Proposed Waikato Regional Plan Change 1 – Waikato and Waipa River Catchments.

Submission form on publicly notified – Proposed Waikato Regional Plan Change 1 – Waikato and Waipa River Catchments.

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

FORM 5 Clause 6 of First Schedule, Resource Management Act 1991			
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			
healthyrivers@waikatoregion.govt.nz Please Note: Submissions received my email must contain full contact details. We also request you send us a signed original by post or courier.			
Online at	www.waikatoregion.govt.nz/healthyrivers		
We need to receive your submission by 5pm, 8 March 2017.			
YOUR NAME AN	ID CONTACT DETAILS	1445	
Full name <u>Tom Walters</u>			
Full address 262 Tuhingamata Rd; RD4, TAUPO 3384			
Email —— <u>tom@waltersland.co.nz</u> Phone <u>027 533 1007</u> Fax			
	-		
ADDRESS FOR SI	ERVICE OF SUBMITTER	t e	
Full name <u>as above</u>			

Full name <u>as abo</u>	<u>ove</u>		
Address for service of	person making submission		
Email	Phone	Fax	
TRADE COMPETITION	AND ADVERSE EFFECTS (select approprie	nte)	
☐ I could / x☐ could	not gain an advantage in trade competit	ion through this submission.	
	directly affected by an effect of the subje he environment, and	ct matter of the submission that:	
(h) does not relate to	the trade competition or the effects of tr	ada 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.)
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.)
I am a Maori land owner and private land owner and have been party to long term leases with farmers who blatantly abuse our lands and everything we stand for. I am sick and tired of listening to the bleating farmers and consider it time that they learned that their methods generally need to change, and that mass production and the almighty dollar is not the be all end all. I support any plan change which may allow my children and theirs and future generations to have the ability to swim in clean waterways and drink water free of pollution.
I SEEK THE FOLLOWING DECISION BY COUNCIL (select as appropriate and continue on separate sheet(s) if necessary.)
x Accept the above provision
Accept the above provision with amendments as outlined below
☐ Decline the above provision ☐ If not declined, then amend the above provision as outlined below
Amend as follows:

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PLEASE INDICATE BY TICKING THE RELEVANT BOX WHETH YOUR SUBMISSION	ER YOU WISH TO BE HEARD IN SUPPORT OF
x I wish to speak at the hearing in support of my submis	sions.
☐ I do not wish to speak at the hearing in support of my s	submissions.
JOINT SUBMISSIONS x If others make a similar submission, please tick this better the hearing.	ox if you will consider presenting a joint case with them at
IF YOU HAVE USED EXTRA SHEETS FOR THIS SUBMISSION INDICATE BELOW	PLEASE ATTACH THEM TO THIS FORM AND
Yes, I have attached extra sheets.	☐ No, I have not attached extra sheets.
SIGNATURE OF SUBMITTER (or person authorised to sign on behalf of submitter) A signature is not required if you make your submission by electrons.	onic means.
Signature <u>Tom Walters</u>	Date <u>8/3/2017</u>
Personal information is used for the administration of the scollected will be held by Waikato Regional Council, with su information.	submission process and will be made public. All information bmitters having the right to access and correct personal

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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Additional sheet to assist in making a submission

Section number of the Plan Change	Support /Oppose	Submission	Decision sought
Please refer to title and page numbers used in the plan change document	Indicate whether you support or oppose the provision.	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.
v			

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