



APPENDIX C

Additional information on the Integrated ASB Addition (SSD – 10339).

[Information requested by DPIE August 2019 to be
included in this 2018 ACHAR].



Aboriginal Cultural Heritage Assessment Report Randwick Campus Redevelopment Project, Randwick

1.0 Introduction

This Aboriginal Cultural Heritage Assessment Report [ACHAR] was developed to support an Aboriginal Heritage Impact Permit [AHIP] application to the Office of Environment & Heritage [OEH now called Department of Planning, Industry and Environment (DPIE)] over the non-ASB land at POW Randwick Campus Redevelopment.

An ACHAR is required for an AHIP but an AHIP is not required for SSD lands. While the approval authority [DPIE], may refer to the OEH regulations, guidelines and policy, in the SEARS and expect the archaeological work to be carried out accordingly, it is unusual to seek subsequent additions to the ACHAR when a AHIP is not required.

The proposed Integrated ASB Addition (the proposed development) comprises the following core elements:

- UNSW Eastern Extension (Base Building only)
- Associated modifications within the ASB
- Lowering of Hospital Road.
- Landscaping

2.0 Hospital Road Lowering and Extension of ASB - Aboriginal Heritage Assessment

The 2019 Aboriginal heritage assessment of the proposed development at Randwick between the POW Hospital and the University of NSW is the subject of this Appendix. This assessment is prepared for an EIS for submission to the DPIE. It is understood that planning approval for the Health Infrastructure proposal will be sought through the preparation of an Integrated SSD application (ISSDA).

The subject land is largely located at the mid to southern end of Hospital Road towards Magill Street.

Background

Since late 2018 MDCA and the LaPerouse Local Aboriginal Land Council (LPLALC) have been undertaking Aboriginal cultural and archaeological investigations across the ASB site between Botany Street, Hospital Road, High Street and Magill Street. The method of investigation in both the ASB and non-ASB areas have been conducted in the same manner described in an OEH AHIP (#C0000436) issued for the non-ASB area on 15/02/2019.

These investigations have included monitoring of deep machine trenching and manual excavations into some of the highest Randwick aeolian sand sheets of the Botany Dune system. These sands continue under Hospital Road and can be seen in the west-facing sections between Magill Street and the current site offices of Lend Lease Building, to the north. The investigations also included partial monitoring of a deep trench for an electrical service along the northern fall of the dune spur apex on Hospital Road.



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The potential archaeology and Aboriginal cultural significance of the Botany Dune system, underlying the proposed works, can be predicted as a result of those ongoing investigations outlined above. To date sites of significance including sandstone Hearths, open artefact scatters and ochreous stones used in body painting and rock art have been identified and are currently being dated and analysed.

2.1 The Proposal and Aboriginal Heritage requirements.

1. Hospital Road

The lowering of a section of Hospital Road and Delivery Drive will involve the removal of the upper layers of the sand dune. It is understood there are multiple existing underground services within the road. As such, the likelihood of buried undisturbed/intact cultural remains within these layers is assessed as low. Any remains as may be encountered could be recovered by the LPLALC.

It would be usual to undertake a preliminary Aboriginal heritage assessment, in the first instance. However it could be argued that the existing Due Diligence for both the ASB and non-ASB lands, and the subsequent ACHAR accompanying an application for an AHIP developed for the non-ASB lands would also apply to the road in terms of archaeological potential and any required management options.

Refer:

- Aboriginal Archaeological Assessment Stage 1 Development and Proposed Future Expansion of The Randwick Hospital Campus Randwick, NSW. Mary Dallas Consulting Archaeologists. 2018. Report to Advisian.
- Aboriginal Cultural Heritage Assessment Report. New Acute Services Building for The Prince of Wales Hospital, Randwick NSW. Mary Dallas Consulting Archaeologists. 2018 Report to NSW Health Infrastructure

Minimal management would include a provision for archaeological monitoring of civil excavations along the road as required. This would also involve the participation of the LPLALC. The likelihood of preserving any Aboriginal site as may be found in situ is also assessed as low. It has been found that the LPLALC prefer collection and, where possible, reconstruction for the purpose of community education and understanding. Their preferred treatment of human remains has been to salvage for reburial at their private repatriation grounds. MDCA do not pre-empt the LPLALC management decisions and therefore recommend continued close consultation from the start of the project.

The OEH cannot issue an AHIP over the SSD lands as shown in the existing ASB project. It is recommended the principles and methods of investigation and community consultation as has taken place over the land to the west of Hospital Road continue and best practice be maintained.



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2.2 Eastern Extension of ASB

2. It is also understood that planning approval for the expansion of the ASB would be sought through the preparation of an EIS for an ISSDA under Division 4.7 of the EP&A Act. Apart from an area above [cantilevered] Hospital Road, the proposal includes an area within the existing ASB area. This area has been investigated through post demolition monitoring and archaeological test excavation by MDCA as part of archaeological works associated with the rear of demolished properties abutting Hospital Road. These investigations into this area of the ASB, have been sufficient to characterise the subsurface road deposits in terms of archaeological potential. The representatives of the LPLALC who participated in the investigations raised no concerns from a community cultural perspective.