

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	cov	ER SHEET
FOR OFFICE USE ONLY			
		Submission N	lumber
Entered		Initials	
File Ref		Sheet 1 of	

SUBMISSIONS C	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		
	We need to receive your submission by 5pm, 8 March 2017.		
YOUR NAME AN	YOUR NAME AND CONTACT DETAILS		
Full name:			
Full address: 4545 Highway 22, RD2, Huntly. 3772			
Email: 4545 Highway 22, RD2, Huntly. 3772			
	07 8254942		

TRADE COMPETITION AND ADVERSE EFFECTS

- O I could / O could not gain an advantage in trade competition through this submission.
- I am / 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.



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). **POLICIES 16 & 17.** I SUPPORT OR OPPOSE THE ABOVE PROVISION/S (Select as appropriate and continue on separate sheet(s) if necessary). 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 RMA process is not there to give redress to Treaty Settlements and the Vision and Stragegy should only look at water quality issues. It is to improve the quality of the Waikato River and nothing else. Both these policies go outside the scope of the Vision and Strategy. 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 If not declined, then amend the above provision as outlined

SUBMISSION	T BOX WHETHER YOU WISH TO BE HEARD IN SUPPORT OF YOUR
I wish to speak at the hearing in support of m	ny submissions.
OI do not wish to speak at the hearing in suppo	ort of my submissions.
JOINT SUBMISSIONS	
O If others make a similar submission, please ti	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: 7 March, 2017.
Personal information is used for the administrati	on of the submission process and will be made public. All information collected

ADDITIONAL SHEET TO ASSIST IN MAKING A SUBMISSION			
Section number of the Plan Change:			
Do you support or oppose the provision?	Support		
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.		
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Do you support or oppose the provision?	Support Oppose		
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Submission form on publicly notified — Proposed .

Waikato Regional Plan Change 1 — Waikato and

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Online at	www.waikatoregion.govt.nz/healthyrivers		
We need to receive your submission by 5pm, 8 March 2017.			
YOUR NAME AND CONTACT DETAILS			
Full name: Donald Percy Coles Full address: 4545 Highway 22, RD2, Huntly. 3772			
ruii address:			
Email: donald.p.coles@gmail.com			
07 8254942			

Full address: 4545 Highway 22, RD2, Huntly. 3772 Email: 07 8254942 Fax: ADDRESS FOR SERVICE OF SUBMITTER Full name: As Above Address for service of person making submission: Email: Phone: Fax:

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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).
FRESH WATER MANAGEMENT TABLE. Pages 48 - 54
I SUPPORT OR OPPOSE THE ABOVE PROVISION/S
(Select as appropriate and continue on separate sheet(s) if necessary).
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).
95th percentile E. coli 100 ml -
This is set at 540 which is unrealistic. The 95% is the top 5% readings and not hite medium average.
It is impossible to be reached on many of the defined sites, and out of the control of land owners asit is driven by natural events more than anything else.
1000 mls in terms of the Annual Medium is the National Standard at present which meets the Vision and
Strategy and the National Policy Statement (NPS), but if the NPS introduces a separate process, then this will have to be introduced as an amendment.
I SEEK THE FOLLOWING DECISION BY COUNCIL
(Select as appropriate and continue on separate sheet(s) if necessary).
Accept the above provision
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Decline the above provision
Off not declined, then amend the above provision as outlined
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Online at	www.waikatoregion.govt.nz/healthyrivers
•	We need to receive your submission by 5pm, 8 March 2017.
	ND CONTACT DETAILS
	5 Highway 22, RD2, Huntly. 3772
Email: <u>4011ald.p.</u> 07 82549 Phone: <u>4111ald.p.</u>	942 Fax:

ADDRESS FOR SERVICE OF SUBMITTER

Full name: As Above. Address for service of person making submission: ____ Email: _ _ Fax: __ Phone:

TRADE COMPETITION AND ADVERSE EFFECTS

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OI do not wish to speak at the hearing in support of my submissions.	
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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	ı sheets.
	2, 2222222
SIGNATURE OF SUBMITTER	
Signature: Date: 7 March, 2017.	
Personal information is used for the administration of the submission process and will be made	
will be held by Waikato Regional Council, with submitters having the right to access and corre	ct personal information.



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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 AN	ND CONTACT DETAILS
Full name: Dona	d Percy Coles
	5 Highway 22, RD2, Huntly. 3772
	coles@gmail.com,
07 8254	

ADDRESS FOR SERVICE OF SUBMITTER

Address for service of person making submission:

Email:

Dhone:

Full name:

As above.

Fax:

TRADE COMPETITION AND ADVERSE EFFECTS

- O I could / o could not gain an advantage in trade competition through this submission.
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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). Clause 5 Schedule 1.
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).
That the Nitrate Reference Point does not relate to an adverse affect in most of the region. At present we are
at our 80 year level now as defined in the Tables in the PC1 document FOR FRESHWATER MANAGEMENT UNITS pages 48-54.
I am of the view that the Nitrate Reference Point is only being used as a suregate for livestock constraint.
The above provision is a breach of Section 5 of the RMA. No adverse affect has been shown.
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
OIf not declined, then amend the above provision as outlined

• 1

PLEASE INDICATE BY TICKING THE RELEVANT SUBMISSION	T BOX WHETHER YOU WISH TO BE HEARD IN SUPPORT OF YOUR
I wish to speak at the hearing in support of m	y submissions.
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Yes, I have attached extra sheets.	No, I have not attached extra sheets.
SIGNATURE OF SUBMITTER	<u></u>
Signature: MA	Date: 7 March, 2017.
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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 change Council to make on the provision.	ges you want
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Submission	Decision Sought	
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(07) 859 0998

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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 pame: Dona	ald Percy Coles	
Full address: 45	45 Highway 22, RD2, Huntly. 3772	
	o.coles@gmail.com	
1	4942 Fax:	
ADDRESS FOR	SERVICE OF SUBMITTER	
Full name: As A	bove.	
ĺ	rice of person making submission:	
Email:		<u>.</u>
Phone:	Fax:	-
TRADE COMPE	TITION AND ADVERSE EFFECTS	

• I could / O 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

• I am / • 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.

Chief Executive, 401 Grey Street, Private Bag 3038, Waikato Mail Centre, Hamilton 3240

Please Note: if you fax your submission, please post or deliver a copy to one of the above addresses

Waikato Regional Council, 401 Grey Street, Hamilton East, Hamilton

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).
POLICY 13
I SUPPORT OR OPPOSE THE ABOVE PROVISION/S
(Select as appropriate and continue on separate sheet(s) if necessary).
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).
Point Source Discharges have been given certainty of investment.
This must be granted to NON POINT SOURCE DISCHARGES as well because formers need the same
This must be granted to NON-POINT SOURCE DISCHARGES as well, because farmers need the same surety when making investments, the same as every other sector of the community.
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I SEEK THE FOLLOWING DECISION BY COUNCIL
I SEEK THE FOLLOWING DECISION BY COUNCIL (Select as appropriate and continue on separate sheet(s) if necessary).
I SEEK THE FOLLOWING DECISION BY COUNCIL (Select as appropriate and continue on separate sheet(s) if necessary). Accept the above provision

l wish to speak at the hearing in support of m	ny submissions.
O I do not wish to speak at the hearing in suppo	ort of my submissions.
JOINT SUBMISSIONS	
If others make a similar submission, please tion	ck this box if you will consider presenting a joint case with them at the hearing.
	SUBMISSION PLEASE ATTACH THEM TO THIS FORM AND
	SUBMISSION PLEASE ATTACH THEM TO THIS FORM AND No, I have not attached extra sheets.
Yes, I have attached extra sheets.	
INDICATE BELOW	

ADDITIONAL SHEET TO ASSIST IN MAKING A SUBMISSION				
Section number of the Plan Change:				
Do you support or oppose the provision?	Support			
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.			
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Do you support or oppose the provision?	Support Oppose			
Submission	Decision Sought			
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Phone:	42 Fax: Fax:	
ADDRESS FOR SI	ERVICE OF SUBMITTER	-
Full name: As Abo	ove	
Address for service	e of person making submission:	
		
Phone:	Fax:	
TRADE COMPETI	TION AND ADVERSE EFFECTS	

Chief Executive, 401 Grey Street, Private Bag 3038, Waikato Mail Centre, Hamilton 3240

Waikato Regional Council, 401 Grey Street, Hamilton East, Hamilton

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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).
PCI failure to comply with the Regional Policy Statement. (RPS).
8.1 - 8.1.2.A - 8.3.3.3 - 8.3.6 - 8.3.8 - 8.4.2 - 8.4.2 - 8.4.4 - 4.4
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).
PC! has failed to give effect to the RPS. Thus it has breached Sectionm 67 of the RMA.
"A Regional Plan must give effect to any Regional Policy Statement."
There are many good provisions in the RPS that give rise to 'SUB-CATCHMENT'.
This is where I would prefer to see this process go, and moveaway from the one size fits all approach. This will also then comply with Section 5 of the RMA and adopt a cause and effect regime.
The RPS Policies affected are listed above.
LSEEK THE FOLLOWING DEGISION BY COUNCE
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
O Decline the above provision
O If not declined, then amend the above provision as outlined

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