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	COVE	R SHEET
	FOR OFFIC	E USE ONLY	
		Submission Nu	ımber
Entered		Initials	
File Ref		Sheet 1 of	

SUBMISSIONS CA	AN 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 ANI	D CONTACT DETAILS
Full name: teresa	brigid tarr
ruii address:	tapuae rd R D 3 otorohanga
Email: teresa.tarr	@ravensdown.co.nz

Phone: 021900304 Address for service of submitter

Full name: teresa brigid tarr

Address for service of person making submission: as above

Email:

TRADE COMPETITION AND ADVERSE EFFECTS (select appropriate)

- OI could / O could not gain an advantage in trade competition through this submission.
- 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 F	PROVISIONS OF PROPOSED PLAN CHANGE 1 THAT MY SUBMISSION RELATES TO
Please state the pro	ovision, map or page number e.g. Objective 4 or Rule 3.11.5.1 (Continue on separate sheet(s) if necessary).
	to Rule 3.11.5.3 schedule C clause 5, the exclusion of cattle, horses, deer and pigs from all vithin 3 years of the farm plan being provided to the council
I SUPPORT OR	OPPOSE THE ABOVE PROVISION/S
(Select as approprio	ate and continue on separate sheet(s) if necessary).
Support the a	above provisions
Support the a	above provision with amendments
Oppose the a	above provisions
MY SUBMISSIO	N 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).
business with, cost of the ma materials woul in a Priority 1 or requirement be enter natural w	suggest an amendment to this provision due to the degree of financial outlay this will burden our the property in question is 112ha but has approximately 4.5km of waterways and wetlands. The terials to provide alternative water and increase the number of crossing plus the required fencing d average over 10% of our average gross income /yr from the block when split over 6 years (I am catchment) not including any labour or machinery that may be required. I propose that the e changed to providing alternative water sources and crossing to reduce the pressure on stock to water within the required time frame, 3 years after the plan is presented, and to specify in the nent plan the proposed progressive fencing from there on.
I SEEK THE FOI	LOWING DECISION BY COUNCIL
_	ate and continue on separate sheet(s) if necessary).
Accept the al	
	bove provision with amendments as outlined
O Decline the a	bove provision d, then amend the above provision as outlined
On not decline	ם, נווכוו מווכוום נוופ מטטיפ פוטיוווטוו מג טענוווופט

PLEASE IND SUBMISSIO		VANT BOX WHETHER YOU WISH TO BE HEARD IN SUPPORT OF YOUR
I wish to s	speak at the hearing in support	of my submissions.
OI do not v	vish to speak at the hearing in s	support of my submissions.
JOINT SUBN	NISSIONS	
If others i	make a similar submission, plea	se tick this box if you will consider presenting a joint case with them at the hearing.
IF YOU HAV INDICATE B		THIS SUBMISSION PLEASE ATTACH THEM TO THIS FORM AND
Yes, I hav	e attached extra sheets.	No, I have not attached extra sheets.
SIGNATURE	OF SUBMITTER	
Signature:	TTarr	Date: 3/03/2017
		stration of the submission process and will be made public. All information collected ith submitters having the right to access and correct personal information.
I .		

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 chan Council to make on the provision.	ges you want
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Section number of the Plan Change: Do you support or oppose the provision?	Support	○ Oppose
	• Support Decision Sought	Oppose

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Online at	www.waikatoregion.govt.nz/healthyrivers
	We need to receive your submission by 5pm, 8 March 2017.
YOUR NAME AN	D CONTACT DETAILS
Teresa	a brigid tarr

YOUR NAME AND CONTACT DETAILS	
Full name: Teresa brigid tarr	
Full address:185 tapuae rd R D 3, Otorohanga	
teresa.tarr@ravensdown.co.nz	
Phone: 021900304	
ADDRESS FOR SERVICE OF SUBMITTER	
Full name:	
Address for service of person making submission:	
Email:	
Phone:	Fax:

TRADE COMPETITION AND ADVERSE EFFECTS (select appropriate)

- OI could / O could not gain an advantage in trade competition through this submission.
- I am / am not directly affected by an effect of the subject matter of the submission that:
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Delete entire paragraph if you could not gain an advantage in trade competition through this submission.

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). Schedule B Nitrogen Reference Point Support OR OPPOSE THE ABOVE PROVISION/S	THE SPECIFIC PROVISIONS OF PROPOSED PLAN CHANGE 1 THAT MY SUBMISSION RELATES TO
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Accept the above provision	
Accept the above provision with amendments as outlined	
Decline the above provision Decline the above provision	
O z damie ale destre provision	
	If not declined, then amend the above provision as outlined

PLEASE INDICATE BY TICKING THE RELEVANT BOX W SUBMISSION	VHETHER YOU WISH TO BE HEARD IN SUPPORT OF YOUR
I wish to speak at the hearing in support of my submis	ssions.
I 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	ox if you will consider presenting a joint case with them at the hearing.
IF YOU HAVE USED EXTRA SHEETS FOR THIS SUBMIS INDICATE BELOW	SSION PLEASE ATTACH THEM TO THIS FORM AND
Yes, I have attached extra sheets.	No, I have not attached extra sheets.
SIGNATURE OF SUBMITTER	
Signature: TTarr	Date: 22.02.2017
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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.

#9150077 5229-10/16

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