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.

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

SubForm	PC12016	COVER SHE	εT
	FOR OF	ICE USE ONLY	
		Submission Number	
Entered		Initials	

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 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 AND CONTACT DETAILS					
Fullname: Peter Clalentine Corlett					
Full address: 235 Pukahy Road Awarti Paeroa					
Email: peterorletto xtra. co. nz.					
Phone: 07 8623798 Fax:					
ADDRESS FOR SERVICE OF SUBMITTER					
Full name:					
Address for service of person making submission:					
Email:					
Phone: Fax: Fax:					
TRADE COMPETITION AND ADVERSE EFFECTS (select appropriate)					
OI could / Could pet gain an advantage in trade competition through this submission					
\bigcirc I am / \bigcirc 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).

- Calchment wide approach in not specific enough we have hill flats swamp pear clay. God of reducing e-coli levels without specifing the source. complete stock exclusion is overkill and not economically viable. - Economic cost to small rurd committers with no science behind need for complete exclusion + Comprehensive form mangenet Grandparenting of nutrients not a good benchmark soil test I SUPPORT OR OPPOSE THE ABOVE PROVISION/S

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

Support the above provisions

O 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 support clearing our water ways in Plincipale but to target a few industries and allocate the costs to them individually is not equitable. All factors that contribute to the quality of the worker in our area, much be involved in the dean up.

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

If not declined, then amend the above provision as outlined

PLEASE INDICATE BY TICKING THE RELEVANT BOX WHETHER YOU WISH TO BE HEARD IN SUPPORT OF YOUR SUBMISSION

Wish to speak at the hearing in support of my submissions.

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 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

Signature:

Date: 6/3/2017.

Personal information is used for the administration of the submission process and will be made public. All information collected will be held by Waikato Regional Council, with submitters 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.