19793

SOS APA Form 001

Mississippi Secretary of State
700 North Street P. O. Box 136, Jackson, MS 39205-0136

ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME	CONTACT PERSON	TELEPHONE NUMBER	
Mississippi State Department of Health	Mike Lucius	601-576-7847	
ADDRESS	CITY	STATE	ZIP
570 E Woodrow Wilson Ave	Jackson	MS	39215
EMAIL: Bob.Fagan@msdh.state.ms.us	SUBMIT DATE: 5/28/2013	Name or number of rule(s): Chapter 1: Administrative Title 15 – Mississippi State Department of Health Part 18 – Office of Health Protection Subpart 77 – On-site Wastewater	REPEAL

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: After consideration by Wastewater Advisory Council and the Department, the Board is repealing in its entirety Title 15, Part 18, Subpart 77, "Chapter 1: Administrative" to be replaced by a new Chapter 1, being filed as Proposed Rules under separate cover.

Specific legal authority authorizing the promulgation of rule: 41-67-3, Mississippi Individual On-site Wastewater Disposal System law

List all rules repealed, amended, or suspended by the proposed rule: repeal Title 15, Part 18, Subpart 77, Chapter 1: Administrative

ORAL PROCEEDING:

☒ An oral proceeding is scheduled for this rule on Date: July 3, 2013 Time: 10:00am Place: Osborne Auditorium

☐ Presently, an oral proceeding is not scheduled on this rule.

If an oral proceeding is not scheduled, an oral proceeding must be held if a written request for an oral proceeding is submitted by a political subdivision, an agency or ten (10) or more persons. The written request should be submitted to the agency contact person at the above address within twenty (20) days after the filing of this notice of proposed rule adoption and should include the name, address, email address, and telephone number of the person(s) making the request; and, if you are an agent or attorney, the name, address, email address, and telephone number of the party or parties you represent. At any time within the twenty-five (25) day public comment period, written submissions including arguments, data, and views on the proposed rule/amendment/repeal may be submitted to the filing agency.

ECONOMIC IMPACT STATEMENT:

x Economic Impact statement not required for this rule. ☐ Concise summary of economic impact statement attached.

TEMPORARY RULES	PROPOSED ACTION ON RULES	FINAL ACTION ON RULES
_____ Original filing _____ Renewal of effectiveness To be in effect in _____ days Effective date: _____ Immediately upon filing _____ Other (specify): _____	Action proposed: _____ New rule(s) _____ Amendment to existing rule(s) _X_ Repeal of existing rule(s) _____ Adoption by reference **Proposed final effective date:** _X_ 30 days after filing _____ Other (specify): _____	**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 authorized to file rules: Mike Lucius, Office Director, Health Administration

Signature of person authorized to file rules: _____

OFFICIAL FILING STAMP	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP	OFFICIAL FILING STAMP
	FILED MAY 28 2013 MISSISSIPPI SECRETARY OF STATE	
Accepted for filing by	Accepted for filing by	Accepted for filing by

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