

Submission Form 16 to the Otago Regional Council on consent applications

This is a Submission on (a) limited notified/pub pursuant to the Resource Management Act 199	1.
Submitter Details: (please print clearly)	OTAGO REGIONAL COUNCIL RECEIVED DUNEDIN 1 2 NOV 2021
Full Name/s: Anne-Marie	DIR TO
Postal Address:	
6.1	Post Code:
Phone number: Business:	Private:
Mobile:	
Email address:	
I/ we wish to SUPPORT / OPPOSE / submit a NEU of:	
the state of the s	Council
And/or Organisation:	The state of the s
Application Number: RM 20 - 280	
Location: Smooth Hill	ALABORA AL
Purpose: Land fill	
The specific parts of the application/s that my subm	ission relates to are: (Give details)
WATER QUALITY	
DALLACE TO THE F	THAHOMING
MECATIVE EFFECT	771) aug 148
My/Our submission is (include: whether you support whether you are neutral regarding the application views).	
I JOHLY OPPOSE I	7 !
HOW CAN THE DCC	ENEN SUCCEST SUCH
. A3di dhus BA CAA	THE DAMACE IT WILL
CAUSE TO THE W	ATER WAY! WHICH
ENDS UP AT OUR	- REACHMENT PRICHE
RFACH. I INVE SU	LEINIC AT BRICHTANI



general nature of any cond		ent authority (give	precise details, including the
OM	1811D	TELE	
I/we:/			
	support of our/my subn		
☐ Not wish to be heard	in support of our/my s	ubmission	
If others make a similar sub	mission. I/we will consi	der presenting a jo	int case with them at a hearing.
☑ Yes		, ,	,
□ No			
I, am/am not (choose one) the Resource Management		the applicant (for t	ne purposes of Section 308B of
*If trade competitor chosen	, please complete the i	next statement, oth	erwise leave blank.
application that:		n effect as a result	of the proposed activity in the
 a) adversely affects the b) does not relate to tre 		effects of trade co	mpetition.
I, doldo not (choose one) application.	wish to be involved in	any pre-hearing m	eeting that may be held for this
application.			
			powers, and duties to hear and are not members of the local
authority.	of more nearings oc	minissioners who	are not members of the local
I have/have not served a c	copy of my submission	on the applicant.	
11		70	
1 6/1			
M' Matro			21.10.21
Signature/s of submitter			(Date)
(or person authorised to s	ion on behalf of submit	tter/s)	(Date)