



**Date:** Wednesday 11 June 2025  
**Time:** 9.30am - Local Water Done Well  
**Meeting Room:** Submissions Hearing  
**Venue:** Tasman Council Chamber  
189 Queen Street, Richmond

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## **Tasman District Council**

### **Kaunihera Katoa**

## **ATTACHMENTS**

### **ATTACHMENTS UNDER SEPARATE COVER**

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<b>ITEM</b>	<b>PAGE</b>
<b>5.1 Local Waters Done Well - Hearing and Deliberations Report</b>	
3. Te Whatu Ora Public Health Advice .....	2
(This submission was omitted from the agenda and is being circulated separately)	



22 May 2025

**Health New Zealand**  
**Te Whatu Ora**

LWDW  
Tasman District Council  
Private Bag 4  
Richmond 7050

Tēnā koutou

## **Public health advice on Local Water Done Well, Tasman District Council**

1. We are providing advice on the Tasman District Council's proposal for Local Water Done Well. Health NZ has statutory obligations under the Pae Ora (Healthy Futures) Act 2022 and the Health Act 1956 to improve, promote and protect the health of people and communities. This advice has been prepared by the National Public Health Service (NPHS) Te Waipounamu of Health New Zealand – Te Whatu Ora. NPHS Te Waipounamu provides public health services to the Te Tau Ihu region including the Tasman District.
2. NPHS Te Waipounamu does not have a view on the preferred option for the delivery of water services in the Tasman District Council. We acknowledge that the Plans are intended to encourage councils to examine how they can sustainably fund three waters infrastructure long into the future, including meeting regulatory requirements in terms of quantity and quality of water and supporting growth.

### **Advice**

3. The following outlines our technical advice on Tasman District Council's proposal for Local Water Done Well to protect communities from waterborne diseases, through the provision of drinking water supplies, sewerage and stormwater systems.
4. We support council's proposal to maintain or strengthen the delivery of three waters services and that allowance is made for population growth. We support Council continuing to operate its existing three waters infrastructure and not reduce or withdraw services. The provision of safe and adequate supplies of drinking water and the collection, treatment and disposal of sewage and wastewater protects public health.
5. Safe drinking water is crucial to public health. The well-publicised outbreak of gastroenteritis in Havelock North in August 2016, which was caused by contaminated drinking water, resulted in an estimated 5,500 of the town's 14,000 residents becoming ill with campylobacteriosis, and of these, 45 people required hospital treatment. It is possible that the outbreak contributed to three deaths, and an unknown number of residents developed long-term health complications.
6. The safe collection, treatment and disposal of sewage and wastewater also protects health. Human waste carries a wide range of pathogenic micro-organisms, including *Giardia lamblia*, *Cryptosporidium parvum* cysts, *E. coli*, Hepatitis A virus, and *Entamoeba*

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histolytica. Many are still viable and virulent, even if sewage has been in the environment for some time. Other potential pathogens such as *S. typhi*, *V. cholera*, poliovirus, may become endemic in New Zealand. These organisms may pose a health risk when the environment is contaminated by sewage. Sewage and wastewater may also contain toxic chemicals, particularly from industrial and trade waste sources. Drinking and recreational water sources can pose a serious risk to human health if contaminated.

7. We support council's proposal to invest in drinking water and wastewater treatment plants to meet regulatory requirements.
8. We support council's proposal to invest in the renewal and maintenance of infrastructure to maintain levels of service in the medium and long term.
9. We note that council's preferred delivery model appears cost effective and will keep costs manageable for users, to protect people's health by ensuring access to safe drinking water and wastewater disposal is affordable.
10. We encourage council to ensure that adequate resources are being allocated to higher risk communities, including those that are currently under-served or not serviced.
11. We encourage council to consider intergenerational equity.
12. We support that council has considered the impacts of climate change and ensuring this essential public health infrastructure is protected from extreme weather events. A working example of this is the Motueka Wastewater Treatment Plant project and climate change induced sea level rise.
13. We support council's use of and further consideration of water metering and charging to ensure it is equitable and there is provision for adequate water to be provided to meet health and sanitation requirements.
14. We are pleased to see discussions on the interaction between stormwater services for flood protection systems, so that stormwater ingress to sewers is managed, and will reduce the risk of sewage overflows, but also that flood risk from stormwater ponding is not increased. Population growth, hazard management, reserves and transport planning and delivery are mentioned in this context.
15. Where separate arrangements for different water services (drinking water, wastewater or stormwater) are proposed we support their coordination and alignment.
16. While there is no specific requirement in the Local Government (Water Services Preliminary Arrangements) Act 2024 for iwi Māori to be consulted, the NPHS supports continuation of partnerships with iwi Māori on consultation for Local Water Done Well.

## Conclusion

Thank you for considering this technical advice on Council's proposal for Local Water Done Well.

NPHS Te Waipounamu does not wish to be heard with respect to this technical advice.

Nāku iti noa, nā

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2



**Vince Barry**

Regional Director  
National Public Health Service  
Te Waipounamu Region



**Dr Rachel Eyre**  
Medical Officer of Health / Apiha Hauora  
National Public Health Service / Health New Zealand -Te Whatu Ora

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