PROPOSED WAIKATO REGIONAL PLAN CHANGE 1 WAIKATO AND WAIPĀ 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.

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

SubForm	PC12016	COVER SHEET	
	FOR OF	FICE USE ONLY	
		Submission Number	- <u>1</u> 2- 14
	1		
Entered		Initials	in the second
File Ref		Sheet 1 of	and the second

SUBMISSIONS CA	AN BE
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

YOUR NAME AND CONTACT DETAILS

Full name: Chris Smuts-Kennedy

Full address: 168 Burns St Cambridge

Email: ______smuts@hnpl.net

Phone: _____823 1331

_ Fax:

ADDRESS FOR SERVICE OF SUBMITTER

Full name:

Address for service of person making submission:

Email:

Phone:

Fax:

TRADE COMPETITION AND ADVERSE EFFECTS (select appropriate)

• I could / 🔾 could not gain an advantage in trade competition through this submission.

 \odot I am / \bigcirc am not directly affected by an effect of the subject matter of the submission that:

(a) adversely effects the environment, and

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

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

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).

All references to the plan's time-line.

All references to OVERSEER®.

I SUPPORT OR OPPOSE THE ABOVE PROVISION/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).

The overall time-line need to be halved, i.e. from 80 yrs to 40 yrs. Each time-bound step along the way also needs to be achieved in half the time.

The use of OVERSEER® as the primary monitoring and management tool needs to be reviewed. There are too many questions about its accuracy and utility. This issue needs to be independently reviewed, and alternative techniques considered such as direct limits on the intensity and nature of use and nutrient input in relation to soil type, topography and weather/climate for each farm. This might be more expensive, but whatever technique is used needs to be demonstrably fit-for-purpose.

Much pollutant run-off can be managed relatively easily and visibly by riparian strip planting and the creation of wetland traps for phosphorous, sediment, agrochemicals and E. coli. Nitrate leaching into ground water is the tough one; it is hard to measure (OVERSEER® 6.2 is a blunt instrument), and can only be reduced by limiting the intensity of farming (especially cattle). Intensity and type of land use is the primary issue to be addressed in this plan.

Outcome monitoring in the region's waterways needs to be sufficient to ensure SMART objectives (Specific, Measurable, Achievable, Realistic & Time-bound) are met.

I SEEK THE FOLLOWING DECISION BY COUNCIL

(Select as appropriate and continue on separate sheet(s) if necessary).

Accept the above provision

O Accept the above provision with amendments as outlined

O Decline the above provision

• If not declined, then amend the above provision as outlined

PLEASE INDICATE BY TICKING THE RELEVANT BOX WHETHER YOU WISH TO BE HEARD IN SUPPORT OF YOUR SUBMISSION

O I wish to speak at the hearing in support of my submissions.

• I do not wish to speak at the hearing in support of my submissions.

JOINT SUBMISSIONS

O If others make a similar submission, please tick this box if you will consider presenting a joint case with them at the hearing.

IF YOU HAVE USED EXTRA SHEETS FOR THIS SUBMISSION PLEASE ATTACH THEM TO THIS FORM AND INDICATE BELOW

• Yes, I have attached extra sheets.

No, I have not attached extra sheets.

SIGNATURE OF SUBMITTER

Signature:

Date:

Personal information is used for the administration of the submission process and will be made public. All information collected will be held by Waikato Regional Council, with submitters having the right to access and correct personal information.

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.

ADDITIONAL SHEET TO ASSIST IN MAKING A SUBMISSION

Section number of the Plan Change:

Do you support or oppose the provision?	 Support Oppose
Submission	Decision Sought
State 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.
Section number of the Plan Change:	
Do you support or oppose the provision?	Support Oppose
Submission	Decision Sought
State 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.

ADDITIONAL SHEET TO ASSIST IN MAKING A SUBMISSION

Section number of the Plan Change:

Do you support or oppose the provision?	Support Oppose		
Submission	Decision Sought		
State 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.		
Section number of the Plan Change: Do you support or oppose the provision?	 Support Oppose 		
Submission	Decision Sought		
State 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.		

PLEASE INDICATE BY TICKING THE RELEVANT BOX WHETHER YOU WISH TO BE HEARD IN SUPPORT OF YOUR SUBMISSION O I wish to speak at the hearing in support of my submissions. I do not wish to speak at the hearing in support of my submissions. JOINT SUBMISSIONS) If others make a similar submission, please tick this box if you will consider presenting a joint case with them at the hearing. IF YOU HAVE USED EXTRA SHEETS FOR THIS SUBMISSION PLEASE ATTACH THEM TO THIS FORM AND INDICATE BELOW Yes, I have attached extra sheets. No, I have not attached extra sheets. SIGNATURE OF SUBMITTER mi Date: Signature: 4 inh Personal information is used for the administration of the submission process and will be made public. All information collected will be held by Waikato Regional Council, with submitters having the right to access and correct personal information. 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.