# 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

Delivered to

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

SubForm	PC12016	covi	ER SHEET	
FOR OFFICE USE ONLY				
		Submission N	umber	
Entered	Τ	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 A	IND CONTACT DETAILS			
Full name: 10000 Citto th				
Full address: 748 Catering: Rd R. 1.3 Charp				
Email: Cythorthe xta.co.nz				
Phone: 0215-11 11605 Fax:				
ADDRESS FOR SERVICE OF SUBMITTER				
Full name: 4 Octo City Cocil				
Address for service of person making submission: 348 Faterage Rd C. 1.3				
0/0-200				
Email: Citie the xha con				
Phone: 327571 463				
TRADE COMPETITION AND ADVERSE EFFECTS (See A. C. Stephinger story				
O I could / O could not gain an advantage in trade competition through this submission.				

O I am / O 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.

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

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

(a) adversely effects the environment, and

#### 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).

Oli James must reduce Mitagen Rederice by 10%.

#### 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). I sist and support as matter that Doing MS

That the maximum Militague Rederence point is 15 of But the Militague Rederence point such be sell over 5 years More in the source (M) from higher than Average need to reduce by 10%. This Average point sill change every 5 years who have it doesn't periodice the trains Emitted who have steadily reduced Militague Rederence as they have less come to move.

### 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 E SUBMISSION	BOX WHETHER YOU WISH TO BE HEARD IN SUPPORT OF YOUR			
I wish to speak at the hearing in support of my s	ubmissions.			
OI 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 SUINDICATE BELOW	IBMISSION PLEASE ATTACH THEM TO THIS FORM AND			
Yes, I have attached extra sheets.	Wo, I have not attached extra sheets.			
SIGNATURE OF SUBMITTER				
Signature: N=	Date: 1 March 2017			
	of the submission process and will be made public. All information collected nitters 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.  Their the H condaminants  N ? sediment : Mirobial  pathogens should sit be  when the ways.  and just concentrate  on n alone look at  () intrad that was the  E esti level hater than  ent dicted nivers	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
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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.