# 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 OFFI	CE USE ONLY
		Submission Number
Entered		Initials

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
axed to	(07) 859 0998 <b>Please Note:</b> if you fax your submission, please post or deliver a copy to one of the above addresses
mailed to	healthyrivers@waikatoregion.govt.nz Please Note: Submissions received by email must contain full contact details.
Dnline at	www.waikatoregion.govt.nz/healthyrivers

YOUR NAME AND CONTACT DETAILS
Full name: Walter Rubus TYE
Full address: 452 B Marstoto Rd R. D. 4 Paeroa.
Email: welter.tyee xtra.co.nz
Phone: 07 8624914 Fax:
ADDRESS FOR SERVICE OF SUBMITTER
Full name: W. R. Tye
Full name:
Email:
Phone: Fax: Fax:
TRADE COMPETITION AND ADVERSE EFFECTS (select appropriate)
$\bigcirc$ I could / $\bigcirc$ could not gain an advantage in trade competition through this submission.
<ul> <li>I could / O could not gain an advantage in trade competition through this submission.</li> <li>I am / O am not directly affected by an effect of the subject matter of the submission that:         <ul> <li>(a) adversely effects the epriforment, and</li> </ul> </li> </ul>
$\bigcirc$ I am / $\bigcirc$ am not directly affected by an effect of the subject matter of the submission that:
<ul> <li>I am / O am not directly affected by an effect of the subject matter of the submission that:</li> <li>(a) adversely effects the epvironment, and</li> </ul>

#### 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 separgte sheet(s) if necessary). Topography related hand Use Restructions . (All clagges & degrees) - Economic cost to my besilves - Hock Exclusion - Nutrient Grand Perenting Reference point for Nistrogen - Catchment wide approach - should be specific to sub atchment, - Lond Clee Restrictions E Coli levels generalized. Need to be specific to source - Comprehenerve Forn Management Plans - Land and Coste 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).

While I sapport The Principle of clean waterways I know each catchment has its own specifor spriotoons. If it is in The Public Enterests " The "Public should pay" (Like new roading) My business and The Commenty are interelated and Therefore dependent on The well being of each. The werent provission as outlined will have a regative effect on economic well being.

#### 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

 ${rak S}$  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

VI 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

arsigmaIf 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:

Oth Lye

Date: 🌈

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		A CHIDINICCIAN
AUDITUNA	SHEEL IV ASSIST	INTAKING	

Section number of the Plan Change:

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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:	
Section number of the Plan Change: Do you support or oppose the provision?	O Support O Oppose
	O Support O Oppose Decision Sought