

Mitchell E. Daniels, Jr.
Governor

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State Health Commissioner



Indiana State Department of Health

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MINUTES

On-Site Wastewater Strategy Task Force Meeting # 3 August 30, 2005 – 10:30 a.m. – Yoho Board Room Indiana State Department of Health

Members Present

Steve Adams, Facilitator
Chuck Andres
Bob Watkins
Richard Wise
James Sullivan
Don Jones
Terry L. Whitson

Dick Blazer
Bill Grant
Brad Lee

ISDH Staff

Howard Cundiff
Alan Dunn
Teresa Watson, recording

Other Interested Persons

Kris Conyers

Welcome, Introductions & Announcements

Steve Adams, Director of Strategic Development for the Office of Rural Affairs, called the third meeting of the task force to order at 10:30 a.m. in the Robert O. Yoho Board Room of the Indiana State Department of Health. He welcomed all those attending as well as explaining his role as 'facilitator'. Introductions were made around the table.

Mr. Adams asked, noting an aggressive agenda for the meeting that the task force members discuss suggestions presented during the first two meetings of the group.

Certification of Installers, State and Local Personnel

Richard Wise began the discussions by noting that IOWPA has been at the forefront of a voluntary training and testing for state and local personnel as well as installers statewide for some time. This training and certification program has been well received. Thus far, 19 local health departments have accepted this training and testing for their county personnel.

Mr. Wise told the group that the next session would be held January 8-11, 2006 at the Belterra Resort in southern Indiana. He asked the task force for its support for this program. He noted that Tony Smithson of the Lake County (Illinois) health department and a representative of the National Environmental Health Association (NEHA) will be attending this session to speak on national credentialing.

The task force members, generally, felt this program offered by Mr. Wise and his organization is a good idea, however, a concern was expressed over the cost of this training. Training and travel costs are often touchy issues with local health departments. It was noted that an amount of \$1300 (annually) is allocated to each local health department for training and travel.

Mr. Adams voiced his approval of the IOWPA training and asked what barriers are causing local health departments not to take advantage of these training opportunities. He also asked that map be shared with the task force members highlighting which counties in the state have utilized this program for their staff members.

Don Jones asked what would need to be done to **require** mandatory training and certification?

Terry Whitson responded that legislative authority for the Indiana State Department of Health would be necessary to enforce such a requirement. It was agreed that a statewide certification would be easier – ‘one entity – one record’.

Mr. Whitson further noted that a statutory mandate would be the best approach to being to create a comfort level to begin to move people toward a total certification environment. It was also suggested that “certification” needs to become law with some provisions for ‘grandfathering’ to be allowed.

Both Mr. Jones and Mr. Lee from Purdue suggested that practice test questions be posted on the internet with announcements made about the tests between now and the time of the trainings. These could be put on Purdue’s website with links from the websites of IOWPA and the ISDH.

It was also discussed and agreed that local installers must be brought in on these trainings as well, and not just a focus placed on state and local personnel for the trainings.

Mr. Watkins clearly noted that the State needs to take a leadership role in all of this and move the process along and take in the partners of IOWPA’s education committee and Purdue University to achieve the end result of more and more state and local staff as well as the installers on board with this training and certification process.

It was also discussed that the training must fit all levels with elective courses offered as well. The current course is 20 hours in length and IOWPA will continue to act as the clearinghouse for all curriculums at all levels.

Mr. Whitson, in gaining some clarification stated that he would like to see this training effort geared to entry level individuals with more intensive, shorter and more focused courses made available through other means.

“Distance learning” was also discussed, but it was noted that at this particular time, it is not a part of the plan, but it could be in the future.

A centralized ‘training center’ was discussed by the group. North Carolina and Rhode Island both have training centers set up at this time and are working well. Mr. Wise noted that Purdue could be the site and partner for this effort.

It was also noted that once a training center and system are implemented, the quality of the installations will increase because those who do not chose to participate in the training and certification programs will go elsewhere and find other things to do.

The administration of Purdue University is very receptive to these ideas and will work with everyone to attain this goal.

Data and Information Needed

Mr. Adams looked to Mr. Cundiff and Mr. Dunn for this information and asked if they had determined what other states are doing with such issues.

Indiana does not have very good data. Data at this time is very fragmented with no mechanism in place to pull it together.

To develop a good, bare-minimum data base the information needed are how many systems, what type of systems and where are these systems.

Make sure ISDH advances the partnership with Purdue to develop and identify resources. (This is a possible recommendation from the task force.)

Indiana also needs to identify information and systems to be flexible with the local health departments so that the local departments are getting what they need from the information gathering system as well as what the state's needs are.

Mr. Dunn stated that any system put into place to collect data should show a total picture of what permits are issued for new systems as well as permits issued for replacement systems and failed systems as well.

Mr. Andres reminded the task force members that county health departments are still driven and controlled by the county government systems and their funds come from the county resources. Because of this, at some point in time, the county government officials need to hear these concerns as well.

Alternatives to Septic Systems

Mr. Grant noted that there are not enough alternative systems in the ground because it is extremely difficult to gain approval for these systems from the ISDH.

Mr. Dunn explained that his section has approved quite a number of these alternative systems but the problem is that there is no system in place to mandate the use of these systems. He continued that these systems are costly and the ISDH cannot mandate the use of these systems.

Mr. Cundiff explained that during the past rule-making process the "experimental" label was removed from some of these new systems that the ISDH has had the opportunity to see a track record on so folks aren't afraid of these systems. He continued that with the more complicated systems come more complicated operation and maintenance systems.

Mr. Watkins noted that these systems would be in the ground now but they aren't because the counties don't know which direction the state will come at them from if they allow these systems.

Mr. Jones suggested that from this point begin to require maintenance on all installed systems.

Sewer Districts

Mr. Grant explained the LaGrange County sewer district to the task force members. All but the 4 incorporated areas in his county are part of the sewer district. This is a 'fee-based' district and it is driven by a phone line notification system.

Mr. Wise noted that his problem with sewer districts is they are taking authority for oversight but they don't make recommendations or requirements for systems that are consistent with local and state requirements.

The bottom line in all these systems is 'training' – are the people properly trained to install, operate and maintain the systems that are placed in the ground?

Permitting and Local Health Departments

Mr. Blazer noted that systems are more expensive and his paperwork level has escalated. He spends more time on paperwork than anything else. He stated that if the paperwork were kept at the local level things would move faster and more efficiently.

Direction for State Rules

Mr. Grant stated that there were too many issues on the table to think about new rules. Solve the issues first, and then write the rules.

Mr. Wise reminded the group that the state now issues letters of 'best practices' as to which systems are the best to use would be a good way to continue. He further stated that a better system of communicating these directives to installers as well as local health departments.

Mr. Blazer stated that we need to data to show which systems work and don't work and why they aren't working – and a new rule wouldn't need to be made IF the systems are working.

Mr. Lee agreed with Mr. Blazer that data needs to be collected.

Mr. Jones agreed as well that performance-based needs to be used rather than prescriptive based system. We need a consistent flow of dollars, not just a grant, to get into a long range educational resource.

Mr. Sullivan from IDEM agreed that more study and research is necessary before a good solution is found.

Mr. Andres stated that an adequate method of testing to see if systems are or are not working is not in place at this time and that is necessary before more steps should be taken.

Mr. Wise noted that data should have been and should still be collected on experimental systems and this will continue to be necessary to make things work smoothly.

Mr. Watkins stated that the protection of public health which includes groundwater is of the utmost priority. When Purdue looks at our programs and they are working – why mess with them?

Mr. Adams stated that the next meeting will be September 13, 2005 and the recommendations will be formulated during that meeting.

Minutes of this meeting will be transmitted to all committee members prior to the next meeting.

Mr. Adams adjourned the meeting.

On-Site Wastewater Task Force Meeting – August 30, 2005.tpw