PROPOSED WAIKATO REGIONAL PLAN CHANGE 1



WAIKATO AND WAIPĀ RIVER CATCHMENTS

(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.

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	COVER SHEET	
	FOR OF	ICE USE ONLY		
		Submission Number		
Entered		Initials		
File Ref		Sheet 1 of		

JOB/MIJJIONS	
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 A	ND CONTACT DETAILS
Full name: R	oger Paul Hunter
Full address:2	22 ORONGO RO TURLO
Email: roqu	22 ORONGO Rd Turus. hunter222. Gma; 1. com
	675158 Fax:
	SERVICE OF SUBMITTER
	Hunta . S.C. Wollows Porne-Stip.
Address for serv	ice of person making submission:
Email: 🗠 😂 🖭	rhugher 222 «Gmail» Com
Phone: 278	6>5158 Fax:
TRADE COMPE	TITION AND ADVERSE EFFECTS (select appropriate)
া could / প্র	could not gain an advantage in trade competition through this submission.
	not directly affected by an effect of the subject matter of the submission that:

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). · Grand parenting of nutrients · Nitogen Reference point. "neal to be subcotchment not cotchment wide approach cost to my community of compliance cost yet unknown. othe restriction on Lord usc. Lenduse over 150 setbacks of Pencos 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). support the Principle our woderways cleaning up our water I however do not agree with specific industries, taggeting each sub catchined has a variety of contributing factors That have effect on the total measured water body mybusiness has a heavy meliance on the support of own municipal community. If the compliance costs and vestrictions are enforced and. I will recluce the amount of own discretionary spend. putling my business et singualed wish which will be unocceptable 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

 $oldsymbol{rac{1}{2}}$ If not declined, then amend the above provision as outlined

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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 submissions.				
I do not wish to speak at the hearing in support of my submissions.				
JOINT SUBMISSIONS				
OIf 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: $6 \cdot 3 \cdot 20(7)$				
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.

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:	<u>. </u>			
Do you support or oppose the provision?	○ Support Ó 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.			