Mississippi Secretary of State

ADMINISTRATIVE PROCEDUI		P. O. Box 136, Jackson, MS 39205	-0136			
AGENCY NAME Mississippi State Department of Health ADDRESS 570 E. Woodrow Wilson		CONTACT PERSON Mitchell Adcock		TELEPHONE NUI 601-576-7847	PHONE NUMBER 576-7847	
		CITY Jackson		STATE MS	ZIP 39215	
EMAIL Ingrid.Williams@msdh.ms.gov	Name or number of rule(s): <u>Individual On-site Wastewater Disposal System regulations</u> Title: Mississippi State Department of Health Part 15: Division of On-site Wastewater Subpart 77: On-site Wastewater Regulations					
Short explanation of rule/amendm Pumpers annually submit confirmation Wastewater Advisory Council supports	of the ability to dispose	n(s) for proposing rule/amendme of their waste through a MDEQ cert	nt/repeal: §	taff requested t ent and disposal	hat Certified facility. The	
Specific legal authority authorizing			site Wastew	vater Disposal S	System law	
List all rules repealed, amended, or	suspended by the pr	oposed rule: Rule 2.1.38.4.				
ORAL PROCEEDING:						
An oral proceeding is scheduled	I for this rule on Date	: <u>June 10th, 2019</u> Time: <u>9:15 AM</u>	Place: Ost	orne Auditoriun	n – 570 E. Woodrow	
Wilson, Jackson, MS						
Presently, an oral proceeding is	not scheduled on thi	s rule.				
agent or attorney, the name, address, emai comment period, written submissions inclu ECONOMIC IMPACT STATEME Economic impact statement no	ding arguments, data, and NT:	views on the proposed rule/amendment/	repeal may be	submitted to the	filing agency.	
		POSED ACTION ON RULES	1	FINAL ACTION ON RULES Date Proposed Rule Filed:		
Original filing Renewal of effectiveness To be in effect in days Effective date: Immediately upon filing Other (specify):		oposed: ow rule(s) nendment to existing rule(s) peal of existing rule(s) option by reference final effective date: days after filing her (specify):	Action taken: Adopted with no changes in text Adopted with changes Adopted by reference Withdrawn Repeal adopted as proposed Effective date: 30 days after filling Other (specify):		hanges In text nges nce proposed	
Printed name and Title of pers Signature of person authorized		e rules: Mitchell Adcock,			ficer	
OFFICIAL FILING STAM	F	MAY 0 8 2019 MISSISSIPPI		OFFICIAL FILIN	G STAMP	
Accepted for filing by	Accepted	for filing by	Accepted	d for filing by		

Mississippi Secretary of State

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

ADMINISTRATIVE PROCEDURES 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 5/8/19	Name or number of rule(s): <u>Individual On-site Wastewater Disposal System regulations</u> Title: Mississippi State Department of Health Part 15: Division of On-site Wastewater Subpart 77: On-site Wastewater Regulations			
Short explanation of rule/amendm permit/recommendations be made va	ent/repeal and read lid for an additional ye	son(s) for proposing rule/amendmer ear to 2 years due to regulatory and statu	nt/repeal: <u>Advisory coun</u> utory stability. Staff agree	cil requested that ed with request.	
Specific legal authority authorizing	the promulgation of	of rule: §41-67-3, MS Individual On-s	ite Wastewater Dispos	al System law	
		wrap agod vulor Dulo 1 E E			

Short explanation of rule/amendment/repeal permit/recommendations be made valid for an ad	and reason(s) for proposing rule/amendme ditional year to 2 years due to regulatory and stat	nt/repeal: Advisory council requested that outory stability. Staff agreed with request.
Specific legal authority authorizing the promu	algation of rule: §41-67-3, MS Individual On-	site Wastewater Disposal System law
List all rules repealed, amended, or suspende	d by the proposed rule: Rule 1.5.5.	
ORAL PROCEEDING:		
An oral proceeding is scheduled for this ru	ale on Date: June 10, 2019 Time: 9:15 AM	Place: Osborne Auditorium - 570 E. Woodrow
Wilson, Jackson, MS		
Presently, an oral proceeding is not sched	uled on this rule.	
If an oral proceeding is not scheduled, an oral proceeding ten (10) or more persons. The written request should be notice of proposed rule adoption and should include the agent or attorney, the name, address, email address, and comment period, written submissions including argumer ECONOMIC IMPACT STATEMENT:	e submitted to the agency contact person at the above a name, address, email address, and telephone number of telephone number of the party or parties you represe this, data, and views on the proposed rule/amendment/	address within twenty (20) days after the filing of this of the person(s) making the request; and, if you are an nt. At any time within the twenty-five (25) day public
Economic impact statement not required	for this rule.	onomic impact statement attached.
TEMPORARY RULES Original filing Renewal of effectiveness To be in effect in days Effective date: Immediately upon filing Other (specify):	PROPOSED ACTION ON RULES Action proposed: New rule(s) Amendment to existing rule(s) Repeal of existing rule(s) Adoption by reference Proposed final effective date: X 30 days after filing Other (specify):	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 author		Chief Administrative Officer
OFFICIAL FILING STAMP	DO NOT WRITE BELOW THIS LINE MAY 0 8 2019 MISSISSIPPI SECRETARY OF STATE	OFFICIAL FILING STAMP
Accepted for filing by	Accepted for filling by #24094	Accepted for filing by

The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.

Mississippi Secretary of State

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

ADMINISTRATIVE PROCEDUF	RES NOTIC	E 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 DAT 5/8/19	E	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> <u>Rule 5,5.15.6</u>				
Short explanation of rule/amendme Council. Manufacturer did not object.	ent/repeal a	nd reason(s	s) for proposing rule/amendme	ent/repeal:	Request of the	Wastewater Advisory	
Specific legal authority authorizing	the promulg	ation of rul	e: §41-67-3, MS Individual On-	site Waste	water Disposa	l System law	
List all rules repealed, amended, or	suspended	by the prop	osed rule: <u>N/A</u>				
ORAL PROCEEDING:		-3000					
An oral proceeding is scheduled	for this rule	on Date: J	une 10 th , 2019 Time: 9:15 AM	Place: Osl	borne Auditoriu	m - 570 E. Woodrow	
Wilson, Jackson, MS							
Presently, an oral proceeding is							
ten (10) or more persons. The written requinotice of proposed rule adoption and should agent or attorney, the name, address, email comment period, written submissions included the comment period, written submissions included the comment period of the comment perio	d include the na address, and to ling arguments NT:	ime, address, elephone num , data, and vie	emall address, and telephone number ber of the party or parties you repress	of the persor ent. At any tir /repeal may b	n(s) making the re me within the two me submitted to th	quest; and, if you are an enty-five (25) day public the filling agency.	
TEMPORARY RULES PROPO		OSED ACTION ON RULES		FINAL ACTION ON RULES Date Proposed Rule Filed:			
Original filing Renewal of effectiveness To be in effect in days Effective date: Immediately upon filing Other (specify):		Repe Adop Proposed fit X 30 da		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):		changes in text anges rence as proposed	
Printed name and Title of pers			rules: Mitchell Adcock	Chief Adr	ministrative (Officer	
Signature of person authorized	to file rule			1		-	
OFFICIAL FILING STAMI		٢	TARY OF STATE		OFFICIAL FILE	ING STAMP	
Accepted for filing by		Accepted f	or filing by	Accepte	ed for filing by	1	