

## Testimony Against Senate Bill No. 2267

Chairman and members of the committee,

My name is Scott Samuelson I am a Plumbing Inspector with the North Dakota State Plumbing Board I here today to testify against Senate Bill 2267 on behalf of the State Plumbing Board. I want to thank you for the opportunity to provide testimony regarding the proposed changes to the regulation of onsite wastewater treatment systems under Senate Bill.

As written, this bill seeks to shift the responsibility for regulating and overseeing onsite wastewater systems away from public health units to the State Plumbing Board, and to prohibit public health units from engaging in related activities such as issuing permits, inspecting systems, and overseeing installation or servicing.

While the intention behind this bill may be to streamline the regulatory process, I believe it would result in significant challenges that could undermine public health and environmental safety in North Dakota. Below are several key concerns I have with this proposed legislation:

1. **Public Health Oversight and Local Expertise:** Public health units have long played a crucial role in safeguarding public health in North Dakota, particularly in rural and underserved areas where onsite wastewater treatment systems are most prevalent. Local health units are familiar with their communities and can respond quickly to emerging issues, including contamination or system failures that may affect public health. Eliminating their role in permitting, inspections, and enforcement will reduce their ability to respond effectively to public health concerns tied to wastewater systems. Additionally, public health units have the expertise to engage with residents and business owners about proper system maintenance, which is vital to preventing contamination.
2. **Increased Risk to Environmental Health:** By prohibiting local health units from regulating wastewater systems, the bill centralizes oversight under the State Plumbing Board, which may not have the same level of localized knowledge or accessibility to communities. As onsite wastewater treatment systems are unique to each site and require attention to specific environmental factors, the bill risks creating inefficiencies and delays in addressing environmental hazards. Local health units are better positioned to consider these factors in the context of their communities, whereas a more centralized approach might struggle to maintain this level of localized understanding and responsiveness.
3. **Impact on Public Health Education and Outreach:** Public health units are a valuable source of education and outreach for residents who need guidance on maintaining their wastewater systems. Education on best practices for waste disposal, wastewater treatment, and system maintenance is integral to ensuring public health safety. Shifting oversight away from these units could result in decreased community engagement and fewer resources available for residents to properly care for their wastewater systems, leading to potential violations, contamination, and system failure.
4. **Financial and Logistical Challenges:** The bill proposes that the State Plumbing Board would assume full regulatory authority over onsite wastewater systems. This raises questions about the capacity of the Plumbing Board to adequately manage the increased responsibility,

particularly in terms of staffing, resources, and local engagement. Public health units have the infrastructure and resources already in place to carry out these functions effectively. Removing them from the equation would likely create an unnecessary administrative burden, which could delay approvals and inspections, and create confusion for property owners and system installers alike.

Additionally, the fiscal impact of transferring these responsibilities to the State Plumbing Board should not be overlooked. To effectively produce the necessary rules, hire qualified staff, and manage the increased workload associated with regulating onsite wastewater systems statewide, the Plumbing Board would likely face significant costs—potentially up to \$3 million in new expenses. These funds would be needed for hiring new staff, developing training programs, and creating the infrastructure required to oversee the permitting, licensing, inspection, and enforcement processes. Without adequate funding and planning, this transition would strain the Plumbing Board's capacity, resulting in delays and inconsistencies in the system.

5. **Potential for Legal and Regulatory Gaps:** As the bill eliminates the role of local public health units, it opens up the possibility of regulatory gaps or inconsistencies across the state. Local units are deeply embedded in their communities and provide a layer of accountability and enforcement that is tailored to regional needs. The bill's centralization of authority could result in a disconnect between local realities and statewide regulations, leaving some areas more vulnerable to inadequate oversight.

In conclusion, I urge the committee to reconsider the provisions of Senate Bill 2267 that seek to remove local public health units from the regulation of onsite wastewater treatment systems. Local health units are uniquely positioned to provide the necessary expertise, education, and oversight to ensure the safe and effective operation of these systems, and the proposed changes would undermine the state's ability to protect public health and the environment.

Moreover, the significant fiscal impact on the State Plumbing Board should be taken into account to ensure the success of this regulatory shift, as it could cost up to \$3 million to implement effectively.

Thank you for your time and consideration.