

Form 5
Submission on publicly notified Plan Change
Selwyn District Plan

Clause 6 of First Schedule, Resource Management Act 1991

To Selwyn District Council
2 Norman Kirk Drive
PO Box 90
Rolleston
Christchurch 7614
FAX: 03-347-2799

1. Full name of submitter: Debra Hasson

This is a submission on the following proposed Plan Change:

Plan Change 8 (name and number of Plan Change)
Selwyn Plantation Board, Rezone the Holmes Block

2. The specific provisions of the proposal that my submission relates to are: The conversion
of rural land to rural residential on the boundary
of the Pines Wastewater Treatment Plant and its
proposed upgrade will give rise to reverse sensitivity effects (give details).
Also reverse sensitivity issues may impact on the Resource Recovery Park.

3. *My submission in SUPPORT / OPPOSITION is: The Selwyn District Plan
has provisions that recognises utilities are
essential tools for people's economic and social
well-being. Utility Policy B2.2.3 requires the avoidance
of potential reverse sensitivity effects of
activities on the efficient operation, development
use and maintenance of established utilities.
Policy B3.4.1.9 (Reverse Sensitivity Effects) requires
the protection of existing lawfully established activities
in the Rural zone from potential for reverse
sensitivity effects with other activities which propose
to establish in close proximity.

*Include whether you SUPPORT or OPPOSE specific parts of the plan change or wish to have them amended; and the reasons for your views. Continue on a separate sheet if necessary.



4. †I seek the following decision from Selwyn District Council:

Decline the Plan Change request

†Give precise details, including the nature of any change sought. Continue on a separate sheet if necessary.

5. I WISH / ~~DO NOT WISH~~ to be heard in support of my submission (delete as applicable)
6. If others make a similar submission, I will consider presenting a joint case with them at a hearing
(delete if you would not consider presenting a joint case)

7.  23/10/10
Signature of submitter (or person authorised to sign on their behalf) Date

8. Address for service of submitter: 152 Chamberlains Road
RD 4 Christchurch 7679

Telephone: 3295 945 Fax:

Email: debra.michael@extra.co.nz

Contact person: Title(if appropriate)

Form 5
Submission on publicly notified Plan Change
Selwyn District Plan

Clause 6 of First Schedule, Resource Management Act 1991



To Selwyn District Council
2 Norman Kirk Drive
PO Box 90
Rolleston
Christchurch 7614
FAX: 03-347-2799

1. Full name of submitter: Debra Haason

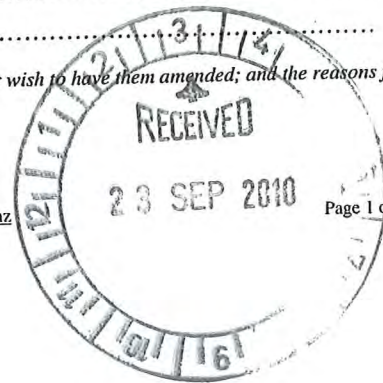
This is a submission on the following proposed Plan Change:

Plan Change 9 (name and number of Plan Change)
Selwyn Plantation Board, Rezone Stellerup Block

2. The specific provisions of the proposal that my submission relates to are: The conversion of
rural land to rural residential land will give rise
to reverse sensitivity effects that will impact on the Pines
Wastewater Treatment Plant and its proposed upgrade and the (give details).
neighbouring established chicken farm.

3. *My submission in SUPPORT / OPPOSITION is:
The Selwyn District Plan has provisions that recognise
utilities are essential tools for people, economic
and social well-being. Utility Policy B2.2.3 requires
the avoidance of potential reverse sensitivity effects
of activities on the efficient operation, development
use and maintenance of established utilities.
Policy B3.4.1.2 (Reverse Sensitivity Effects)
requires the protection of existing lawfully
established activities in the Rural zone from the
potential for reverse sensitivity effects with
other activities, which propose to establish
in close proximity.

*Include whether you SUPPORT or OPPOSE specific parts of the plan change or wish to have them amended; and the reasons for your views. Continue on a separate sheet if necessary.



4. †I seek the following decision from Selwyn District Council:

Decline the Plan Change request

†Give precise details, including the nature of any change sought. Continue on a separate sheet if necessary.

5. I WISH / ~~DO NOT WISH~~ to be heard in support of my submission (delete as applicable)
6. If others make a similar submission, I will consider presenting a joint case with them at a hearing
(delete if you would not consider presenting a joint case)

7. Debra Michael 23/2/10
Signature of submitter (or person authorised to sign on their behalf) Date

8. Address for service of submitter: 152 Chamberlains Road
RD4 Christchurch 7679

Telephone: 3225 445 Fax:

Email: debra.michael@extra.co.nz

Contact person: Title (if appropriate)