

HARRISON County Health Department

Financial Impact Statement for HARRISON County OSS Ordinance

Date: _____

Ordinance Requirement ¹	Ord. Section	Types of Systems Affected ²	Increased Cost/System ³	Comments
ONE TIME REGISTRATION - INSTALLER	ART. 8 SEC. 1	All OSS	0 -	ONE TIME ONLY FOR INSTALLER
MUST PASS INSTALLER EXAM	ART. 8 SEC. 2	All OSS	0	TO PROVE COMPREHENSION
MIN. SYSTEM SIZE	ART. 4 SEC. 4	All OSS	0	SYSTEM SIZING CLARIFICATION
ENFORCEMENT VIOLATION FEE	ART. 11 SEC. 1	All OSS	0	INSTALLER FEE - ONLY IF IN VIOLATION
SOIL PITS ONLY	ART. 2 SEC. 2	All OSS	0	BETTER EVALUATION

Overall anticipated price increase for residential OSS:

Minimum \$ 0

Maximum \$ 0

- ¹ Briefly describe ordinance requirement.
- ² Describe what type(s) of systems that would be affected by this requirement. If it would apply to all systems, indicate ALL OSS.
- ³ Increased cost is per system.