

# 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	
<b>FOR OFFICE USE ONLY</b>			
		Submission Number	
Entered		Initials	
File Ref		Sheet 1 of	

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

SUBMISSIONS CAN BE	
<b>Mailed to</b>	Chief Executive, 401 Grey Street, Private Bag 3038, Waikato Mail Centre, Hamilton 3240
<b>Delivered to</b>	Waikato Regional Council, 401 Grey Street, Hamilton East, Hamilton
<b>Faxed to</b>	(07) 859 0998 <i>Please Note: if you fax your submission, please post or deliver a copy to one of the above addresses</i>
<b>Emailed to</b>	<a href="mailto:healthyrivers@waikatoregion.govt.nz">healthyrivers@waikatoregion.govt.nz</a> <i>Please Note: Submissions received my email must contain full contact details. We also request you send us a signed original by post or courier.</i>
<b>Online at</b>	<a href="http://www.waikatoregion.govt.nz/healthyrivers">www.waikatoregion.govt.nz/healthyrivers</a>
We need to receive your submission by 5pm, 8 March 2017.	

YOUR NAME AND CONTACT DETAILS		
Full name Daphne Bell		
Full address 42 Woodland Drive Hamilton		
Email <a href="mailto:daphne.mike.bell@gmail.com">daphne.mike.bell@gmail.com</a>	Phone 078545555	Fax

ADDRESS FOR SERVICE OF SUBMITTER		
Full name Daphne Lois Bell		
42 Woodland Drive Hamilton Address for service of person making submission		
Email <a href="mailto:daphne.mike.bell@gmail.com">daphne.mike.bell@gmail.com</a>	Phone 078545555	Fax

TRADE COMPETITION AND ADVERSE EFFECTS (select appropriate)
<input type="checkbox"/> I <input type="checkbox"/> could not gain an advantage in trade competition through this submission.
<input type="checkbox"/> I / <input type="checkbox"/> am not directly affected by an effect of the subject matter of the submission that:

**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 the proposed plan change as important in protecting our freshwater quality from further degradation and enable and require a move towards improving water quality so that all our freshwater waterways are swimmable.

**I SUPPORT OR OPPOSE THE ABOVE PROVISION/S**

*(select as appropriate and continue on separate sheet(s) if necessary.)*

Support the above provisions

I acknowledge the comprehensive, inclusive and lengthy process by the stakeholders on which the complex proposed plan change is based. I support precise freshwater objectives with detailed attributes based on sound science and including instream limits for nitrogen and phosphorus loads, sediment loads, bacteria and other contaminants.

To be effective the plan changes need to be implemented, monitored with compliance measures in place and publication of progress or otherwise. I support farm environment plans as a controlled activity in order to bring about improved water quality and encourage sustainable management.

**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.)*

We need rules to prevent excessive fertilising, stocking, grazing and draining. If there is a cost to the entity or person involved in such practices this would be an incentive to practice good land management . Communication and education are important components of the plan change.

**I SEEK THE FOLLOWING DECISION BY COUNCIL**

*(select as appropriate and continue on separate sheet(s) if necessary.)*

Accept the above provision

*Amend as follows:*

**PLEASE INDICATE BY TICKING THE RELEVANT BOX WHETHER YOU WISH TO BE HEARD IN SUPPORT OF YOUR SUBMISSION**

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**

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 electronic means.*

Signature

Date 8 March 2017

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 in making a submission

<b>Section number of the Plan Change</b>	<b>Support /Oppose</b>	<b>Submission</b>	<b>Decision sought</b>
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.