



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
Vial 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 Hamilton County

Name of Person Making Request Amy Ballman

Title and Office Director of Environmental Health, Hamilton County Health Department

E-mail Address amy.ballman@hamiltoncounty.in.gov Telephone Number 317-776-8500

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 June 24, 2024

Local Legislative Office Adopting Ordinance Board of Commissioners of Hamilton County

Name and Title of Representative Lee Buckingham, Hamilton County Director of Administration

E-mail Address lee.buckingham@hamiltoncounty.in.gov Telephone Number 317-776-9719

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 Connection to public sewer if within 300' of property and cost not to exceed 150% the cost of an OSS.
- Reconnection to OSS Inspection of OSS by a registered installer using the IOWPA inspection form.
- Installer/Inspector registration Annual registration including procedures for revocation and re-instatement of registration.
- Installer/Inspector certification _____
- Application requirements Submission of house plans for new construction or expansion/re-model. Returned after review.

- Residential outbuildings _____
- Enforcement _____
- Construction inspections Pre-installation inspection may be required as necessary.
- Number of soil borings/pits 3 acceptable soil borings in one continuous SAF or 2 in each SAF separated by a segment drain.
- Method of soil evaluation _____
- Separation distances _____
- Septic tank size _____
- Septic tank compartments _____
- Septic tank riser on inlet _____
- Holding tanks Tank specs, separation distances, capped, recorded, minimum size, application and renewal
- 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) Scaled drawing for plan review

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.

Amy Bae _____ 6-26-2024 _____
 Signature Date