## 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

Dolivared to

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

SubForm	PC12016	COVER SHE	ET
	FOR OF	FICE USE ONLY	
		Submission Number	
Entered		Initials	
File Ref		Sheet 1 of	

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 AI	ND CONTACT DETAILS
M	ALCOUNT TOHAL & ALLSON NAMEY MACKENZIE
Full name:	ALCOLM JOHN & ALISON NANCY MACKENZIE  33 OWAKURA ROAD, R.D. 3, OTOROHANGA 3973
Full address:/	33 OWAIKURA KOAD, K.D. 3, OTOROHANGA 3973
Email: male	mac Dihug.co.nz
- 070	73 7728 Fax:
Phone: 2 / 8	73 / 128 Fax:
ADDRESS FOR	SERVICE OF SUBMITTER
	the following of the property of
Full name:	As Above
Address for servi	ce of person making submission:
NAMES OF THE PARTY	
Email:	
Phone:	Fax:
TRADE COMPE	TITION AND ADVERSE EFFECTS (select appropriate)
O I could / Ø c	ould not gain an advantage in trade competition through this submission.
1	not directly affected by an effect of the subject matter of the submission that:
	ly 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.

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

Waikato Regional Council 401 Grey Street Hamilton Fast Hamilton

	THE SPECIFIC PROVISIONS OF PROPOSED PLAN CHANGE 1 THAT MY SUBMISSION RELATES TO
0	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).  Point 7. The farming activities do not farm part of an enterprise
(2)	being undertake an more than one property. Po 48 Schedule B - Nitrogen Retwence Point - Animal Pistribution
٠,	Re grazed Lovest set 0.4 (40%)
3	Ig 36 4.3 Fam Environment Plans prepared by certified person.
	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). There is lack of clarity as to treatment of grazed livestock not owned by the landowner. We think me meet the criteria for "Small & low intensity farming activities" but Point 7 is open to interpretation e.g. does ow grazing of replacement dairy stock mean me are part of an entuprise on more than one property.
2	On our property me have forested all slopes over 15 degrees leaving all leasy contoured land in pastere, We believe this to be optimal land management on hill country farms however it appears me may be penalised when calculating stocking rate.
(3)	For properties of modest scale the WRC should prepare templates that could be completed by the landowner to reduce compliance cost.
	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

PLEASE INDICATE BY TICKING THE RELEVANT BOX V SUBMISSION	WHETHER YOU WISH TO BE HEARD IN SUPPORT OF YOUR
I wish to speak at the hearing in support of my submi	issions.
OI do not wish to speak at the hearing in support of my	y submissions.
JOINT SUBMISSIONS	
O If others make a similar submission, please tick this b	oox if you will consider presenting a joint case with them at the hearing.
IF YOU HAVE USED EXTRA SHEETS FOR THIS SUBMI INDICATE BELOW	SSION PLEASE ATTACH THEM TO THIS FORM AND
Yes, I have attached extra sheets.	No, I have not attached extra sheets.
SIGNATURE OF SUBMITTER	
Signature: M. Mackeni	Date: 16-2-2017
	re submission process and will be made public. All information collected rs 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.			