waste streams to ensure that they remain effective.

6.5 Arrangements for Bins / Equipment Labelling

The medical centre manager shall publish / distribute rules / information / educational material to:

- Inform users about the waste management system;
- Improve facility management results, to reduce equipment damage, reduce littering, and to achieve better cleanliness; and
- Advise users to sort and recycle waste with care to reduce contamination of recyclables.

6.6 Waste Management Plan Revisions

From time to time, due to changes in legislative requirements, changes in the development's needs and/or waste patterns (such as waste composition, volume, or distribution), or to address unforeseen operational issues, the medical centre shall be responsible for co-ordinating the necessary Waste Management Plan revisions, including (on an as required basis):

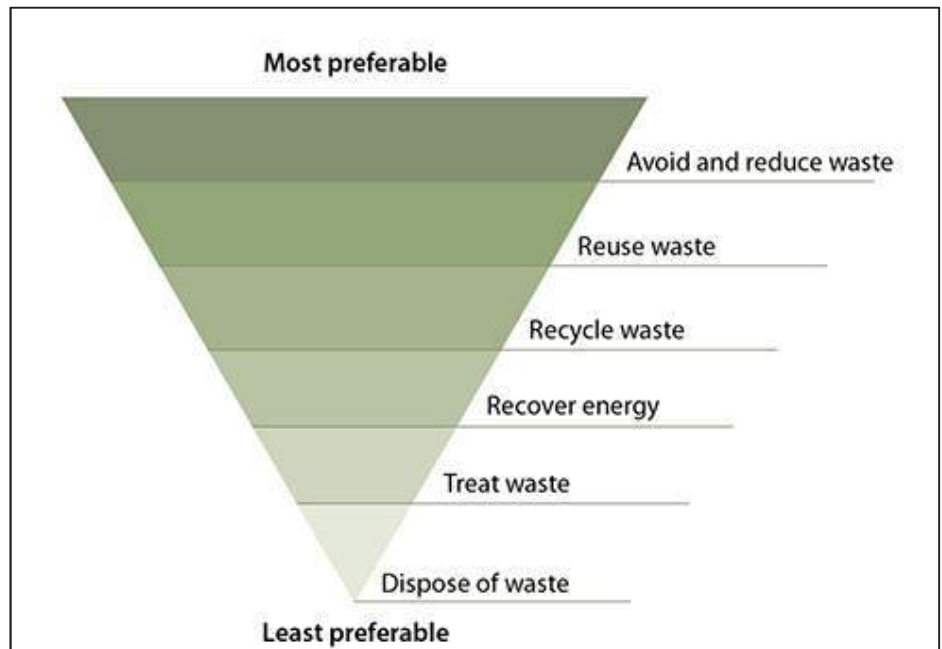
- A waste audit and new waste management strategy;
- Revision of the waste system (bin size / quantity / waste streams / collection frequency / update of equipment);
- Re-education of users; and
- Any necessary statutory / regulatory requirements / approvals.

7 Waste Minimisation:

7.1 The Waste Hierarchy

Ongoing education and dedicated ongoing management services are critical factors in encouraging users and staff to continue to use the services and systems as intended. The future Occupiers of the development shall encourage staff to participate in minimising the impact of waste on the environment. In particular, consideration should be made to the waste hierarchy outlined in Figure 7.1 below, which underpins the objectives of the Waste Avoidance and Resource Recovery Act 2001.

Figure 7.1: The Waste Hierarchy



Source: 'Better Practice Guide for Waste Management and Recycling in Multi-Unit Developments'

Establishment of waste reduction and recycling targets, including conducting periodic waste audits, keeping records of waste streams, and monitoring of the quantity of recyclables found in landfill-bound bins. The results of such audits shall be shared with users to encourage further reductions in waste where possible.

8.1 Contact Information

Table 8.1 below includes a complimentary listing of contractors and equipment suppliers. The Project Principal shall not be obligated to procure goods / services from these companies. Ratio Consultants does not warrant or make representations for the goods / services provided by these contractors and suppliers.

Table 8.1: Contractors and Supplier Details

Service	Contractor / Supplier	Phone	Website
Private Waste Collection	Cleanaway	13 13 39	www.cleanaway.com.au
	Daniels Health	1300 667 787	www.danielshealth.com.au
	JJ Richards	02 9832 4022	www.jjrichards.com.au
	SUEZ	13 13 35	www.suez.com.au/en-AU
	Veolia Environmental Services	132 955	www.veolia.com/anz
Bin Supplier	Daniels Health (Clinical Bins)	1300 667 787	www.danielshealth.com.au
	Kartaway	1300 362 362	www.kartaway.com.au
	Sulo Australia	1300 364 388	www.sulo.com.au
Bin Washing	myBins	1300 692 467	www.mybins.com.au
	Proud Bin Cleaning	1300 256 246	www.proudbincleaning.com.au

Appendix A : Plans Assessed



DEVELOPMENT SUMMARY

Revisions	P5	15.05.20	CONSULTANT COORDINATION	JLI
	P6	18.05.20	CONSULTANT COORDINATION	JLI
	P7	21.05.20	FOR LANDSCAPE	JLI
	P8	21.05.20	CLIENT REVIEW	JLI
	P9	22.05.20	CONSULTANT COORDINATION	JLI

Project 143a Stoney Creek

Drawing Ground Floor

Project No 220015 Date 22.05.20

Author JLI

Scale: @ A1 1 : 100

Drawing No. TP01.04

P9

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Revisions				
P3	07.05.20	CONSULTANT COORDINATION	JLI	
P4	15.05.20	CONSULTANT COORDINATION	JLI	
P5	18.05.20	CONSULTANT COORDINATION	JLI	
P6	21.05.20	CLIENT REVIEW	JLI	
P7	22.05.20	CONSULTANT COORDINATION	JLI	

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Project / 143a Stoney Creek

Drawing / Level 1

Project No / 220015 Date / 22.05.20

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P7

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P7	22.05.20	CONSULTANT COORDINATION	JLI	

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Appendix B : Swept Path Assessment



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	P9	22.05.20	CONSULTANT COORDINATION	JLI

Project 143a Stoney Creek

Drawing Ground Floor

Project No 220015 Date 22.05.20

Author JLI

Scale: @ A1 1 : 100

Drawing No. TP01.04

P9

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