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	COVER SHEE	τ
	FOR OF	ICE USE ONLY	
		Submission Number	
Entered	T	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.		
	ND CONTACT DETAILS		
Full name:	eter Laurich		
Full address: 1	28 Central Rd Wth RD6 Thanks 3576		
Fmail: 6401	eter Laurich 28 Central Rd Nth RD6, Thanes 3576 dyalaurich: co.nz		
	1845212 Fax:		
Phone:	7 8 4 5 20 T		
ADDRESS FOR	SERVICE OF SUBMITTER		
	As above		
Full name:	ns about		
Address for serv	ice of person making submission:		
Email:			
	Fax:		
	14/		
TRADE COMPE	TITION AND ADVERSE EFFECTS (select appropriate)		
	could not gain an advantage in trade competition through this submission.		
	n not directly affected by an effect of the subject matter of the submission that:		
• •	ely effects the environment, and		
` '	ot relate to the trade competition or the effects of trade competition.		
Delete entire pa	ragraph 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

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).

- -Stock exclusion
- -Fence Setsacks
- Land use restrictions with regard to topography ag hump , hollow
- Grand parenting of Nutrients
- Nitrogen Reference pont.
- -Generalised reduction in E Coli levels without specifying the source.
- Catchment wide approach a need for subcatchments as there could be differing contributing factors.
- Economic Gost to our lousiness and Community.
 The need for comprehensive Fram Management pans.
 Land use restrictions

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).

NE SUPPORT The necessary of cleaning up our waterways—this should be supported addithares by THE WHOLE community. - therefore 1 oppose targeting specific industries or allocating all costs to individuals. It appears there are a variety of contributing factors that have effect on the total measured quality of the water body, and these factors can differ in different areas

we rely heavily on the support (service) of our rural community. If they have compliance costs and restrictions enforced on hem it will reduce the amount of discretionary spend, putting our business at financial risk. These risks have been stated in the PPEI and are unacceptable to any community business.

I SEEK THE FOLLOWING DECISION BY COUNCIL

(Select as appropriate and continue on separate sheet(s) if necessary).

- ccept the above provision. ر
- Accept the above provision with amendments as outlined
- O Decline the above provision
- If not declined, then amend the above provision as outlined

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PLEASE INDICATE BY TICKING THE RELEVANT BOX W SUBMISSION	HETHER YOU WISH TO BE HEARD IN SUPPORT OF YOUR
I wish to speak at the hearing in support of my submis	sions.
of do not wish to speak at the hearing in support of my	submissions.
JOINT SUBMISSIONS	
If others make a similar submission, please tick this bo	x if you will consider presenting a joint case with them at the hearing.
IF YOU HAVE USED EXTRA SHEETS FOR THIS SUBMIS INDICATE BELOW	SION PLEASE ATTACH THEM TO THIS FORM AND
Yes, I have attached extra sheets.	⊗No, I have not attached extra sheets.
SIGNATURE OF SUBMITTER	
Signature: A. W. Law.	Date: 4/3/17
	submission process and will be made public. All information collected 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.