Request for Technical Review Panel Review of Local Residential On-site Sewage System Ordinance

INDIANA DEPARTMENT OF HEALTH

ENVIRONMENTAL PUBLIC HEALTH DIVISION State Form 57319 (10-23)

- INSTRUCTIONS:
- 2 North Meridian St., 7-D Indianapolis, IN 46204 3. Telephone number: (317) 223-7173

County, City or Town submitting ordinance Vermillion County

Name of Person Making Request Dr. Paula Market

Title and Office Vermillion County Health Officer

Email Address paula.market@vermillioncounty.in.gov Phone Number 765-832-3622

 \boxtimes Yes \square 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 May 21, 2024

Local Legislative Office Adopting Ordinance Vermillion County Commissioners

Name and Title of Representative Tim Yocum, President of the Board of Commissioners

Email Address tim.yocum@vermillioncounty.in.gov

Phone Number 765-492-5300

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 | Installer not required to be registered Section F |
| Reconnection to OSS | Installer not required to be registered Section F |
| □ Installer/Inspector registration | |
| □ Installer/Inspector certification | |
| □ Application requirements | |

| □ Residential outbuildings | |
|---|--|
| □ Enforcement | |
| □ Construction inspections | |
| Number of soil borings/pits | Minimum of 3 soil borings Section E, above and beyond rule requirments |
| □ Method of soil evaluation | |
| □ Separation distances | |
| □ Septic tank size | |
| □ Septic tank compartments | |
| □ Septic tank riser on inlet | |
| IX Holding tanks | Installer not required to be registered Section D |
| □ 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, sa | nd lined systems, subsurface drip, etc.) |
| □ Point of sale inspections | ç |
| □ 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.

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Signature