

Title 5

# SYSTEM INSPECTOR

C e r t i f i c a t i o n

## Title 5 SYSTEM INSPECTOR CERTIFICATION

**Session Date:**

Thursday, March 22, 2007  
(9:00 a.m. - 3:30 p.m.)  
Exam Date: Thursday,  
March 29, 2007 (9:00 a.m.)

**Location:** Middleboro Elks  
Middleboro, MA

**NEIWPCC reserves the right to cancel  
or combine courses if attendance  
dictates.**

Title 5  
INSPECTOR TRAINING AND CERTIFICATION

Under the Title 5 Regulations the inspection of subsurface sewage disposal systems will be considered valid only when performed by certain professionals. Massachusetts Registered Sanitary, Civil, or Environmental Professional Engineers, Massachusetts Registered Sanitarians, and Certified Health Officers are qualified to perform these inspections without examination.

Certain other individuals are eligible to become qualified after training and examination under Section 15.340: Board of Health Members or Agents, MA Licensed Home Inspectors, Certified Engineers in Training (EITs), Associate Home Inspectors, Licensed Septage Haulers or System Installers or other individuals with a minimum of one year experience in septic system inspections or design and associate home inspectors.

New England Interstate Water  
Pollution Control Commission



Commonwealth of Massachusetts  
Department of Environmental Protection



Massachusetts Health  
Officers Association  
(MHOA)

offers training course for

Spring 2007

## Title 5 SYSTEM INSPECTOR- CERTIFICATION

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(class and exam)  
Middleboro, MA

**Session Date:**

Thursday, March 22, 2007  
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Please Read Carefully



## Registration Details

### Registration

Register early as space is limited. Registrations are taken on a first-come, first-serve basis. Additional programs will be organized and offered in other locations of the state early next year. Qualification forms can be downloaded from [www.neiwppcc.org/massonsite.htm](http://www.neiwppcc.org/massonsite.htm).

### Confirmation

A confirmation letter with directions will be mailed or e-mailed to you. Class will begin promptly at the time stated in your confirmation letter.

### Qualifications for Eligibility

#### Board of Health Member or Agent

Submit appointment letter or membership/ID card (establishing 1 year of experience).

#### Engineer in Training (EIT)

Submit copy of certifying documentation and proof of concentration (civil, environmental or sanitary)

#### Licensed Home Inspector or Associate Home Inspector

Submit copy of Mass. state registration card.

#### System Installer or Pumper

Submit copy of town or city permit.

#### Others

Submit letter from employer verifying experience of at least one year in septic system inspections or design.

### Cost

The registration fee is \$175 per person (or \$150 per MHOA member). The fee covers the cost of registration, one day of instruction, Title 5 Manual, and the examination.

### Payment

Please enter your credit card information on the registration form or enclose a check payable to NEIWPPCC

Title 5. Mail registration form, check, and qualification of eligibility to:

**NEIWPPCC**

116 John Street

Lowell, MA 01852-1124

ATTN: Title 5 Inspector

phone: 978-323-7929

fax: 978-323-7919

training@neiwppcc.org

**NOTE:** Application is not complete unless all three items are received (registration form, payment, and qualification of eligibility)

### Refund Policy

Seven days notice is required **in writing** (mailed or faxed) to cancel at no cost. Cancellations received after this time will be charged \$50. Registrants who do not cancel and fail to show are responsible for full payment.

# Registration Form

Please fill out registration form. Return this portion of the brochure, along with your payment (in the amount of \$175.00) and qualifications of eligibility (downloaded from [www.neiwppcc.org/massonsite.htm](http://www.neiwppcc.org/massonsite.htm)), as indicated in the **Registration Details** section of this brochure.

Please Print Clearly



Name \_\_\_\_\_

Amount Enclosed \_\_\_\_\_ MHOA Member   
(indicate with a check mark)

Check No. \_\_\_\_\_ OR Credit Card \_\_\_\_\_  
(indicate Visa, MC or Discover)

Credit Card # \_\_\_\_\_ 3-digit code (Visa only) \_\_\_\_\_  
(located on back of card)

Name on card \_\_\_\_\_ Expiration \_\_\_\_\_  
month/year

Signature \_\_\_\_\_ Date \_\_\_\_\_

Affiliation: \_\_\_\_\_

Address \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_

Fax \_\_\_\_\_

E-mail \_\_\_\_\_