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 SHEET
	FOR OF	FICE USE ONLY
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Entered	1	Initials
File Ref		Sheet 1 of

SUBMISSIONS CA	IN 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	
Full name: Robin Smuts-Kennedy	
Full address:	
smuts@hnpl.net	
Phone: 823 1331	
ADDRESS FOR SERVICE OF SUBMITTER	
Full name:	
Address for service of person making submission:	
Email:	
Phone:	Fax:
THORE.	. T a A .

TRADE COMPETITION AND ADVERSE EFFECTS (select appropriate)

- I could / O could not gain an advantage in trade competition through this submission.
- Lam / 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).
All references to the plan's time-line.
All references to OVERSEER®.
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).
The overall time-line need to be halved, i.e. from 80 yrs to 40 yrs. Each time-bound step along the way also needs to be achieved in half the time.
The use of OVERSEER® as the primary monitoring and management tool needs to be reviewed. There are too many questions about its accuracy and utility. This issue needs to be independently reviewed, and alternative techniques considered such as direct limits on the intensity and nature of use and nutrient input in relation to soil type, topography and weather/climate for each farm. This might be more expensive, but whatever technique is used needs to be demonstrably fit-for-purpose.
Much pollutant run-off can be managed relatively easily and visibly by riparian strip planting and the creation of wetland traps for phosphorous, sediment, agrochemicals and E. coli. Nitrate leaching into ground water is the tough one; it is hard to measure (OVERSEER® 6.2 is a blunt instrument), and can only be reduced by limiting the intensity of farming (especially cattle). Intensity and type of land use is the primary issue to be addressed in this plan.
Outcome monitoring in the region's waterways needs to be sufficient to ensure SMART objectives (Specific, Measurable, Achievable, Realistic & Time-bound) are met.
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
Decline the above provision If not declined, then amend the above provision as outlined
If not declined, then amend the above provision as outlined

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PLEASE INDICATE BY TICKING THE RELEVAN SUBMISSION	T BOX WHETHER YOU WISH TO BE HEARD IN SUPPORT OF YOUR
I wish to speak at the hearing in support of m	y submissions.
I do not wish to speak at the hearing in suppo	ort of my submissions.
OINT SUBMISSIONS	
) If others make a similar submission, please tio	ck this box if you will consider presenting a joint case with them at the hearing.
F YOU HAVE USED EXTRA SHEETS FOR THIS NDICATE BELOW	SUBMISSION PLEASE ATTACH THEM TO THIS FORM AND
Yes, I have attached extra sheets.	No, I have not attached extra sheets.
IGNATURE OF SUBMITTER	
ignature:	Date:
	on of the submission process and will be made public. All information collected britters 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.

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Section number of the Plan	Change:			
Do you support or oppose t	he provision?		Support	Oppose
Submission	啊 2 54 54	Decision Sought		
State in summary the nature of yo	ur submission and the reasons for it.	State clearly the decision and/o		ges you want
Section number of the Plan	Change:			
Do you support or oppose t	he provision?	351 30	Support	Oppose
Submission		Decision Sought		
State in summary the nature of yo		Decision Soughe		

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 char Council to make on the provision.	nges you want
Do you support or oppose the provision?	• Support	Oppose
Section number of the Plan Change: Do you support or oppose the provision? Submission State in summary the nature of your submission and the reasons for it.	Decision Sought State clearly the decision and/or suggested char Council to make on the provision.	16

PLEASE INDICATE BY TICKING THE RELEVANT BOX SUBMISSION	WHETHER YOU WISH TO BE HEARD IN SUPPORT OF YOUR
O I wish to speak at the hearing in support of my subm	nissions.
I do not wish to speak at the hearing in support of m	ny submissions.
JOINT SUBMISSIONS	
Olf others make a similar submission, please tick this t	box if you will consider presenting a joint case with them at the hearing.
IF YOU HAVE USED EXTRA SHEETS FOR THIS SUBM INDICATE BELOW	ISSION PLEASE ATTACH THEM TO THIS FORM AND
Yes, I have attached extra sheets.	No, i have not attached extra sheets.
SIGNATURE OF SUBMITTER	
Signature: 8 Smuts Keno	Date: 8.3.17
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