



# 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](mailto: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