

# 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 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 <i>Please Note: if you fax your submission, please post or deliver a copy to one of the above addresses</i>
Emailed to	healthyivers@waikatoregion.govt.nz <i>Please Note: Submissions received by email must contain full contact details.</i>
Online at	www.waikatoregion.govt.nz/healthyivers

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

## YOUR NAME AND CONTACT DETAILS

Full name: GINN ROAD DAIRIES CI- STEPHEN LOFT  
 Full address: 4933 ORCHARD EAST ROAD RD 1 NCATEA  
 Email: lofty@dailydirect.nz  
 Phone: 021530399 Fax: \_\_\_\_\_

## ADDRESS FOR SERVICE OF SUBMITTER

Full name: AS ABOVE  
 Address for service of person making submission: \_\_\_\_\_  
 \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: 078677279

## TRADE COMPETITION AND ADVERSE EFFECTS (select appropriate)

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

## 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).

- This farm will be impacted by topography restrictions. We consider the resource consenting process for cropping overcut, restrictive and costly.
- The methodology of nutrient grand-parenting is unfair when our cautious restriction over recent years has dictated low inputs. Inputs at these ~~then~~ recent levels are unsustainable for our business to remain profitable.

## 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:



Date:

7-2-17

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.

**ADDITIONAL SHEET TO ASSIST IN MAKING A SUBMISSION**

**Section number of the Plan Change:**

**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:**

**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.*