# 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.

SUBMISSIONS CAN BE

Mailed to

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

SubForm	PC12016	COVE	R SHEET
	FOR OF	FICE USE ONLY	
		Submission Nu	ımber
Entered	1	Initials	
File Ref		Sheet 1 of	

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:Ke	- Henderson
Full address: 2	299 Tohusa Road RD4 Ohnersi
	enderson axha.co.nz
Phone: C1	8877999 Fax:
ADDRESS FOR	SERVICE OF SUBMITTER
	in Handerson
Address for serv	ice of person making submission: 2299 Tahina Road RD4 Chine :
Email: Klhe	ndeson extencenz
Phone: <u>07</u>	8877999 Fax:
TRADE COMPE	TITION AND ADVERSE EFFECTS SEEM LET ME DO LITTLE
	could not gain an advantage in trade competition through this submission.

I am / I 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

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

### 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).

S'chedule B. N. Hoger Reference Po. \_t Schedule C - Slock exclusion. Rule 4 Kule 7

#### I SUPPORT OR OPPOSE THE ABOVE PROVISION/S

(Solort as	annronriate an	d continue on s	eparate sheet(s) i	f necessary)
factors an	appropriate an	a continue on s	cpurace officerity i	i ileccooury.

- 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).

Schedule B. Nitoger Reference Kout - Oppose

Everseer Should not Be approved model. There Should be

and vaid Witager Amonts it should be depend on Soil hypres

and be capped at a certain Amount where all formers

are equal.

Schedule C - Shock exclusions. - Support with Amendments

Shock Stord be encluded from major waiter Ways 2 Milings

and Weder, and me all year round over 300 makes Deep.

Role 4 - Fair Environment Plan

oppose this rule, unressarsing Cost to business.

## I SEEK THE FOLLOWING DECISION BY COUNCIL

f 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

I wish to speak at the hearing in support of m	ny submissions.
VI do not wish to speak at the hearing in suppo	ort of my submissions.
JOINT SUBMISSIONS	
OIf 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.	O No, I have not attached extra sheets.
SIGNATURE OF SUBMITTER	
Signature: Judendem	Date: 7/3/2017
	ion of the submission process and will be made public. All information collected ubmitters 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.