



REQUEST FOR TECHNICAL REVIEW PANEL REVIEW OF LOCAL RESIDENTIAL ON-SITE SEWAGE SYSTEM ORDINANCE

State Form 57319 (10-23)

INDIANA DEPARTMENT OF HEALTH
ENVIRONMENTAL PUBLIC HEALTH DIVISION

- INSTRUCTIONS:**
1. Complete ALL portions of this form
 2. Submit complete packet to IDOH
Via email to: eph@health.in.gov
Via Mail to: Indiana Department of Health
Environmental Public Health
2 North Meridian St., 7-D
Indianapolis, IN 46204
 3. Telephone number: (317) 223-7173

County, City or Town submitting ordinance Washington County, Indiana

Name of Person Making Request Chris Boling

Title and Office Environmental, Washington County Health Department

E-mail Address cboiling@washingtoncounty.in.gov Telephone Number 8128835603

☒ **Yes** ☐ **No** Has this proposed ordinance been adopted or readopted by local legislative officials since July 1, 2023?
If this proposed ordinance has not been adopted or readopted on or after July 1, 2023 by local legislative officials, please do not submit until this is completed.

Date of Adoption 12/03/2024

Local Legislative Office Adopting Ordinance Washington County Commissioners

Name and Title of Representative 1st, 2nd, 3rd District County Commissioners of Washington County

E-mail Address d1comm@washingtoncounty.in.gov Telephone Number 8128834805

Please provide the following with the request for TRP ordinance review:

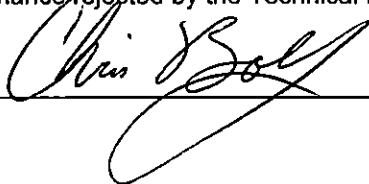
- ☒ A statement of the reasons for any restrictions, prohibition, or variance requested.
☒ A statement of financial impact.
☒ A full digital copy of your ordinance that has been adopted by your local legislative body. Can be mailed if necessary.

Check below which areas your local ordinance has that vary from Rule 410 IAC 6-8.3 and provide a short narrative description of each. Use additional pages, if necessary. It is recommended to place all fees in a separate fee ordinance.

- | | |
|---|--|
| ☐ Minimum lot/parcel size | <hr/> |
| ☐ Connection to sewer | <hr/> |
| ☐ Reconnection to OSS | <hr/> |
| ☒ Installer/Inspector registration | <u>Authority to create a registration list</u> |
| ☒ Installer/Inspector certification | <u>Authority to require and offer an installer examination</u> |
| ☐ Application requirements | <hr/> |

☐ Residential outbuildings	_____
☐ Enforcement	_____
☐ Construction inspections	_____
☐ Number of soil borings/pits	_____
☐ Method of soil evaluation	_____
☐ Separation distances	_____
☐ Septic tank size	_____
☐ Septic tank compartments	_____
☐ Septic tank riser on inlet	_____
☒ Holding tanks	Required that specifications are identical to specifications of septic tanks (all pre-cast tanks)
☐ Dosing tank size	_____
☐ Effluent pump or electrical	_____
☐ Distribution box riser or material	_____
☐ Soil loading rate used for sizing	_____
☐ Minimum DDF or SAF sizing	_____
☐ Subsurface trench systems	_____
☐ Elevated sand mounds	_____
☐ Observation Ports	_____
☐ Sub. drainage type/depth/size	_____
☐ Use of technologies new to IN (including reduced size chambers, sand lined systems, subsurface drip, etc.)	_____
☐ Point of sale inspections	_____
☐ Other <i>(please explain)</i>	_____

I respectfully request review of this proposed ordinance by the Technical Review Panel. I understand that any portion of the proposed ordinance rejected by the Technical Review Panel will not be enforceable in the jurisdiction.



 Signature

12-6-2024

 Date