PROPOSED WAIKATO REGIONAL PLAN CHANGE 1



WAIKATO AND WAIPÄ RIVER CATCHMENTS

Submission form on publicly notified – Proposed Waikato Regional Plan Change 1 – Waikato and Waipā River Catchments.

Important: Save this PDF to your computer before answering. If you edit the original form from this webpage, your changes will not save. Please check or update your software to allow for editing. We recommend Acrobat Reader.

SUBMISSIONS CAN BE

FORM 5 Clause 6 of First Schedule, Resource Management Act 1991

SubForm	PC12016	COVER SHE	ΕT
	FOR OF	ICE USE ONLY	
Submission Number			
Entered	T T	Initials	
File Ref		Sheet 1 of	

Mailed to	Chief Executive, 401 Grey Street, Private Bag 3038, Waikato Mail Centre, Hamilton 3240
Delivered to	Waikato Regional Council, 401 Grey Street, Hamilton East, Hamilton
Faxed to	(07) 859 0998 Please Note: if you fax your submission, please post or deliver a copy to one of the above addresses
Emailed to	healthyrivers@waikatoregion.govt.nz Please Note: Submissions received by email must contain full contact details.
Online at	www.waikatoregion.govt.nz/healthyrivers
	We need to receive your submission by 5pm, 8 March 2017.
YOUR NAME A	ND CONTACT DETAILS
Full name: B	ruce Arrol Gordan
Full address:	173 Pununga Island Rd Martin pagleg @ xtra.co.nz
\	in a star of the s
Phone: <u>\$ 186</u>	77435 0274830098 Fax: NA.
ADDRESS FOR	SERVICE OF SUBMITTER
Full name:	Bruce Arrol Gordon) Dagframs
Address for serv	Bruce Arrol Gordon) Dag FRANK ice of person making submission: 173 PUHUNGA ISLAND ROAD NGATER.
Email:	agleg a xtra.co.nz
Phone: <u>6786</u>	77436 /0274830098 Fax: NA.
TRADE COMPE	TITION AND ADVERSE EFFECTS (select appropriate)
O I could / O	could not gain an advantage in trade competition through this submission.

OI am / O am not directly affected by an effect of the subject matter of the submission that:

Delete entire paragraph if you could not gain an advantage in trade competition through this submission.

(b) does not relate to the trade competition or the effects of trade competition.

(a) adversely effects the environment, and

THE SPECIFIC PROVISIONS OF PROPOSED PLAN CHANGE 1 THAT MY SUBMISSION RELATES TO
Please state the provision, map or page number e.g. Objective 4 or Rule 3.11.5.1 (Continue on separate sheet(s) if necessary).
Land use restrictions
Cost to Community
Cleaner delinition on Mitrogen reference have minimal monitored so a Sunderstood.
Reduction of stocking sate - lence production outlimately simility of tumenty to exist, is business related to forming I - schooling is people membered learn
I SUPPORT OR OPPOSE THE ABOVE PROJISION/S
(Select as appropriate and continue on separate sheet(s) if necessary).
O Support the above provisions
Support the above provision with amendments
Oppose the above provisions
MY SUBMISSION IS THAT
Tell us the reasons why you support or oppose or wish to have the specific provisions amended. (Please continue on separate sheet(s) if necessary). Have concerns that the provisions are too generalism with a "broad brush" approach. It is not just formers that are in the gar but cities as well.
The economic viability of our rural towns ore going to be threatened
We should not condone "dirty nives" but do have concerns that everyone is being put in the same category.
have concerns that everyone is being put in the
Some category.
I SEEK THE FOLLOWING DECISION BY COUNCIL
(Select as appropriate and continue on separate sheet(s) if necessary).
Accept the above provision
Accept the above provision with amendments as outlined
Decline the above provision
$oldsymbol{arOmega}$ If not declined, then amend the above provision as outlined

PLEASE INDICATE BY TICKING THE RELEVANT BOX WHETHER YOU V SUBMISSION	VISH TO BE HEARD IN SUPPORT OF YOUR
I wish to speak at the hearing in support of my submissions.	
OI do not wish to speak at the hearing in support of my submissions.	
JOINT SUBMISSIONS	
others make a similar submission, please tick this box if you will cons	ider presenting a joint case with them at the hearing.
IF YOU HAVE USED EXTRA SHEETS FOR THIS SUBMISSION PLEASE A INDICATE BELOW	TTACH THEM TO THIS FORM AND
Yes, I have attached extra sheets.	not attached extra sheets.
SIGNATURE OF SUBMITTER	
Signature: Bulundan Date: 7 -	3-17
Personal information is used for the administration of the submission proc will be held by Waikato Regional Council, with submitters having the right	

PLEASE CHECK that you have provided all of the information requested and if you are having trouble filling out this

form, phone Waikato Regional Council on 0800 800 401 for help.

o you support or oppose the provision?	○ Support ○ Oppose
ubmission	Decision Sought
ate in summary the nature of your submission and the reasons for it.	State clearly the decision and/or suggested changes you want Council to make on the provision.
ction number of the Plan Change: you support or oppose the provision?	○ Support ○ Oppose
ubmission	Decision Sought
tate in summary the nature of your submission and the reasons for it.	State clearly the decision and/or suggested changes you want Council to make on the provision.

Oo you support or oppose the provision?	○ Support ○ Op	pose
ubmission	Decision Sought	
State in summary the nature of your submission and the reasons for it.	State clearly the decision and/or suggested changes you war Council to make on the provision.	at
Section number of the Plan Change: Do you support or oppose the provision? Submission	Support Opp	oose
State in summary the nature of your submission and the reasons for it.	State clearly the decision and/or suggested changes you wan Council to make on the provision.	t