Mississippi Secretary of State

700 North Street P. O. Box 136, Jackson, MS 39205-0136

ADMINISTRATIVE PROCEDU	RES NOTICE FILING				
AGENCY NAME Mississippi State Department of Health		CONTACT PERSON Mitchell Adcock		TELEPHONE NUMBER 601-576-7847	
ADDRESS 570 E. Woodrow Wilson		CITY Jackson		STATE MS	ZIP 39215
EMAIL Ingrid, Williams@msdh.ms.gov	SUBMIT DATE 5/11/18	Name or number of rule(s): <u>Individual On-site Wastewater Disposal System regulations</u> <u>Title: Mississippi State Department of Health</u> <u>Part 15: Division of On-site Wastewater</u> <u>Subpart 77: On-site Wastewater Regulations</u>			
Short explanation of rule/amendm	nent/repeal and reason	s) for proposing rule/amendme	nt/repeal:	Amend rules to	comply with
Specific legal authority authorizing	the promulgation of ru	ile: §41-67-3, MS Individual On-	site Waste	water Disposal S	ystem law
List all rules repealed, amended, o	r suspended by the pro	posed rule: Rules 2.1.7, 2.1.18.d., 2.	1.28.d., 2.1.3	1.2., 2.1.38.7., 7.2.1,	, 7.2,3., 7.2.4.
ORAL PROCEEDING:					
An oral proceeding is schedule	d for this rule on Date:	June 8, 2018 Time: 10:00-10:15a	m Place:	Osborne Auditor	um - 570 E.
Woodrow Wilson					
Presently, an oral proceeding i	s not scheduled on this	rule.			
If an oral proceeding is not scheduled, and ten (10) or more persons. The written required of proposed rule adoption and should agent or attorney, the name, address, emacomment period, written submissions included the content of th	uest should be submitted to to id include the name, address ill address, and telephone nu- uding arguments, data, and vi	he agency contact person at the above , email address, and telephone number nber of the party or partles you represe ews on the proposed rule/amendment/	address withi of the persor ent. At any th repeal may b	in twenty (20) days a n(s) making the requ me within the twent ne submitted to the t	ofter the filing of this est; and, if you are an y-five (25) day public liling agency,
Economic impact statement no	ot required for this rule.	Concise summary of ec	onomic im	pact statement	attached.
Original filing Renewal of effectiveness New To be in effect in days X_ Ame Effective date: lmmediately upon filing Adop Other (specify): Proposed file X_ 30 days		rule(s) adment to existing rule(s) al of existing rule(s) tion by reference tal effective date: tys after filing r (specify):	Date Prop Action tak Ad Ad Ad Wi Re Effective c	FINAL ACTION ON RULES Date Proposed Rule Filed: Action taken: Adopted with no changes in text Adopted with changes Adopted by reference Withdrawn Repeal adopted as proposed Effective date: 30 days after filing Other (specify):	
Printed name and Title of person	on authorized to file,	ules: Mitchell Adcock, C			
OFFICIAL FILING STAME	DO NOT	MAY 1 1 2018 MISSISSIPPI METARY OF STATE		OFFICIAL FILING	STAMP
Accepted for filing by	Accepted f	or filling by	Accepted	d for filing by	