PROPOSED WAIKATO REGIONAL PLAN CHANGE 1



WAIKATO AND WAIPĀ RIVER CATCHMENTS

Submission form on publicly notified - Proposed Waikato Regional Plan Change 1 - Waikato and Waipä 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 OF	ICE USE ONLY	
		Submission Number	
Entered	[Initials	

SUBMISSIONS CAN BE		
Chief Executive, 401 Grey Street, Private Bag 3038, Waikato Mail Centre, Hamilton 3240		
Waikato Regional Council, 401 Grey Street, Hamilton East, Hamilton		
(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 by email must contain full contact details.		
www.waikatoregion.govt.nz/healthyrivers		

We need to receive your submission by 5pm, 8 March 2017.

YOUR NAME AND CONTACT DETAILS			
Full name: ANTONY SCOTT RICKMAN			
Full address: 168 MAM FAMY RD RDI CAMBRIDGE 3493			
Email: tory Q asparagus con2			
Phone: 07 8233446 Fax: 07 8273457			
ADDRESS FOR SERVICE OF SUBMITTER			
Full name: ANTONY SCOTT RICKMAN			
Address for service of person making submission: 108 HIGUTARY QU RUI CAMBRIGHE J493			
Email: tony Qusparatus. co. M			
Email: 1014 0 45parajus. co.m. Phone: 07 8233446 Fax: 075273456			
TRADE COMPETITION AND ADVERSE EFFECTS			
key I could / O could not gain an advantage in trade competition through this submission.			
Ham/O ann not directly affected by an effect of the subject matter of the submission that:			
(a)			
Delete entire paragraph if you could not gain an advantage in trade competition through this submission.			
beiere entire paragraph in 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).

PART C. ANDITIONS TO GLOSSARY OF TERMS - COMMERCIAL VELLETABLE PRODUCTION

I SUPPORT OR OPPOSE THE ABOVE PROVISION/S

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

O Support the above provisions

O 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).

ASPARAGUS SHOWLD BE EXCLUDED CROP LIFECYCLE is 15 Yes, ONE CULTIVATION POR YOAR. BROSION MINIMAL MY PLANTED ON FURT LAND. MINIMAL KORTILISER INPUTS - MAX 127 by N/hulyr, 75 by K/hulyr. FEAN CANORY ON BLOCKS FOR 6 MONTHS/YR. HARVEST SEASON 32 MONTHS/YR. FERN DEBRIS INCORPORATED INTO SOIL ANNUALY. NOULD LIKE ASPARAGUE TO BE EXCLUDED FROM COMMERCIAL VEGETABLE PRODUCTION AND CONSIDERED LIKE PIPERUIT & KINITIMIT.

I SEEK THE FOLLOWING DECISION BY COUNCIL

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

- Accept the above provision
- O Accept the above provision with amendments as outlined

O Decline the above provision

 ${rak{O}}$ If not declined, then amend the above provision as outlined

PLEASE INDICATE BY TICKING THE RELEVANT BOX WHETH SUBMISSION	ER YOU WISH TO BE HEARD IN SUPPORT OF YOUR			
I wish to speak at the hearing in support of my submissions.				
VI do not wish to speak at the hearing in support of my submissions.				
JOINT SUBMISSIONS				
SIf 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 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				
signature: Joy Ruh Dat	e: 7/3/17			
Personal information is used for the administration of the submi will be held by Waikato Regional Council, with submitters having				
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.				