

# INTRODUCTION

## 1.0 Executive Summary

As required by the Local Government Act, 2002, all territorial authorities are required to have in place by 30 June 2005, a report on an Assessment of Water and Sanitary Services.

The factors contained in this Assessment of Water and Sanitary Services include:

- A description of how drinking water is obtained (by both residents and communities within the District) and the methods used to dispose of sewage and storm water.
- Risks attributable to the absence of a reticulated water supply and/or reticulated sewerage and storm water services.
- An assessment of the quality and adequacy of drinking water and the quality and quantity of discharged wastewater.
- A statement of current and estimated future demands for these services.
- A statement of options to meet the demands for their suitability.
- A statement of the intended role of the territorial authority in meeting the demands for suitability.
- The territorial authority's proposals for meeting the demands.

This report is the first Assessment of Water and Sanitary Services report for Hauraki District Council. Considerable information has been collected and there is considerable information to be collected as time allows for.

Further information on the water, wastewater, stormwater, cemeteries, public toilets assets can be found in the asset management plans available by calling 07 862 8609 or 0800 734 834 (from within the District).

## 2.0 Introduction

This Assessment of Water and Sanitary Services in the Hauraki District comprises of an assessment on water supply, wastewater services, storm water, drainage, cemeteries, crematoria, public toilets and waste disposal. As required by section 125 of the Local Government Act, 2002 there is a need to assess these services as they are vital to health and welfare.

It is Councils responsibility to ensure that best endeavours are made, with available resources, to ensure a full and balanced assessment is undertaken, and to ensure accurate information is provided to enable the community to have confidence in existing services. Focus is required on those areas where there is considered reasonable risk to public health due to an inadequacy of information.

This document describes, the submission process for the special consultative procedure; summarised comments from the Medical Officer of Health; outlines the demographics of the Hauraki District- both current and projected, detail an assessment on the water supply, wastewater services, storm water, drainage, cemeteries, crematoria, public toilets and waste disposal for the Hauraki District.

## 2.1 Submission Process

This Assessment of Water and Sanitary Services was publicly consulted in accordance with Special Consultative Procedure requirements with the document being available from Tuesday 19<sup>th</sup> April 2005. Submissions closed on 23<sup>rd</sup> May 2005 and the hearing of submissions took place on 16<sup>th</sup> June, 2005.

Arising from the consultation process, a number of changes were made to the Draft Assessment of Water and Sanitary Services. These include:

## 3.0 Comments of the Medical Officer of Health

The Medical Officer of Health was consulted through:

- An initial formal meeting with the Assessment Team
- Being provided with copies of the minutes of key Assessment Team meetings
- Being invited to comment/participate in the development of the draft, as the Office deemed necessary or appropriate

Prior to the release of the draft Assessment of Water and Sanitary Services in the Special Consultative Procedure, the Medical Officer of Health suggested that the Hauraki District Council assess and put in appropriate improvement measures to comply with the DWSNZ 2000.

The Medical Officer of Health's submission read as follows:

Hauraki District Council staff are to be congratulated for your well set out and systematically presented report, and for the wide definition of 'community' for the purpose of this assessment. Of the 10 territorial local authority assessments received by Waikato District Health Board's Population Health Service, HDC has given the greatest consideration to the concept of communities as being more than just residential location based. I believe this to be consistent with the new duties of local governments under the Local Government Act 2002 (LGA), and with their long established health responsibilities to protect, promote and conserve the health of the people they serve, as required by the Health Act 1956.

The high response rates received in response to HDC's questionnaires also reflect well on the development of the partnership between council and community. I am not aware that any other territorial authority sought information directly from the relevant communities by means of a formal questionnaire, which I note required a response very early in the New Year.

I also commend HDC for including considerable engineering detail, although it is possible that a second version of the report, with only general engineering information might have encouraged more residents and other community members to read and comment on the report.

### Drinking water

The report comments on ways in which private water supply quality can be made safer by simple strategies such as regular cleaning of water storage tanks and the installation of first flush diversion systems, but there is no reference to HDC undertaking to provide this information and back up advice for its residents, ratepayers and members of other identified communities.

I am encouraging all local governments to promote the simple strategies to residents and ratepayers, and to provide explanation and advice for clients wishing to pursue such options.

### Wastewater

My comments above in relation to private drinking water supplies also apply to on site sewage disposal. Newcomers to the unserved parts of the District may never have used a septic tank system before and may not know how to manage it. Many urban dwellers do not realise that tanks require regular cleaning. The

surveys carried out as part of this assessment confirm that a significant proportion of those using private systems do not know how their system works (eg 11.5.4.2). I commend HDC for undertaking to provide written guidance about the functioning of septic tanks but I encourage you to involve your health and engineering staff in explanation and support for clients using on site systems.

I trust that HDC staff will be following up the school which reports cleaning its septic tanks only when blockage occurs (11.6.4.2).

HDC's observations on the possible need for their future involvement with the disposal of sewage sludge from privately and public owned systems could be augmented by coordinating the cleaning of tanks around the District, and offering property owners financial incentives to have their tanks cleaned during regularly scheduled contractor visits. I support the suggestion of a wastewater bylaw as proposed in 11.3.4.1. This could make allowance for the different soil types in the area, and could be a means of bringing old systems into line with modern requirements over a period of time.

Inclusion of comment about the views of Tangata Whenua on discharge of sewage into watercourses is to be commended. I encourage the Council to take its own initiatives in discussing these concerns with the relevant iwi and hapu, rather than leaving these issues to be traversed as part of the application for resource consent.

The section on Marae facilities is particularly to be commended. However, if HDC believes that resource consents may be required for marae using on site sewage management (11.9.4.6), then I ask HDC to request the assistance of Environment Waikato (EW) formally, in assessing the relevant marae.

Marae committees would in many cases need advice and support in applying for and achieving the standards required for resource consent to be granted, and I encourage HDC and EW to work together to support any marae needing to go through the processes.

#### Solid waste

This section of the report is very brief. Other comparable, largely rural local governments have identified illegal dumping sometimes involving hazardous materials as a significant environmental and public health risk. I encourage HDC to work with EW to ensure that this risk is avoided and identified incidents are well managed in your district.

Thank you for the opportunity to comment further in the submission process.

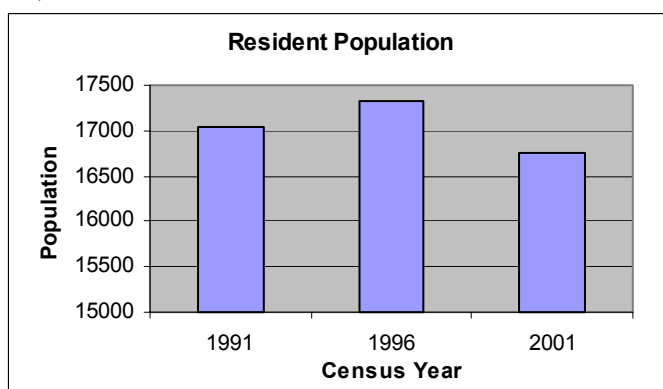
## 4.0 Community Profile

### 4.1 Community Definition

The word community has many meanings in the Local Government Act 2002 and in other legislation. However, for this assessment, “community” is defined as a community that is usefully identified for the purposes of making a satisfactory assessment of water and sanitary services that may vary depending on circumstances, communal interests and/or locations. Subsequently the communities that have been assessed vary between assets.

### 4.2 Existing Demographics

At the time of the 2001 Census the usually resident population of the Hauraki District was 16,764.



### 4.3 Projected Demographics

A series of population projections (high, medium and low) have been prepared by Statistics New Zealand for the Hauraki District. The projections are based upon standard assumptions regarding fertility, mortality and migration and do not take into account non-demographic factors such as re-zoning of land, relocation of major industry, etc. Based upon the medium population projection the Hauraki District resident population is projected to be around 15,200 people by 2021 (i.e. population decline of around -12% from 2001-2021). This is estimated by Council to have balanced off, and is not expected to continue declining. These figures will be updated in the 2006 census.