## Proposed Waikato Regional Plan Change 1 – Waikato and Waipa River Catchments.

Submission form on publicly notified – Proposed Waikato Regional Plan Change 1 – Waikato and Waipa River Catchments.

SubForm	PC12016	COVER SH	IEET
FOR OFFICE USE ONLY			
		Submission	
		Number	
Entered		Initials	
File Ref		Sheet 1 of	

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

SUBMISSIONS CAN 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 my email must contain full contact details. We also request you send us a signed original by post or courier.	
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 ——— <u>Paul_Brough</u>			
Full address ———————————————————————————————————			
Email paul.brough@rabobank,com	Phone —— <u>0276006543</u>	Fax	

ADDRESS FOR SERVICE OF SUBMITTER			
Full name ——— <u>Paul Brough</u>			
Address for service of person making submission ————————————————————————————————————			
Emailpaul.brough@rabobank.com	Phone —— <u>0276006543</u>	Fax	

TRADE COMPETITION AND ADVERSE EFFECTS (select appropriate)		
$\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ $		
☐ 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.		
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.)
——Nitrogen Reference point
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
LOoppose 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 proposed nitrogen reference point restrictions will severely restrict the options and farming policy of our
family farm. The property has in recent years been leased out with minimal stocking rate and low fertilizer
applications. This has benefitted the waterways as our property would have a very low leaching level. Under the proposed rules when the family do take over running the farm, they will be very limited in what crops and stocking
rate they can run
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 below
☐ Decline the above provision
☐ If not declined, then amend the above provision as outlined below
Stocking rate and nitrogen use should be regulated according to land class not historical use and levels Amend as follows:
Jonews.

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PLEASE INDICATE BY TICKING THE RELEVANT BOX WHETHER YOU WISH TO BE HEARD IN SUPPORT OF YOUR SUBMISSION		
☐ I wish to speak at the hearing in support of my submiss	ions.	
I do not wish to speak at the hearing in support of my s	submissions.	
JOINT SUBMISSIONS		
If others make a similar submission, please tick this both the hearing.	ox if you will consider presenting a joint case with them at	
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 sheets.	
SIGNATURE OF SUBMITTER (or person authorised to sign on behalf of submitter) A signature is not required if you make your submission by electron	onic means.	
Signature	Date	
Personal information is used for the administration of the scollected will be held by Waikato Regional Council, with sulinformation.	submission process and will be made public. All information bmitters having the right to access and correct personal	

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.

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## Additional sheet to assist in making a submission

Section number of the Plan Change	Support /Oppose	Submission	Decision sought
Please refer to title	Indicate whether	State in summary the	State clearly the decision and/or
and page numbers	you support or	nature of your submission	suggested changes you want Council
used in the plan	oppose the	and the reasons for it.	to make on the provision.
change document	provision.		

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