

Title 5

SYSTEM INSPECTOR

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

Title 5 SYSTEM INSPECTOR CERTIFICATION

Session Date(s):

OPTION 1: Easton, MA DPW

October 13, 2011 (class)
October 20, 2011 (exam)

OPTION 2: Southampton, MA Town Hall

November 16, 2011 (class)
November 23, 2011 (exam)

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.

New England Interstate Water
Pollution Control Commission



Commonwealth of Massachusetts
Department of Environmental Protection



Massachusetts Health
Officers Association
(MHOA)

offers training and certification courses for

Fall 2011

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Option 2
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**These courses are NOT approved for
Title 5 Training Contact Hours (TCH).**

Please Read Carefully

Registration Details

Registration

Register early as space is limited. Registrations are taken on a first-come, first-served basis. Additional programs will be organized and offered in other locations of the state next Spring.

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.

Qualification forms can be downloaded from www.neiwpcc.org/neiwpcc_docs/si_eligibility.pdf

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. If you are retaking the exam only the cost is \$75.00. There is a \$15.00 fee for checks returned due to insufficient funds.

Payment

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

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

NEIWPCC

ATTN: Title 5 Inspector

116 John Street

Lowell, MA 01852-1124

phone: 978-323-7929

fax: 978-323-7919

training@neiwpcc.org

NOTE: Application is not complete unless all three items are received (registration form, payment, and qualification of eligibility). **INCOMPLETE APPLICATIONS WILL BE MAILED BACK TO THE REGISTRANT.**

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.neiwpcc.org/neiwpcc_docs/si_eligibility.pdf), as indicated in the Qualifications for Eligibility.

Please Print Clearly

Option 1: Easton, MA

Option 2: Southampton, MA

Name _____

Amount Enclosed \$ _____ MHOA Member

(indicate with a check mark)

Check No. _____ OR Credit Card _____

(indicate Visa, MC or Discover)

Credit Card # _____

Name on card _____ Expiration _____
month/year

Signature _____ Date _____

Affiliation: _____

Address _____

City/Town _____ State _____ Zip _____

Telephone _____

Fax _____

E-mail _____

Exam Retake _____ \$75.00

Please make sure you send in complete applications (registration, eligibility form and payment).