2 March 2021

Committee Secretariat
Health Select Committee
Parliament Buildings
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WELLINGTON 6160

Via email to: he@parliament.govt.nz

SUBMISSION ON WATER SERVICES BILL

1. Thank you for the opportunity to submit on the Water Services Bill. This submission is made on behalf of the following agencies under the auspices of the Hawke's Bay Drinking Water Joint Working Group:

    a. Central Hawke's Bay District Council
    b. Hastings District Council
    c. Hawke's Bay District Health Board
    d. Hawke's Bay Regional Council
    e. Napier City Council
    f. Wairoa District Council

2. The Hawke's Bay Drinking Water Joint Working Group (the "Working Group") is a group of public health and local government officials who report to the Hawke's Bay Drinking Water Governance Joint Committee (the "Committee"). Due to meeting schedules the Committee has not yet had an opportunity to formally consider the contents of this submission and we will notify you if there are any changes to the submission required as a result of their consideration. The Committee supports in principle the lodging of a submission to the Water Services Bill.

INTRODUCTION

3. The Hawke's Bay Drinking Water Group was established at the behest of the Board of Inquiry into the Havelock North Drinking Water Contamination Event. The Joint Working Group was formed to facilitate information sharing and collaboration among agencies involved in the safety of drinking water.

4. At the conclusion of the Government Inquiry the Hawke's Bay Drinking Water Governance Joint Committee was established to provide oversight and policy direction to the working group. The committee is made up of two elected officials from every member organisation. The purpose of the Committee is to strengthen relationships, collaboration and information sharing pertaining to drinking water.

GENERAL COMMENTS

5. The Hawke's Bay Drinking Water Joint Working Group **supports** the overall intent of the Water Services Bill and this submission is intended to assist in improving clarification and removing what we see as inconsistencies prior to the final legislation.

6. We supported the establishment of *Taumata Arowai,* and are pleased to now be able to consider the substantive legislation to guide the provision of safe drinking water for New Zealanders. We acknowledge that a third tranche of this reform –including the review of the National Environment Standard for Sources of Human Drinking Water (NESDW) – will further develop a more robust regulatory framework. A number of our outstanding concerns around the detail and implementation of the drinking water standards we expect will be addressed through this review but we will highlight some of these in this submission for the sake of context.

7. Our submission comprises a number of themes. These are:
   a. A continued Public Health focus and Public Health Emergencies
   b. Role clarification
   c. Responsiveness in management of source drinking water
   d. Source water risk management plans
   e. Transition timing and planning
   f. Industry capacity
   g. Compliance and enforcement
   h. Appointment of Compliance officers
   i. Criminal Proceedings

KEY THEMES
A continued Public Health focus and Public Health Emergencies

8. The Water Services Bill repeals Part 2A of the Health Act 1956 ("Drinking Water") and transfers the powers to Taumata Arowai. While we are not opposed to the transfer of the regulator function nationally we have some fundamental questions about the management of local Public Health aspects of drinking water in aspects of the Bill.

9. The Bill does not mandate consultation with health authorities (either the Ministry of Health or District Health Boards and local Public Health Units) except when the Chief Executive of Taumata Arowai uses their powers to declare a drinking water emergency (Subpart 9). In such an event the Chief Executive must consult the Minister prior to declaring an emergency but there is no guarantee that this would be the Minister of Health (it is the Minister responsible for administering the legislation).

10. The CEO of Taumata Arowai has the powers to declare a drinking water emergency under subpart 9 of Part Two of the Bill. This is where a serious risk to public health exists. ***We support the intent of these emergency powers and wish to see them clarified before they need to be used***.

11. We have reservations about the absence of any requirement for the CEO of Taumata Arowai to consult with other parties other than the Minister. We have noted ***that there should be an obligation to notify the relevant public health authority in the affected area***.

12. As the bill is currently drafted, there is no obligation on Taumata Arowai to consult with the drinking water supplier and the relevant local authority. In practice one of these two parties may have been the first to raise the risk but ***we believe it is prudent to include them on the list of people to consult, or at the very least, formally inform of the emergency***. The provisions could be drafted to reflect the case by case nature of these events.

13. We note that in the event of a drinking water emergency arising from a water borne outbreak - such as occurred in Havelock North - it is likely that powers of Medical Officers of Health under section 70 and 71 of the Health Act would be activated. Clause 60 of the Bill sets out a hierarchy of command when emergencies have been declared under other Acts but is silent on the relationship between Taumata Arowai powers and those being exercised by a Medical Officer of Health. In our view any emergency powers exercised by Taumata Arowai must be exercised under the joint direction of a Medical Officer of Health and any other authority exercising powers under another Act.

14. We submit that in many areas of activity of Taumata Arowai the expertise in, and focus on, public health is being eroded through the absence of any reference to, or requirement for, Public Health input. While we assume that Taumata Arowai will employ a suite of compliance officers with public health backgrounds we are seeking a legislated requirement for communication directly between Taumata Arowai, water suppliers and local/regional health professionals when public safety is at risk.

15. ***We wish to see a requirement for Taumata Arowai to take advice from Medical Officers Of Health mandated in other sections of the legislation (for example, but not limited to, the process for consideration of water safety plans submitted by water suppliers, as well as proposals for source water protection)***. Health agencies need to remain connected as strategic advisers.

16. Similarly we believe that the provision of information by Taumata Arowai will be essential to the ongoing provision of Public Health functions by Medical Officers of Health and other designated officers under the Health Act. ***We request that the Act include a requirement for Taumata Arowai to provide advice on drinking water supplies on request of a Medical Officer of Health or Health Protection Officer.***

17. Another underlying concern is that the delegation of (former Health Act) powers to individuals who do not have health expertise which, while potentially providing greater consistency across the country, will lose the benefits of local knowledge and not guarantee safety for local supplies. The focus on compliance may well come at the expense of public health. We believe this has not been done intentionally but may instead become an unintended consequence of the legislation as drafted.

18. It is not only the relationship between those agencies with direct responsibilities for public health and Taumata Arowai that lack clarification in the Bill. We also have a concern about the absence of any mechanism between drinking water suppliers and Health. Taumata Arowai is placing the majority of responsibilities on to drinking water suppliers but there are no mandatory requirements for those suppliers to engage with authorities on public health matters. To resolve this we come back to a key learning from

the Government Inquiry process for Havelock North – the establishment of a collaborative group of key agencies with responsibility for the provision of safe drinking water from large suppliers in Hawke's Bay.

19. The Government Inquiry part two report devoted an entire chapter to the role of regional collaboration groups. It was clear that one of the key causes for the failure to recognise the risks in Havelock North's water supply was that there had been a failure of information exchange between agencies**. *It is our view that for the kind of collaboration envisaged by the Inquiry to be effective there needs to be participation by the regulator, public health agencies and local authorities in regional collaboration groups***.

20. Models already exist for the type of collaborative groups that could be formed to meet the Inquiry Panel's recommendations. Regional Transport Committees (RTCs) and Regional Coordination Groups for Civil Defence and Emergency Management (CEGs) already operate throughout New Zealand and provide a level of governance oversight for their respective functions. Two of the key features of these entities are the inclusion of representatives from relevant central government agencies and representation by iwi in the rohe they cover.

21. Several provisions in the Bill (clauses 44 and 45 for example) require the exchange of information between authorities or the provision of information from one authority to others. Collaborative groups based on regions, or ultimately multi-regional entities, can provide a valuable vehicle for information, sharing, discussion and importantly "no surprises". ***We support the development of a system by Taumata Arowai for efficient and effective information sharing to occur between Taumata Arowai, drinking water suppliers and local government.***

22. We note that section 69ZZP of the Health Act does not have any similar provision in the bill. This provision provides a safety mechanism whereby residents of self-supplied dwellings may be protected from drinking water sources. Given that Taumata Arowai will not have jurisdiction in this area we request that this provision of the Health Act is retained.

23. ***We support other submissions from the local government sector which highlight the unhelpful tension between the bill and requirements in other legislation to give effect to te mana o te wai.*** Te mana o te wai features a hierarchy in other legislation that places "health and well-being of water bodies and freshwater ecosystems" at the top. Whereas the Water Services Bill promotes "drinking water suppliers provide safe drinking water to consumers" as top priority, irrespective of what environmental limits apply at drinking water sources and the need for suppliers to operate within those environmental limits (e.g. quantities and rates of water abstracted from a water body for supply).

Role clarification

24. The Bill amends the existing Local Government Act 2002 through the inclusion of new responsibilities for territorial authorities to ensure that their communities continue to have access to drinking water, understand the risks to ongoing access, and plan to ensure that services continue to be available. The Bill also places new responsibilities on territorial authorities when supplies (even if not owned or managed by them) fail or are at risk of failing.

25. These provisions recognise the role that territorial authorities play in providing drinking water to their communities, and are contained in an amendment to the LGA 2002 that will—

    - require territorial authorities to assess every three years the access that communities in their district have to drinking water services, and consider its implications for local government planning requirements; and
    - require territorial authorities to work with a supplier, consumers of a supply, and Taumata Arowai to find a solution if drinking water services fail, or are at risk of failing, and ensure that consumers continue to have access to drinking water services—whether provided by the territorial authority itself, or by another supplier.

26. In our view these provisions create potential for significant confusion between the regulator and territorial authorities. We are, of course, aware of the Government's preference to transfer water services to new multi-regional entities which may ultimately leave some councils with no responsibilities at all for water supplies. To then still require councils to actively work with, regulate and potentially manage small drinking water supplies, where they are not the supplier, will be challenging to say the least. ***We submit that the Bill needs to clarify what is meant by "communities", and consequent territorial authority responsibilities, in relation to access to safe drinking water.***

27. The Hawke's Bay Drinking Water Joint Working Group is strongly opposed to these provisions because of the unintended consequence of small suppliers having no incentives to bring their supplies up to scratch, as they know that if they fail the wider community will have to step in. Alternatively, and just as significantly, small drinking water supply schemes could fall over and the decision is made to revert back to individual self-supplies/rainwater tanks. This could result in adverse health outcomes which is clearly what the bill does not intend, as there is no obligation to continue to deliver a service in the way that it has been in the past.

28. There is no recourse to funding for the territorial authority to pay for these unbudgeted costs and a complete absence of any details around how the process would occur and how a council would take ownership away from the legal owner.

29. ***Our submission is that the regulator – Taumata Arowai - should be responsible for assessing any non-council private drinking water supplies.*** Territorial authorities should focus on council-owned supplies and not be directed to implement solutions by Taumata Arowai that they have not been a party to.***We also seek clarity on the relationship between this requirement and that of the Building Act relationship with self suppliers***.

Responsiveness in Management of Source Drinking Water

30. The new arrangements related to the management of source drinking water and based on a preventative risk management approach, are supported by us. The multi-barrier approach to drinking water safety begins with the protection of source water in the catchment.

31. One of the key constraints to the successful management of source drinking water is the responsiveness of regulatory provisions to be able to manage these. Such provisions will be promulgated under the Resource Management Act and would typically comprise Source Protection Zones (mapped), rules and standards,

terms and conditions for resource consents for land use activities within SPZs. All of these would go through the Schedule One process under the RMA comprising proposed plan, submissions, further submissions, and appeals. As you are no doubt aware from the Randerson Report on RMA reform this can take a number of years.

32. The information included in RMA plans relies on science to provide the justification for zone boundaries. As further science becomes available (either for new zones or amended existing ones) the plan change process does not respond agilely enough under the current regime to allow for quick technical plan changes. While this will (hopefully) be addressed through resource management reform we respectfully suggest that consideration is given in the review of the National Environment Standard for Sources of Drinking Water to providing for technical plan changes to occur without the need for the Schedule One process. This has been allowed for in other National Environment Standards (e.g air quality, through the gazettal of air sheds).

Source Water Risk Management Plans

33. ***We fully support the concept of source water risk management plans but seek that Taumata Arowai is very clear about what is needed based on scale, complexity and risk***. While the source water risk management plan may work for large-scale drinking water supplies (e.g urban groundwater supplies) we remain cautious about how practical this is for small drinking water supplies.

34. ***We submit that the following highlighted additions should be made to clauses 42 (2) and 42 (4)*** to better reflect the multi-barrier approach to the provision of safe drinking water and to acknowledge that the primary barrier is an understanding of, and the management of, the drinking water source:

> ***42 Source water risk management plans***
> *(1) A drinking water supplier must prepare and implement a source water risk management plan based on the scale, complexity, and risk of the drinking water supply.*
>
> *(2) A source water risk management plan must—*
> *a.* ***identify the catchment zone for the water supply's source water***
> *b. any hazards that relate to the source water, including emerging or potential hazards; and*
> *c. assess any risks that are associated with those hazards; and*
> *d. identify how those risks will be managed, controlled, monitored, or eliminated as part of a drinking water safety plan; and*
> *e. have regard to any values identified by local authorities under the National Policy Statement for Freshwater Management that relate to a freshwater body that the supplier uses as a source of a drinking water supply.*
>
> *(3) A source water risk management plan is part of the supplier's drinking water safety plan and, unless the context otherwise requires, references in this Act to a drinking water safety plan must be read as including a reference to a source water risk management plan.*
>
> *(4) Local authorities must contribute to the development and implementation of source water risk management plans prepared by drinking water suppliers, including by—*

*(a**) implementing Source Water Protection Zones and activity rules within regional plans***

(b) providing information to suppliers in accordance with compliance rules issued by Taumata Arowai under section 48, including information about—

(i) land-use activities, potential sources of contamination, and other water users that could directly or indirectly affect the quality or quantity of the source of a drinking water supply; and

(ii) water quality monitoring of the source of a drinking water supply conducted by a regional council; and

(iii) any known risks or hazards that could affect the source of a drinking water supply; and

(c) undertaking any actions including plan changes to address risks or hazards to the source of a drinking water supply that local authorities have agreed to undertake on behalf of a drinking water supplier, as specified in a schedule attached to a source water risk management plan or otherwise agreed in writing.

35. Clause 42(4) requires that local authorities must contribute to the development and implementation of source water risk management plans prepared by drinking water suppliers including undertaking any actions to address risks or hazards to the source of a drinking water supply that local authorities have agreed to undertake on behalf of a supplier.This is an unfunded mandate for local authorities that has the potential to be significantly costly for them and ***we are seeking clarification from Taumata Arowai on how this will work in practice***.

36. An effective source water risk management plan (and Water Safety Plan) is dependent upon local authorities being resourced (both financially and in terms of capacity) to support water suppliers as required by the Bill. Unless proper support is provided by Taumata Arowai the failures that exist now will continue to prevail. ***We do not support any amendments to 'upgrade" the input of local authorities from "contributing to" to "partnering in the development of" source water risk management plans.***

37. ***We submit that Taumata Arowai should, as a priority, provide written guidance to drinking water suppliers on source water risk management plans based around the likely level of risk to drinking water safety***.

38. Clause 43 requires that a drinking water supplier must monitor the quality of the supplier's source water at the abstraction point in accordance with their drinking water safety plan. We reiterate our concern that this function will be passed on to local authorities rather than the regulator or new water entities. Our ongoing issues around industry capacity, which are discussed later in this submission, are the basis for this concern. ***We support Clause 43 as proposed whereby the onus remains with the supplier to monitor source water quality.***

Transition timing and planning

39. The transition times provide for the change periods between the current regime and when the new provisions take effect once the Bill is passed into law. We have comments to make on four of these:

a. Existing drinking water safety plans will continue to apply. In the case of larger drinking water suppliers (those serving more than 500 persons for at least 60 days per year) a period of 12 months is given to have a plan in place that complies with the new requirements. All other suppliers have five years.

While we understand that with larger supplies comes higher numbers of people at risk we consider that there should be a graduated period so that those who have just renewed their safety plans prior to the law change have up to five years to review them. Taumata Arowai could prioritise the larger suppliers as we are concerned that the national regulator will not be sufficiently resourced to review all the large supply drinking water safety plans within 12 months, and this provision is potentially setting them up to fail.

Some drinking water safety plans have already been reviewed in accordance with the Drinking Water Safety Framework from the Ministry of Health in 2018 and ***we seek greater flexibility around the requirement to review Drinking Water Safety Plans within 12 months of the Act coming into force.***

b. Clause 45 (2) places obligations on regional councils to assess the effectiveness of regulatory and non-regulatory interventions to manage risks or hazards to source water in their region at least once every 3 years and make this information available to the public on internet sites maintained by or on behalf of the councils.

Section 35 (2) (b) of the RMA requires that all local authorities monitor the efficiency and effectiveness of policies, rules, or other methods in its policy statement or its plan; and publish a report on the findings at least once every five years. ***We request that the obligation set out in Clause 45 (2) be aligned with the RMA requirement and be at least once every five years.*** That would still leave discretion for each regional council to publish such reporting more frequently than a five-yearly statutory cycle.

It is worthwhile noting that "source water" in a region potentially runs into hundreds of sources/locations and water bodies. ***It would be helpful if the Water Services Bill differentiated between a large supply and a small (say two-property) source in relation to Clause 45 (2)***.

c. The amendments to the Local Government Act 2002 would require territorial authorities to assess all drinking water supplies other than domestic self-supplies within their districts once every three years. We understand the rationale for these amendments as they will ensure that oversight of community wellbeing and public health related issues with regard to water and wastewater are identified and considered. As stated elsewhere in our submission under role clarification ***we submit that Taumata Arowai is made responsible for assessing non-council water networks, leaving councils to work on meeting the new standards on their own networks. Should councils' water services remain with territorial authorities, our view is that three years is unrealistic to carry it out***.

We note that In relation to self supplies the Building Act applies, and the amendments to the building act more directly align the definition of potable water to the drinking water standards which is an improvement on the current situation. What is less clear is what is required of the building regulatory system to demonstrate compliance of self supplies with the potable water requirement, both at application and on an ongoing basis.

d. Clause 20 of the Bill sets out the duty to comply with drinking water standards. Recently revealed exposure drafts of the new standards and compliance rules do not include Bore Security Status

anymore and future protozoa (and bacterial) compliance will require appropriate source water treatment. In our opinion it is unrealistic to implement appropriate treatment in *only 12 months transition* period.

Large water suppliers using groundwater usually use multiple bores in various locations, with some of them being located in developed urban areas, where it is not always physically possible to build a water treatment plant. Addressing this will most likely trigger the need to drill new bores in locations that will allow setting up appropriate treatment. The whole process of securing appropriate land, drilling exploratory bores to confirm appropriate quality of the new source, drilling new production bores, draw down tests, EAEs and modifying or reapplying for resource consent to take water, designing and building treatment plants and connecting them to the existing supply are just some of the major time-demanding processes to meet new requirements.

A lack of resources (human resources, consultants, building companies, skilled operators, etc.) and the unpredictable Covid-19 environment make the timing these tasks even more uncertain.

We submit that a more realistic transition time for compliance is set for suppliers with current Bore Security Status or where any non compliance has an agreed plan to transition to the end outcome. The transition and management of risk during the transition could be agreed between water suppliers and Taumata Arowai as part of the water safety plan.

Moving forward it will be important that Taumata Arowai can set and manage transitional arrangements with suppliers as new standards continue to be introduced over time. It is important the right standards are set (be it for reducing risks to health outcomes or to the environment) and an implementation period is practical, as different to settling on lower standards which maybe more that is achievable/affordable in the short term.

Industry capacity

40. In our March 2020 submission on the Water Services Regulator – Taumata Arowai Bill we commented in writing, and in our verbal presentation to the Select Committee, on our concerns around capacity within New Zealand to recruit sufficient technical expertise to meet the capability of both Taumata Arowai and drinking water suppliers, typically territorial authorities, to deliver to the required standards. This situation will have been further exacerbated by the limitations placed by COVID-19 on overseas recruitment.

41. While we accept that solutions to this issue may not be legislated for, other than generically, we highlight loss of capability by drinking water providers as a risk to achieving the outcomes sought by this legislation. For example clause 68 of the Bill requires that no person can test, or operate water and wastewater networks without the prescribed skills and experience or without being supervised by someone with the requisite skills. Across the local government sector there are very real concerns that there may not be a large enough pool or expertise and the age profile of this occupational grouping suggests a looming retention issue.

42. ***We support other submissions from the local government sector which seek the development of a skills strategy for the water services sector as a priority***. Skills gaps will also be an important factor for Taumata Arowai to consider as it develops the compliance, monitoring and enforcement (CME) strategy.

Compliance, monitoring and enforcement

43. The compliance, monitoring and enforcement provisions within the Bill provide Taumata Arowai with a broad tool kit to undertake these functions. Taumata Arowai is tasked with preparing a Compliance, Monitoring and Enforcement (CME) Strategy (Clause 134) and this strategy must be reviewed at least once every three years.

44. ***Our submission seeks that as part of the development of its strategy Taumata Arowai must consult with the Director-General of Health or the Director of Public Health, local government, Public Health services and representatives of non-council drinking water suppliers prior to its adoption***. This reflects the need to engage with the service deliverers as well as those with a primary public health focus. A public submission process should be utilised as this will provide greater transparency to decisions made by at a central level.

45. Clauses 38 and 39 of the Bill establishes a framework for customer complaints and provides Taumata Arowai with regulatory and review powers. These include

    a. requirements on suppliers to provide information, establish a customer complaints process, resolve complaints in accordance with that process, and in an efficient and effective manner. Each of these is subject to regulations under section 190;
    b. a provision that provides customers who are not satisfied with the outcome of a complaint to seek Taumata Arowai's review of the compliant. Taumata Arowai may decline a review on a set of specified grounds.

46. Clause 39 specifically provides that:

    (1) A drinking water consumer who is not satisfied with the outcome of a complaint under this subpart may, in the approved form, request Taumata Arowai to review the complaint.

    (2) Taumata Arowai must investigate the drinking water supplier's handling of the complaint and take any action that Taumata Arowai considers necessary as a result of Taumata Arowai's findings.

47. ***Clarity is sought around these provisions, particularly around the intended scope of any review and what steps Parliament intends Taumata Arowai would take upon completion of the complaint investigation. Taumata Arowai should be given further discretion to reject requests for review where the complaint relates to a decision that gave effect to a direction from TaumataArowai, or where the supplier believed on reasonable grounds that the action was necessary to give effect to a direction of Taumata Arowai or to regulations made under the Act***.

Appointment of Compliance Officers

48. Clause 97 (1) of the Bill sets out the provisions for the appointment of compliance officers by Taumata Arowai. Clauses 1 (a) – (c) provide for the appointment of persons already employed by Taumata Arowai or by government departments or from within the state sector.

49. ***We submit that for the sake of consistency with clause (d) (Other appointments that Taumata Arowai may make) that those persons appointed from clauses 1(a) – (c) should be required to satisfy Taumata Arowai that they are suitably qualified and trained and belong to a class of persons who are suitably qualified and trained to exercise any or all of the powers of, and carry out any or all of the duties of, a compliance officer***.

50. ***We further seek inclusion in clause 97 of the legislation of requirements to address impartiality and management of conflicts of interest***.

Criminal Proceedings

51. The Water Services Bill replaces the provisions of Part 2A of the Health Act 1956 in most part. S.129 of the Health Act provides protection from criminal or civil liability for any person carrying out authority under that Act, except any person in connection with a duty, power or function under Part 2A (Drinking Water). In s.69ZZZD of the Health Act persons protected from civil or criminal liability under Part 2A include the Director-General of Health, a drinking water assessor, a designated officer and a local authority (other than when it is acting in its capacity as a drinking water supplier).

52. We note that in Clauses 160 and 161 of the Bill volunteers and elected officials (including local government elected representatives and board of trustees members) are exempt from any liability for any act or omission against any section of the Act. ***We support these provisions***.

53. However we note, from Clause 159 of the Bill,that employees, agents and officers of a drinking water supplier <u>are</u> liable under specified sections of the Bill. We have concerns around the anomaly this presents between governance and management of a drinking water supplier where the employee may be limited in their ability to act because of the constraints placed upon them by decision makers (including at a governance level) in providing the necessary resources within a reasonable timeframe to be able to act.

54. While Clause 156 (2) (a) does cover this in a sense:

> *The defendant has a defence if the defendant proves that—*
> *(a) the commission of the offence was due to—*
> *(i) the act or omission of another person; or*
> *(ii) an accident; or*
> *(iii) some other cause outside the defendant's control*;

we submit that there should be an automatic positive defence for those persons in the employee/agent/officer category with the onus on it being proven by the prosecuting party that such situations as outlined in clause 156 (2) (a) did not occur.

55. There are two reasons for this specific request – the first of these is the presumption of innocence. In other words a person is innocent until proven guilty. Our proposal is consistent with this basic principle.

56. The second reason for proposing this approach is an underlying concern relating back to attracting and retaining suitably trained and qualified staff and the deterrent that the proposed approach outlined in the Bill will be for staff attraction and retention.

Conclusion

57. We thank the Committee for the opportunity to make this submission. We wish to be heard by the Select Committee in support of our submission.

58. The contact person for service is:
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    Private Bag 6006
    NAPIER 4142
    Attention: Liz Lambert
    (*Email and phone number provided separately*)

Yours faithfully

Garth Cowie
Independent Chairman
Hawke's Bay Drinking Water Governance Joint Committee