

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 form to your computer before answering.
If you edit the original form from this webpage, your changes
will not be captured and you may lose your data. Use a soft copy to allow

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

SubForm	PC12016	COVER SHEET	
FOR OFFICE USE ONLY			
		Submission Number	
Entered		Initials	
File Ref		Sheet 1 of	

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

Full name: Shirley Patricia Carter
 Full address: 318 Hopai Rd. West R.D.6. Thames
 Email: shinarro@farmside.co.nz
 Phone: 078677330 Fax: _____

ADDRESS FOR SERVICE OF SUBMITTER

Full name: B.A.S.P. Carter
 Address for service of person making submission:
318 Hopai Rd. West R.D.6. Thames
 Email: shinarro@farmside.co.nz
 Phone: 078677330 Fax: _____

TRADE COMPETITION AND ADVERSE EFFECTS (select appropriate)

- I could / I could not gain an advantage in trade competition through this submission.
- I am / I am not directly affected by an effect of the subject matter of the submission that:
- adversely effects the environment, and
 - 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).

land use restrictions with regard to
topography (0-15deg / 15-25deg / 25+over
Grand parenting of nutrients
Nitrogen Reference points
GENERALISED reduction in E.coli levels
Catchment wide approach
Unknown compliance cost to my community

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 support the Principal of cleaning up our waterways I do not agree with targeting sepecific industries or allocating all costs to individuals. Each sub catchment has a variety of contributing factors that have effect on the total measured quality of the water body.

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

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

- 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: *Sl. Carter* Date: *7-3-17*

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.