

Christine Whyte

From: SPHatfield <SPHatfield@environment-agency.gov.uk>
Sent: 27 August 2015 11:49
To: Local Plan
Subject: EA reply to Consultation - Site Allocations and Development Management Policies Plan
Attachments: SADM1 - H2.pdf; SADM1 - H7.pdf; SADM14.pdf; SADM15.pdf; SADM16.pdf; SADM17.pdf; SADM18.pdf; SADM21.pdf; 109795.pdf

Dear Mark,

Please find attached our cover note (109795) and representations in respect of the pre-submission version of the Development Management Policies and Site Allocations DPD.

To summarise and for your ease of reference we have made the following representations:

- Policy SADM1, H2 Gas Holders Site – found unsound
- Policy SADM1, H7 Land at Lincolnsfield – found unsound
- Policy SADM14 – fully support
- Policy SADM15 – fully support
- Policy SADM16 – fully support
- Policy SADM17 – minor amendment requested
- Policy SADM18 – found not compliant with the duty to co-operate
- Policy SADM21 – minor amendment requested

Please contact me if you have any queries.

Kind regards

Tricia Devonshire
Sustainable Places Planning Advisor

Environment Agency
Hertfordshire and North London - Hatfield Team
T: 01707 632408

Please note I work part time so am available Wednesdays to Fridays only.

Information in this message may be confidential and may be legally privileged. If you have received this message by mistake, please notify the sender immediately, delete it and do not copy it to anyone else.

We have checked this email and its attachments for viruses. But you should still check any attachment before opening it.

We may have to make this message and any reply to it public if asked to under the Freedom of Information Act, Data Protection Act or for litigation. Email messages and attachments sent to or from any Environment Agency address may also be accessed by someone other than the sender or recipient, for business purposes.

Click [here](#) to report this email as spam



Site Allocations and Development Management Policies Plan (SADM)

Publication Stage Representation Form

For office use only

Reference No:

Date received:

Please use this form to make Representations

Please return to Hertsmere Borough Council by 5pm on Monday 14 September 2015

By post: Policy and Transport Team, Planning and Building Control, Hertsmere Borough Council, Civic Offices, Elstree Way, Borehamwood, Herts, WD6 1WA.

By email: local.plan@hertsmere.gov.uk

This form has three parts:

Part A – Personal details (only needed once).

Part B – Your representation(s). Please complete a separate sheet (Part B) for **every** representation you wish to make, remembering to insert your or your organisation’s name at the top of the page.

Part C – What information you want the Council to provide you with about future progress of SADM (only needed once).

Please read the guidance notes at the end before completing this form. They explain the terms used and will help you make your representation(s).

Part A	1. Personal details*	2. Agent details (if applicable)
Title	Mrs	
First name	Tricia	
Last name	Devonshire	
Job title (where relevant)	Sustainable Places Planning Advisor	
Organisation (where relevant)	Environment Agency	
Address	Apollo Court, 2 Bishops Square Business Park, St Albans Road West, Hatfield, Herts	
Post Code	AL10 9EX	
Telephone number	01707 632408	
Email address	sphatfield@environment-agency.gov.uk	

*If an agent is appointed, please enter the person and/or organisation being represented in column 1 and complete all contact details in column 2.

Please note that all representations received will be made publicly available and cannot be treated as confidential. This means that the names of all those making representations will be publicly available. Other personal information relating to private individuals, including Contact details, will not however be made publicly available.



Part B

Name or organisation: **Environment Agency**

For office use only
Ref No:
support:
object:
change:

IMPORTANT: Please use a separate Part B form for each representation

3. To which part of SADM ('the Plan') does this representation relate?

Paragraph Policy **SADM1** Policies Map Other part of Plan (specify) **Ref H2 Gas Holders Site**

4. In relation to the part of the Plan you identified in 3, do you consider the Plan to be:

Please tick which boxes apply

4(a) Legally Compliant Yes No no comment to make
4(b) Compliant with the Duty to Co-operate Yes No no comment to make
4(c) Sound Yes No no comment to make

If you have entered 'No' to 4(c), please continue to Q5. In all other circumstances, please go to Q6.

5. If you consider the Plan to be unsound is this because it is not:

5(a) Positively prepared Please tick which box(es) apply
5(b) Justified
5(c) Effective
5(d) Consistent with national policy

6. If you consider the Plan is not legally compliant or fails to comply with the Duty to Co-operate or, having regard to the criteria you ticked at 5 above relating to soundness is unsound, please give details of why. Please be as precise as possible.

If you wish to comment in support of the Plan's legal compliance, compliance with the Duty to Co-operate or soundness or wish to make any other comment, please also use this box.

7. Please set out as precisely as possible what change(s) you consider necessary to make the Plan

- **legally compliant or**

We fully approve of the site specific requirements (the need for a flood risk assessment and contamination and remediation strategy, applying flood risk sequential approach, deculverting and enhancement of the Borehamwood Brook main river and ensuring adequacy of waste water capacity) that have been stipulated for this site allocation.

However without any evidence to show that the flood risk Sequential Test has been carried out and passed when identifying this site, we must find this site allocation unsound. Please refer to our covering note for further comments.

(continue on a separate sheet/expand box if necessary)



- **sound (having regard to the criteria you ticked at 5 above relating to soundness).** You will need to say **why** this change will make the Plan legally compliant or sound. It will be helpful if you are able to put forward your suggested revised wording of any policy or text.

Evidence that the flood risk Sequential Test has been applied and passed for development at this location must be submitted to be in line with the requirements of paragraph 100 of the National Planning Policy Framework.

(continue on a separate sheet/expand box if necessary)

Please note your representation should cover succinctly all the information, evidence and supporting information necessary to support/justify the representation and the suggested change, as there will not normally be a subsequent opportunity for further submissions based on the representation you are currently making. **After this current publication stage, further submissions will only be able to be made at the Inspector’s request, based on the matters and issues he/she identifies for Examination.**

8. If you do not consider the Plan to be sound and the Council is prepared to make changes to the Plan which reflect your suggested change, would you be prepared to enter into a ‘Statement of Common Ground’ with this Council?

Yes No

9. If your representation is seeking a modification/change to the Plan, do you consider it necessary to participate at the oral part of the Examination?

No, I do not wish to participate at the oral Examination Yes, I wish to participate at the oral Examination

10. If you wish to participate at the oral part of the Examination, please outline why you consider this to be necessary:

We’d only consider this necessary if we did not receive a sequential test to support the site allocation document.

(continue on a separate sheet/expand box if necessary)

Please note: the Inspector will determine the most appropriate procedure to hear those who have indicated that they wish to participate at the oral part of the Examination.

Signature: _____ Date: _____

Part C (Only needed once)



Name (Print): _____

If you wish to be informed of the date of the submission of the Plan to the Secretary of State, please tick this box.

If you wish to be informed of the recommendations of the Inspector appointed by the Secretary of State to carry out the independent Examination of the Plan, please tick this box.

If you wish to be informed of the adoption of the Plan by Hertsmere Borough Council please tick this box.

If you no longer wish to receive communications from the Council on SADM please tick this box.



Site Allocations and Development Management Policies Plan (SADM)

Publication Stage Representation Form

For office use only

Reference No:

Date received:

Please use this form to make Representations

Please return to Hertsmere Borough Council by 5pm on Monday 14 September 2015

By post: Policy and Transport Team, Planning and Building Control, Hertsmere Borough Council, Civic Offices, Elstree Way, Borehamwood, Herts, WD6 1WA.

By email: local.plan@hertsmere.gov.uk

This form has three parts:

Part A – Personal details (only needed once).

Part B – Your representation(s). Please complete a separate sheet (Part B) for **every** representation you wish to make, remembering to insert your or your organisation’s name at the top of the page.

Part C – What information you want the Council to provide you with about future progress of SADM (only needed once).

Please read the guidance notes at the end before completing this form. They explain the terms used and will help you make your representation(s).

Part A	1. Personal details*	2. Agent details (if applicable)
Title	Mrs	
First name	Tricia	
Last name	Devonshire	
Job title (where relevant)	Sustainable Places Planning Advisor	
Organisation (where relevant)	Environment Agency	
Address	Apollo Court, 2 Bishops Square Business Park, St Albans Road West, Hatfield, Herts	
Post Code	AL10 9EX	
Telephone number	01707 632408	
Email address	sphatfield@environment-agency.gov.uk	

*If an agent is appointed, please enter the person and/or organisation being represented in column 1 and complete all contact details in column 2.

Please note that all representations received will be made publicly available and cannot be treated as confidential. This means that the names of all those making representations will be publicly available. Other personal information relating to private individuals, including Contact details, will not however be made publicly available.



Part B

Name or organisation: **Environment Agency**

For office use only
Ref No:
support:
object:
change:

IMPORTANT: Please use a separate Part B form for each representation

3. To which part of SADM ('the Plan') does this representation relate?

Paragraph Policy **SADM1** Policies Map Other part of Plan (specify) **Ref H7 Land at Lincolnfield**

4. In relation to the part of the Plan you identified in 3, do you consider the Plan to be:

Please tick which boxes apply

4(a) Legally Compliant Yes No no comment to make
4(b) Compliant with the Duty to Co-operate Yes No no comment to make
4(c) Sound Yes No no comment to make

If you have entered 'No' to 4(c), please continue to Q5. In all other circumstances, please go to Q6.

5. If you consider the Plan to be unsound is this because it is not:

5(a) Positively prepared Please tick which box(es) apply
5(b) Justified
5(c) Effective
5(d) Consistent with national policy

6. If you consider the Plan is not legally compliant or fails to comply with the Duty to Co-operate or, having regard to the criteria you ticked at 5 above relating to soundness is unsound, please give details of why. Please be as precise as possible.

If you wish to comment in support of the Plan's legal compliance, compliance with the Duty to Co-operate or soundness or wish to make any other comment, please also use this box.

7. Please set out as precisely as possible what change(s) you consider necessary to make the Plan

- **legally compliant or**

We fully approve of the site specific requirements (the need for a flood risk assessment and Preliminary Risk Assessment, applying flood risk sequential approach, deculverting and enhancement of the King George Drain main river and ensuring adequacy of waste water capacity) that have been stipulated for this site allocation.

However without any evidence to show that the flood risk Sequential Test has been carried out and passed when identifying this site, we must find this site allocation unsound. Please refer to our covering note for further comments.

(continue on a separate sheet/expand box if necessary)



- **sound (having regard to the criteria you ticked at 5 above relating to soundness).** You will need to say why this change will make the Plan legally compliant or sound. It will be helpful if you are able to put forward your suggested revised wording of any policy or text.

Evidence that the flood risk Sequential Test has been applied and passed for development at this location must be submitted to be in line with the requirements of paragraph 100 of the National Planning Policy Framework.

(continue on a separate sheet/expand box if necessary)

Please note your representation should cover succinctly all the information, evidence and supporting information necessary to support/justify the representation and the suggested change, as there will not normally be a subsequent opportunity for further submissions based on the representation you are currently making. **After this current publication stage, further submissions will only be able to be made at the Inspector’s request, based on the matters and issues he/she identifies for Examination.**

8. If you do not consider the Plan to be sound and the Council is prepared to make changes to the Plan which reflect your suggested change, would you be prepared to enter into a ‘Statement of Common Ground’ with this Council?

Yes No

9. If your representation is seeking a modification/change to the Plan, do you consider it necessary to participate at the oral part of the Examination?

No, I do not wish to participate at the oral Examination Yes, I wish to participate at the oral Examination

10. If you wish to participate at the oral part of the Examination, please outline why you consider this to be necessary:

We’d only consider this necessary if we did not receive a sequential test to support the site allocation document.

(continue on a separate sheet/expand box if necessary)

Please note: the Inspector will determine the most appropriate procedure to hear those who have indicated that they wish to participate at the oral part of the Examination.

Signature: _____ Date: _____

Part C (Only needed once)



Name (Print): _____

If you wish to be informed of the date of the submission of the Plan to the Secretary of State, please tick this box.

If you wish to be informed of the recommendations of the Inspector appointed by the Secretary of State to carry out the independent Examination of the Plan, please tick this box.

If you wish to be informed of the adoption of the Plan by Hertsmere Borough Council please tick this box.

If you no longer wish to receive communications from the Council on SADM please tick this box.



Site Allocations and Development Management Policies Plan (SADM)

Publication Stage Representation Form

For office use only

Reference No:

Date received:

Please use this form to make Representations

Please return to Hertsmere Borough Council by 5pm on Monday 14 September 2015

By post: Policy and Transport Team, Planning and Building Control, Hertsmere Borough Council, Civic Offices, Elstree Way, Borehamwood, Herts, WD6 1WA.

By email: local.plan@hertsmere.gov.uk

This form has three parts:

Part A – Personal details (only needed once).

Part B – Your representation(s). Please complete a separate sheet (Part B) for **every** representation you wish to make, remembering to insert your or your organisation’s name at the top of the page.

Part C – What information you want the Council to provide you with about future progress of SADM (only needed once).

Please read the guidance notes at the end before completing this form. They explain the terms used and will help you make your representation(s).

Part A	1. Personal details*	2. Agent details (if applicable)
Title	Mrs	
First name	Tricia	
Last name	Devonshire	
Job title (where relevant)	Sustainable Places Planning Advisor	
Organisation (where relevant)	Environment Agency	
Address	Apollo Court, 2 Bishops Square Business Park, St Albans Road West, Hatfield, Herts	
Post Code	AL10 9EX	
Telephone number	01707 632408	
Email address	sphatfield@environment-agency.gov.uk	

*If an agent is appointed, please enter the person and/or organisation being represented in column 1 and complete all contact details in column 2.

Please note that all representations received will be made publicly available and cannot be treated as confidential. This means that the names of all those making representations will be publicly available. Other personal information relating to private individuals, including Contact details, will not however be made publicly available.



Part B

Name or organisation: **Environment Agency**

For office use only
Ref No:
support:
object:
change:

IMPORTANT: Please use a separate Part B form for each representation

3. To which part of SADM ('the Plan') does this representation relate?

Paragraph Policy **SADM14** Policies Map Other part of Plan (specify)

4. In relation to the part of the Plan you identified in 3, do you consider the Plan to be:

Please tick which boxes apply

4(a) Legally Compliant Yes No no comment to make
4(b) Compliant with the Duty to Co-operate Yes No no comment to make
4(c) Sound Yes No no comment to make

If you have entered 'No' to 4(c), please continue to Q5. In all other circumstances, please go to Q6.

5. If you consider the Plan to be unsound is this because it is not:

5(a) Positively prepared Please tick which box(es) apply
5(b) Justified
5(c) Effective
5(d) Consistent with national policy

6. If you consider the Plan is not legally compliant or fails to comply with the Duty to Co-operate or, having regard to the criteria you ticked at 5 above relating to soundness is unsound, please give details of why. Please be as precise as possible.

If you wish to comment in support of the Plan's legal compliance, compliance with the Duty to Co-operate or soundness or wish to make any other comment, please also use this box.

7. Please set out as precisely as possible what change(s) you consider necessary to make the Plan legally compliant or

We fully support this policy and are particularly pleased it refers to improving and restoring watercourses and their associated environment, applying a sequential approach in terms of flood risk, water resources and protection of groundwater from pollution.

(continue on a separate sheet/expand box if necessary)



- sound (having regard to the criteria you ticked at 5 above relating to soundness). You will need to say why this change will make the Plan legally compliant or sound. It will be helpful if you are able to put forward your suggested revised wording of any policy or text.

(continue on a separate sheet/expand box if necessary)

Please note your representation should cover succinctly all the information, evidence and supporting information necessary to support/justify the representation and the suggested change, as there will not normally be a subsequent opportunity for further submissions based on the representation you are currently making. **After this current publication stage, further submissions will only be able to be made at the Inspector’s request, based on the matters and issues he/she identifies for Examination.**

8. If you do not consider the Plan to be sound and the Council is prepared to make changes to the Plan which reflect your suggested change, would you be prepared to enter into a ‘Statement of Common Ground’ with this Council?

Yes No

9. If your representation is seeking a modification/change to the Plan, do you consider it necessary to participate at the oral part of the Examination?

No, I do not wish to participate at the oral Examination Yes, I wish to participate at the oral Examination

10. If you wish to participate at the oral part of the Examination, please outline why you consider this to be necessary:

(continue on a separate sheet/expand box if necessary)

Please note: the Inspector will determine the most appropriate procedure to hear those who have indicated that they wish to participate at the oral part of the Examination.

Signature: _____ **Date:** _____

Part C (Only needed once)

Name (Print): _____

If you wish to be informed of the date of the submission of the Plan to the Secretary of State, please tick this box.

If you wish to be informed of the recommendations of the Inspector appointed by the Secretary of State to carry out the independent Examination of the Plan, please tick this box.

If you wish to be informed of the adoption of the Plan by Hertsmere Borough Council please tick this box.

If you no longer wish to receive communications from the Council on SADM please tick this box.



Site Allocations and Development Management Policies Plan (SADM)

Publication Stage Representation Form

For office use only

Reference No:

Date received:

Please use this form to make Representations

Please return to Hertsmere Borough Council by 5pm on Monday 14 September 2015

By post: Policy and Transport Team, Planning and Building Control, Hertsmere Borough Council, Civic Offices, Elstree Way, Borehamwood, Herts, WD6 1WA.

By email: local.plan@hertsmere.gov.uk

This form has three parts:

Part A – Personal details (only needed once).

Part B – Your representation(s). Please complete a separate sheet (Part B) for **every** representation you wish to make, remembering to insert your or your organisation’s name at the top of the page.

Part C – What information you want the Council to provide you with about future progress of SADM (only needed once).

Please read the guidance notes at the end before completing this form. They explain the terms used and will help you make your representation(s).

Part A	1. Personal details*	2. Agent details (if applicable)
Title	Mrs	
First name	Tricia	
Last name	Devonshire	
Job title (where relevant)	Sustainable Places Planning Advisor	
Organisation (where relevant)	Environment Agency	
Address	Apollo Court, 2 Bishops Square Business Park, St Albans Road West, Hatfield, Herts	
Post Code	AL10 9EX	
Telephone number	01707 632408	
Email address	sphatfield@environment-agency.gov.uk	

*If an agent is appointed, please enter the person and/or organisation being represented in column 1 and complete all contact details in column 2.

Please note that all representations received will be made publicly available and cannot be treated as confidential. This means that the names of all those making representations will be publicly available. Other personal information relating to private individuals, including Contact details, will not however be made publicly available.



Part B

Name or organisation: **Environment Agency**

For office use only
Ref No:
support:
object:
change:

IMPORTANT: Please use a separate Part B form for each representation

3. To which part of SADM ('the Plan') does this representation relate?

Paragraph	<input type="text"/>	Policy	<input type="text" value="SADM15"/>	Policies Map	<input type="text"/>	Other part of Plan (specify)	<input type="text"/>
-----------	----------------------	--------	-------------------------------------	--------------	----------------------	------------------------------	----------------------

4. In relation to the part of the Plan you identified in 3, do you consider the Plan to be:

Please tick which boxes apply

4(a) Legally Compliant	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	no comment to make	<input type="checkbox"/>
4(b) Compliant with the Duty to Co-operate	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	no comment to make	<input type="checkbox"/>
4(c) Sound	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	no comment to make	<input type="checkbox"/>

If you have entered 'No' to 4(c), please continue to Q5. In all other circumstances, please go to Q6.

5. If you consider the Plan to be unsound is this because it is not:

5(a) Positively prepared	<input type="checkbox"/>	Please tick which box(es) apply
5(b) Justified	<input type="checkbox"/>	
5(c) Effective	<input type="checkbox"/>	
5(d) Consistent with national policy	<input type="checkbox"/>	

6. If you consider the Plan is not legally compliant or fails to comply with the Duty to Co-operate or, having regard to the criteria you ticked at 5 above relating to soundness is unsound, please give details of why. Please be as precise as possible.

If you wish to comment in support of the Plan's legal compliance, compliance with the Duty to Co-operate or soundness or wish to make any other comment, please also use this box.

7. Please set out as precisely as possible what change(s) you consider necessary to make the Plan

- **legally compliant or**

We fully support this policy which will positively help to manage and reduce flood risk. It is strong in its requirements to apply the flood risk Sequential and Exception Tests, use the sequential approach, the need for site specific flood risk assessments and the principles set out that must be met.

(continue on a separate sheet/expand box if necessary)



- sound (having regard to the criteria you ticked at 5 above relating to soundness). You will need to say why this change will make the Plan legally compliant or sound. It will be helpful if you are able to put forward your suggested revised wording of any policy or text.

(continue on a separate sheet/expand box if necessary)

Please note** your representation should cover succinctly all the information, evidence and supporting information necessary to support/justify the representation and the suggested change, as there will not normally be a subsequent opportunity for further submissions based on the representation you are currently making. **After this current publication stage, further submissions will only be able to be made at the Inspector’s request, based on the matters and issues he/she identifies for Examination.

8. If you do not consider the Plan to be sound and the Council is prepared to make changes to the Plan which reflect your suggested change, would you be prepared to enter into a ‘Statement of Common Ground’ with this Council?

Yes No

9. If your representation is seeking a modification/change to the Plan, do you consider it necessary to participate at the oral part of the Examination?

No, I do not wish to participate at the oral Examination Yes, I wish to participate at the oral Examination

10. If you wish to participate at the oral part of the Examination, please outline why you consider this to be necessary:

(continue on a separate sheet/expand box if necessary)

***Please note:** the Inspector will determine the most appropriate procedure to hear those who have indicated that they wish to participate at the oral part of the Examination.*

Signature: _____ **Date:** _____

Part C (Only needed once)

Name (Print): _____

If you wish to be informed of the date of the submission of the Plan to the Secretary of State, please tick this box.

If you wish to be informed of the recommendations of the Inspector appointed by the Secretary of State to carry out the independent Examination of the Plan, please tick this box.

If you wish to be informed of the adoption of the Plan by Hertsmere Borough Council please tick this box.

If you no longer wish to receive communications from the Council on SADM please tick this box.



Site Allocations and Development Management Policies Plan (SADM)

Publication Stage Representation Form

For office use only

Reference No:

Date received:

Please use this form to make Representations

Please return to Hertsmere Borough Council by 5pm on Monday 14 September 2015

By post: Policy and Transport Team, Planning and Building Control, Hertsmere Borough Council, Civic Offices, Elstree Way, Borehamwood, Herts, WD6 1WA.

By email: local.plan@hertsmere.gov.uk

This form has three parts:

Part A – Personal details (only needed once).

Part B – Your representation(s). Please complete a separate sheet (Part B) for **every** representation you wish to make, remembering to insert your or your organisation’s name at the top of the page.

Part C – What information you want the Council to provide you with about future progress of SADM (only needed once).

Please read the guidance notes at the end before completing this form. They explain the terms used and will help you make your representation(s).

Part A	1. Personal details*	2. Agent details (if applicable)
Title	Mrs	
First name	Tricia	
Last name	Devonshire	
Job title (where relevant)	Sustainable Places Planning Advisor	
Organisation (where relevant)	Environment Agency	
Address	Apollo Court, 2 Bishops Square Business Park, St Albans Road West, Hatfield, Herts	
Post Code	AL10 9EX	
Telephone number	01707 632408	
Email address	sphatfield@environment-agency.gov.uk	

*If an agent is appointed, please enter the person and/or organisation being represented in column 1 and complete all contact details in column 2.

Please note that all representations received will be made publicly available and cannot be treated as confidential. This means that the names of all those making representations will be publicly available. Other personal information relating to private individuals, including Contact details, will not however be made publicly available.



Part B

Name or organisation: **Environment Agency**

For office use only
Ref No:
support:
object:
change:

IMPORTANT: Please use a separate Part B form for each representation

3. To which part of SADM ('the Plan') does this representation relate?

Paragraph Policy **SADM16** Policies Map Other part of Plan (specify)

4. In relation to the part of the Plan you identified in 3, do you consider the Plan to be:

Please tick which boxes apply

4(a) Legally Compliant Yes No no comment to make

4(b) Compliant with the Duty to Co-operate Yes No no comment to make

4(c) Sound Yes No no comment to make

If you have entered 'No' to 4(c), please continue to Q5. In all other circumstances, please go to Q6.

5. If you consider the Plan to be unsound is this because it is not:

5(a) Positively prepared Please tick which box(es) apply
5(b) Justified
5(c) Effective
5(d) Consistent with national policy

6. If you consider the Plan is not legally compliant or fails to comply with the Duty to Co-operate or, having regard to the criteria you ticked at 5 above relating to soundness is unsound, please give details of why. Please be as precise as possible.

If you wish to comment in support of the Plan's legal compliance, compliance with the Duty to Co-operate or soundness or wish to make any other comment, please also use this box.

7. Please set out as precisely as possible what change(s) you consider necessary to make the Plan legally compliant or

We fully support this policy and the requirement to incorporate sustainable drainage systems (SuDS). In particular we are pleased the policy recognises that SuDS provide not just benefits for flood risk and surface water pollution but amenity and biodiversity too.

(continue on a separate sheet/expand box if necessary)

- sound (having regard to the criteria you ticked at 5 above relating to soundness). You will need to say why this change will make the Plan legally compliant or sound. It will be helpful if you are able to put forward your suggested revised wording of any policy or text.

(continue on a separate sheet/expand box if necessary)

Please note your representation should cover succinctly all the information, evidence and supporting information necessary to support/justify the representation and the suggested change, as there will not normally be a subsequent opportunity for further submissions based on the representation you are currently making. **After this current publication stage, further submissions will only be able to be made at the Inspector’s request, based on the matters and issues he/she identifies for Examination.**

8. If you do not consider the Plan to be sound and the Council is prepared to make changes to the Plan which reflect your suggested change, would you be prepared to enter into a ‘Statement of Common Ground’ with this Council?

Yes No

9. If your representation is seeking a modification/change to the Plan, do you consider it necessary to participate at the oral part of the Examination?

No, I do not wish to participate at the oral Examination Yes, I wish to participate at the oral Examination

10. If you wish to participate at the oral part of the Examination, please outline why you consider this to be necessary:

(continue on a separate sheet/expand box if necessary)

Please note: the Inspector will determine the most appropriate procedure to hear those who have indicated that they wish to participate at the oral part of the Examination.

Signature: _____ **Date:** _____

Part C (Only needed once)

Name (Print): _____

If you wish to be informed of the date of the submission of the Plan to the Secretary of State, please tick this box.

If you wish to be informed of the recommendations of the Inspector appointed by the Secretary of State to carry out the independent Examination of the Plan, please tick this box.

If you wish to be informed of the adoption of the Plan by Hertsmere Borough Council please tick this box.

If you no longer wish to receive communications from the Council on SADM please tick this box.



Site Allocations and Development Management Policies Plan (SADM)

Publication Stage Representation Form

For office use only

Reference No:

Date received:

Please use this form to make Representations

Please return to Hertsmere Borough Council by 5pm on Monday 14 September 2015

By post: Policy and Transport Team, Planning and Building Control, Hertsmere Borough Council, Civic Offices, Elstree Way, Borehamwood, Herts, WD6 1WA.

By email: local.plan@hertsmere.gov.uk

This form has three parts:

Part A – Personal details (only needed once).

Part B – Your representation(s). Please complete a separate sheet (Part B) for **every** representation you wish to make, remembering to insert your or your organisation’s name at the top of the page.

Part C – What information you want the Council to provide you with about future progress of SADM (only needed once).

Please read the guidance notes at the end before completing this form. They explain the terms used and will help you make your representation(s).

Part A	1. Personal details*	2. Agent details (if applicable)
Title	Mrs	
First name	Tricia	
Last name	Devonshire	
Job title (where relevant)	Sustainable Places Planning Advisor	
Organisation (where relevant)	Environment Agency	
Address	Apollo Court, 2 Bishops Square Business Park, St Albans Road West, Hatfield, Herts	
Post Code	AL10 9EX	
Telephone number	01707 632408	
Email address	sphatfield@environment-agency.gov.uk	

*If an agent is appointed, please enter the person and/or organisation being represented in column 1 and complete all contact details in column 2.

Please note that all representations received will be made publicly available and cannot be treated as confidential. This means that the names of all those making representations will be publicly available. Other personal information relating to private individuals, including Contact details, will not however be made publicly available.



Part B

Name or organisation: **Environment Agency**

For office use only
Ref No:
support:
object:
change:

IMPORTANT: Please use a separate Part B form for each representation

3. To which part of SADM ('the Plan') does this representation relate?

Paragraph Policy **SADM17** Policies Map Other part of Plan (specify)

4. In relation to the part of the Plan you identified in 3, do you consider the Plan to be:

Please tick which boxes apply

4(a) Legally Compliant Yes No no comment to make

4(b) Compliant with the Duty to Co-operate Yes No no comment to make

4(c) Sound Yes No no comment to make

If you have entered 'No' to 4(c), please continue to Q5. In all other circumstances, please go to Q6.

5. If you consider the Plan to be unsound is this because it is not:

5(a) Positively prepared Please tick which box(es) apply
5(b) Justified
5(c) Effective
5(d) Consistent with national policy

6. If you consider the Plan is not legally compliant or fails to comply with the Duty to Co-operate or, having regard to the criteria you ticked at 5 above relating to soundness is unsound, please give details of why. Please be as precise as possible.

If you wish to comment in support of the Plan's legal compliance, compliance with the Duty to Co-operate or soundness or wish to make any other comment, please also use this box.

7. Please set out as precisely as possible what change(s) you consider necessary to make the Plan legally compliant or

We are generally happy with this policy and its emphasis to protect and restore watercourses and their corridors. It is also positive that the policy includes the need for a Water Framework Directive assessment where appropriate.

(continue on a separate sheet/expand box if necessary)

- **sound (having regard to the criteria you ticked at 5 above relating to soundness).** You will need to say why this change will make the Plan legally compliant or sound. It will be helpful if you are able to put forward your suggested revised wording of any policy or text.

Overall we think the policy could be improved if it specifically included the need to deculvert watercourses and made reference to the Thames River Basin Management Plan, however we acknowledge these are referred to in the supporting text.

(continue on a separate sheet/expand box if necessary)

Please note your representation should cover succinctly all the information, evidence and supporting information necessary to support/justify the representation and the suggested change, as there will not normally be a subsequent opportunity for further submissions based on the representation you are currently making. **After this current publication stage, further submissions will only be able to be made at the Inspector’s request, based on the matters and issues he/she identifies for Examination.**

8. If you do not consider the Plan to be sound and the Council is prepared to make changes to the Plan which reflect your suggested change, would you be prepared to enter into a ‘Statement of Common Ground’ with this Council?

Yes No

9. If your representation is seeking a modification/change to the Plan, do you consider it necessary to participate at the oral part of the Examination?

No, I do not wish to participate at the oral Examination Yes, I wish to participate at the oral Examination

10. If you wish to participate at the oral part of the Examination, please outline why you consider this to be necessary:

(continue on a separate sheet/expand box if necessary)

Please note: the Inspector will determine the most appropriate procedure to hear those who have indicated that they wish to participate at the oral part of the Examination.

Signature: _____ **Date:** _____

Part C (Only needed once)

Name (Print): _____

If you wish to be informed of the date of the submission of the Plan to the Secretary of State, please tick this box.

If you wish to be informed of the recommendations of the Inspector appointed by the Secretary of State to carry out the independent Examination of the Plan, please tick this box.

If you wish to be informed of the adoption of the Plan by Hertsmere Borough Council please tick this box.

If you no longer wish to receive communications from the Council on SADM please tick this box.



Site Allocations and Development Management Policies Plan (SADM)

Publication Stage Representation Form

For office use only

Reference No:

Date received:

Please use this form to make Representations

Please return to Hertsmere Borough Council by 5pm on Monday 14 September 2015

By post: Policy and Transport Team, Planning and Building Control, Hertsmere Borough Council, Civic Offices, Elstree Way, Borehamwood, Herts, WD6 1WA.

By email: local.plan@hertsmere.gov.uk

This form has three parts:

Part A – Personal details (only needed once).

Part B – Your representation(s). Please complete a separate sheet (Part B) for **every** representation you wish to make, remembering to insert your or your organisation’s name at the top of the page.

Part C – What information you want the Council to provide you with about future progress of SADM (only needed once).

Please read the guidance notes at the end before completing this form. They explain the terms used and will help you make your representation(s).

Part A	1. Personal details*	2. Agent details (if applicable)
Title	Mrs	
First name	Tricia	
Last name	Devonshire	
Job title (where relevant)	Sustainable Places Planning Advisor	
Organisation (where relevant)	Environment Agency	
Address	Apollo Court, 2 Bishops Square Business Park, St Albans Road West, Hatfield, Herts	
Post Code	AL10 9EX	
Telephone number	01707 632408	
Email address	sphatfield@environment-agency.gov.uk	

*If an agent is appointed, please enter the person and/or organisation being represented in column 1 and complete all contact details in column 2.

Please note that all representations received will be made publicly available and cannot be treated as confidential. This means that the names of all those making representations will be publicly available. Other personal information relating to private individuals, including Contact details, will not however be made publicly available.



Part B

Name or organisation: **Environment Agency**

For office use only
Ref No:
support:
object:
change:

IMPORTANT: Please use a separate Part B form for each representation

3. To which part of SADM ('the Plan') does this representation relate?

Paragraph	<input type="checkbox"/>	Policy	<input type="checkbox" value="SADM18"/>	Policies Map	<input type="checkbox"/>	Other part of Plan (specify)	<input type="checkbox"/>
-----------	--------------------------	--------	---	--------------	--------------------------	------------------------------	--------------------------

4. In relation to the part of the Plan you identified in 3, do you consider the Plan to be:

Please tick which boxes apply

4(a) Legally Compliant	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	no comment to make	<input type="checkbox"/>
4(b) Compliant with the Duty to Co-operate	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	no comment to make	<input type="checkbox"/>
4(c) Sound	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	no comment to make	<input type="checkbox"/>

If you have entered 'No' to 4(c), please continue to Q5. In all other circumstances, please go to Q6.

5. If you consider the Plan to be unsound is this because it is not:

5(a) Positively prepared	<input type="checkbox"/>	Please tick which box(es) apply
5(b) Justified	<input type="checkbox"/>	
5(c) Effective	<input type="checkbox"/>	
5(d) Consistent with national policy	<input type="checkbox"/>	

6. If you consider the Plan is not legally compliant or fails to comply with the Duty to Co-operate or, having regard to the criteria you ticked at 5 above relating to soundness is unsound, please give details of why. Please be as precise as possible.

If you wish to comment in support of the Plan's legal compliance, compliance with the Duty to Co-operate or soundness or wish to make any other comment, please also use this box.

7. Please set out as precisely as possible what change(s) you consider necessary to make the Plan
• legally compliant or

We support the policy wording because you have taken on board our previous comments regarding infrastructure capacity. However due to issues across the catchment with waste water capacity, please see the comments in our cover note regarding our concerns over the evidence base, Water Cycle Studies and duty to co-operate which relate to this policy.

(continue on a separate sheet/expand box if necessary)



- **sound (having regard to the criteria you ticked at 5 above relating to soundness).** You will need to say why this change will make the Plan legally compliant or sound. It will be helpful if you are able to put forward your suggested revised wording of any policy or text.

(continue on a separate sheet/expand box if necessary)

Please note** your representation should cover succinctly all the information, evidence and supporting information necessary to support/justify the representation and the suggested change, as there will not normally be a subsequent opportunity for further submissions based on the representation you are currently making. **After this current publication stage, further submissions will only be able to be made at the Inspector’s request, based on the matters and issues he/she identifies for Examination.

8. If you do not consider the Plan to be sound and the Council is prepared to make changes to the Plan which reflect your suggested change, would you be prepared to enter into a ‘Statement of Common Ground’ with this Council?

Yes No

9. If your representation is seeking a modification/change to the Plan, do you consider it necessary to participate at the oral part of the Examination?

No, I do not wish to participate at the oral Examination Yes, I wish to participate at the oral Examination

10. If you wish to participate at the oral part of the Examination, please outline why you consider this to be necessary:

(continue on a separate sheet/expand box if necessary)

***Please note:** the Inspector will determine the most appropriate procedure to hear those who have indicated that they wish to participate at the oral part of the Examination.*

Signature: _____ **Date:** _____

Part C (Only needed once)

Name (Print): _____

If you wish to be informed of the date of the submission of the Plan to the Secretary of State, please tick this box.

If you wish to be informed of the recommendations of the Inspector appointed by the Secretary of State to carry out the independent Examination of the Plan, please tick this box.

If you wish to be informed of the adoption of the Plan by Hertsmere Borough Council please tick this box.

If you no longer wish to receive communications from the Council on SADM please tick this box.



Site Allocations and Development Management Policies Plan (SADM)

Publication Stage Representation Form

For office use only

Reference No:

Date received:

Please use this form to make Representations

Please return to Hertsmere Borough Council by 5pm on Monday 14 September 2015

By post: Policy and Transport Team, Planning and Building Control, Hertsmere Borough Council, Civic Offices, Elstree Way, Borehamwood, Herts, WD6 1WA.

By email: local.plan@hertsmere.gov.uk

This form has three parts:

Part A – Personal details (only needed once).

Part B – Your representation(s). Please complete a separate sheet (Part B) for **every** representation you wish to make, remembering to insert your or your organisation’s name at the top of the page.

Part C – What information you want the Council to provide you with about future progress of SADM (only needed once).

Please read the guidance notes at the end before completing this form. They explain the terms used and will help you make your representation(s).

Part A	1. Personal details*	2. Agent details (if applicable)
Title	Mrs	
First name	Tricia	
Last name	Devonshire	
Job title (where relevant)	Sustainable Places Planning Advisor	
Organisation (where relevant)	Environment Agency	
Address	Apollo Court, 2 Bishops Square Business Park, St Albans Road West, Hatfield, Herts	
Post Code	AL10 9EX	
Telephone number	01707 632408	
Email address	sphatfield@environment-agency.gov.uk	

*If an agent is appointed, please enter the person and/or organisation being represented in column 1 and complete all contact details in column 2.

Please note that all representations received will be made publicly available and cannot be treated as confidential. This means that the names of all those making representations will be publicly available. Other personal information relating to private individuals, including Contact details, will not however be made publicly available.



Part B

Name or organisation: **Environment Agency**

For office use only
Ref No:
support:
object:
change:

IMPORTANT: Please use a separate Part B form for each representation

3. To which part of SADM ('the Plan') does this representation relate?

Paragraph Policy **SADM21** Policies Map Other part of Plan (specify)

4. In relation to the part of the Plan you identified in 3, do you consider the Plan to be:

Please tick which boxes apply

4(a) Legally Compliant Yes No no comment to make

4(b) Compliant with the Duty to Co-operate Yes No no comment to make

4(c) Sound Yes No no comment to make

If you have entered 'No' to 4(c), please continue to Q5. In all other circumstances, please go to Q6.

5. If you consider the Plan to be unsound is this because it is not:

5(a) Positively prepared Please tick which box(es) apply
5(b) Justified
5(c) Effective
5(d) Consistent with national policy

6. If you consider the Plan is not legally compliant or fails to comply with the Duty to Co-operate or, having regard to the criteria you ticked at 5 above relating to soundness is unsound, please give details of why. Please be as precise as possible.

If you wish to comment in support of the Plan's legal compliance, compliance with the Duty to Co-operate or soundness or wish to make any other comment, please also use this box.

7. Please set out as precisely as possible what change(s) you consider necessary to make the Plan

- **legally compliant or**

We are generally happy with this policy and its requirement to remediate land that is affected by contamination.

(continue on a separate sheet/expand box if necessary)



- **sound (having regard to the criteria you ticked at 5 above relating to soundness).** You will need to say **why** this change will make the Plan legally compliant or sound. It will be helpful if you are able to put forward your suggested revised wording of any policy or text.

We recognise that Policy SADM14 refers to both the risks of pollution to groundwater and our 'Groundwater protection: Principles and practice' publication. However we think Policy SADM21 would be much improved if it also specifically mentioned the risks of pollution to the water environment, not just human health. This is especially important as there are a number of Source Protection Zones within the Borough of Hertsmere which supply drinking water and they must be protected from pollution.

(continue on a separate sheet/expand box if necessary)

Please note your representation should cover succinctly all the information, evidence and supporting information necessary to support/justify the representation and the suggested change, as there will not normally be a subsequent opportunity for further submissions based on the representation you are currently making. **After this current publication stage, further submissions will only be able to be made at the Inspector's request, based on the matters and issues he/she identifies for Examination.**

8. If you do not consider the Plan to be sound and the Council is prepared to make changes to the Plan which reflect your suggested change, would you be prepared to enter into a 'Statement of Common Ground' with this Council?

Yes No

9. If your representation is seeking a modification/change to the Plan, do you consider it necessary to participate at the oral part of the Examination?

No, I do not wish to participate at the oral Examination Yes, I wish to participate at the oral Examination

10. If you wish to participate at the oral part of the Examination, please outline why you consider this to be necessary:

(continue on a separate sheet/expand box if necessary)

Please note: the Inspector will determine the most appropriate procedure to hear those who have indicated that they wish to participate at the oral part of the Examination.

Signature: _____ Date: _____

Part C (Only needed once)

Name (Print): _____

If you wish to be informed of the date of the submission of the Plan to the Secretary of State, please tick this box.

If you wish to be informed of the recommendations of the Inspector appointed by the Secretary of State to carry out the independent Examination of the Plan, please tick this box.

If you wish to be informed of the adoption of the Plan by Hertsmere Borough Council please tick this box.

If you no longer wish to receive communications from the Council on SADM please tick this box.