PROPOSED WAIKATO REGIONAL PLAN CHANGE 1



WAIKATO AND WAIPĀ RIVER CATCHMENTS

Submission form on publicly notified – Proposed Waikato Regional Plan Change T – 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	COVI	ER SHEET
	FOR OFFI	CE USE ONLY	
		Submission N	umber
Entered	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		
	aniel Ross Mead		
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	400 A SH2 Rd 6 Thames		
Email: Med	ad 6 thug. Co.NZ		
	660572 Fax:		
THORE.			
ADDRESS FOR	SERVICE OF SUBMITTER		
Full name:	Daniel Ross Moad		
run nume.	ice of person making submission: 3400A SH2 Rd 6 Thames		
Email: Me	od@ hug.co.NZ 1660572 Fax:		
Phone: 021	660572 Fax:		
TRADE COMPE	TITION AND ADVERSE EFFECTS (select appropriate)		
	7		
OI could / O	could not gain an advantage in trade competition through this submission.		
ØI am / Q am	not directly affected by an effect of the subject matter of the submission that:		
	ely effects the environment, and		
(b) does no	ot 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).

Hand Restrictions with regards to topography.

(0-15 deg/15-25 deg/25 + over)

Grand parenting of nutrients.

Catchment wide approach - needs to be more specific.

Economic cost to my bussiness a community a Potential loss of Jobs Land use Restrictions:

Unknown compliance costs-

I SUPPORT OR OPPOSE THE ABOVE PROVISION/S

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

- Support the above provisions
- O 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).

I support the principle of Cleaning up our Worterways. I do not agree with targeting specific industries or allocating costs to the few 'Each Area is Different so should be treated a accordingly. Our Business has moderate margins any further excessive compliance costs. Will restrict our apability to support the community and put our business of finincial risk. These risks are stated in the ppc 1 and are unaccoptable to our bussiness.

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
- Opeline the above provision
- Of If not declined, then amend the above provision as outlined

SUBMISSION O Livish to speak at the hearing in support of m	av submissions
I wish to speak at the hearing in support of m	
of do not wish to speak at the hearing in suppo	ort of my submissions.
JOINT SUBMISSIONS	
JOINT SOBMISSIONS	
of others make a similar submission, please tie	ck this box if you will consider presenting a joint case with them at the hearing.
IF YOU HAVE USED EXTRA SHEETS FOR THIS INDICATE BELOW	SUBMISSION PLEASE ATTACH THEM TO THIS FORM AND
Yes, I have attached extra sheets.	No, I have not attached extra sheets.
SIGNATURE OF SUBMITTER	
Signature:	Date: 6-3 -17.
Personal information is used for the administrati	on of the submission process and will be made public. All information collected ibmitters 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.

Support Oppose
Decision Sought
State clearly the decision and/or suggested changes you want Council to make on the provision.
Support Oppose
Decision Sought
State clearly the decision and/or suggested changes you want Council to make on the provision.