



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 _____

Name of Person Making Request _____

Title and Office _____

E-mail Address _____ Telephone Number _____

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 _____

Local Legislative Office Adopting Ordinance _____

Name and Title of Representative _____

E-mail Address _____ Telephone Number _____

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 _____
- Connection to sewer _____
- Reconnection to OSS _____
- Installer/Inspector registration _____
- Installer/Inspector certification _____
- Application requirements _____

- 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 _____
- 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 (*please explain*) _____

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

Date