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Request ID: 98140

WEBSITE: Further PPC2 Submission

By coms on Dec 4, 2019 07:59 PM

Due Date: N/A

To: submissions@horizons.govt.nz

Description

Form inserted 12/3/2019 6:27:45 AM Form updated 12/4/2019 7:57:04 PM

Full name

Horowhenua District Council

Email

coms@horowhenua.govt.nz

Postal address

Private Bag 4002, Levin 5540

Preferred contact number (daytime)

06 366 0999

I am

The local authority for the relevant area

Please specify the grounds for which category you have chosen for the previous question The Horowhenua District Council is a Territorial Local Authority

Is this in support or opposition of a previous submission?

State the name and address of the original submitter, if available, and number of the original submission:

The Manawatu District Council Private Bag 10001 Submitter Number: 87

The particular parts of the submission I support (or oppose) are (clearly indicate which parts of the original submission you support or oppose, together with any relevant provisions of the proposal) The Horowhenua District Council supports the submission of the Manawatu District Council. This submission aligns with Council's submission in particular the matters/concerns pertaining to the discharge of treated wastewater from wastewater treatment plants, and the need to amend the One Plan to facilitate: - the discharge of treated wastewater to land, and enabling the receiving environment to be used for productive/intensive farming land use activities; and - removal of any requirements for the need to obtain additional resource consents, where the discharge of treated wastewater will be undertaken in combination with productive/intensive farming land use activities.

Upload additional pages of your submission here

I/we wish/do not wish (select one) to be heard in support of my further submission I/we wish to speak in support of my further submission

If others make a similar submission I/we will or will not (select one) consider presenting a joint

case with them a	at a hearing		
Requester Details Requester Name Contact number Department	s coms	E-mail Address Mobile number Business Impact	coms@horowhenua.govt.nz - -