

# MAKE-UP EXAMS

Title 5

# SOIL EVALUATOR

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

## Title 5 SOIL EVALUATOR CERTIFICATION

### Session Date

#### MAKE-UP EXAMS:

##### Written Exam

**LOCATION: Acton Public Safety Facility,  
Acton, MA**

Thursday, June 3, 2010 1:00 pm

##### Field Exam

**LOCATION: TBD**

Thursday, July 1, 2010 1:30 pm

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

### Title 5 SOIL EVALUATOR TRAINING AND CERTIFICATION

Under Title 5 Regulations, the function of the soil evaluator is to enhance the review and approval of proposed systems by ensuring that appropriate expertise in soil identification, groundwater hydrology, and topography is available when the characteristics of the proposed disposal area are determined for purposes of applying the siting and design criteria set forth in 310 CMR 15.000.

A person who meets the criteria of 310 CMR 15.017(2) and who passes a standardized examination shall be approved as a soil evaluator.

In order to qualify for the examination described in 310 CMR 15.017(6), the applicant must demonstrate to the Department or an agent authorized by the Department that he/she is a Massachusetts Registered Sanitarian, a Massachusetts Registered Professional Engineer, Engineer in Training, Massachusetts Registered Land Surveyor, Certified Health Officer, Board of Health member or agent, degree in Soil or Geologic Science, or an employee of the Department involved in the administration of Title 5.



in cooperation with

**Commonwealth of Massachusetts  
Department of  
Environmental Protection**



**Massachusetts Health  
Officers Association  
(MHOA)**

**offers**

## Title 5 SOIL EVALUATOR CERTIFICATION

### MAKE-UP FIELD AND WRITTEN EXAMS

**SUMMER 2010**

Please Read Carefully



## Registration Details

### Registration

The make-up field and written exams are being offered for those individuals who did not pass previous soil evaluator exams. Register early as space is limited and taken on a first-come, first-served basis. Additional, full-course programs will be organized and offered in other locations of the state next spring/summer.

### Confirmation

A confirmation letter with directions and instructions will be mailed or e-mailed to you. The exams will begin promptly at the time stated in your confirmation letter. You must have a confirmation letter from NEIWPC and an ID to attend the class and exams.

### Qualifications for Eligibility

In order to be accepted for the exams, you must meet the course eligibility requirements. We must also receive a signed eligibility form. This form is available for download at <http://www.neiwpc.org/training/training-docs/se-eligibility.pdf> or by calling NEIWPC at 978-323-7929. The following are eligible for the course:

**Board of Health member or agent**  
**Mass. Registered Sanitarian**  
**Mass. Registered Land Surveyor**  
**Mass. DEP Employee**

**Mass. Registered Professional Engineer**  
**Mass. Certified Health Officer**  
**Engineer in Training (EIT)**

### Cost

The cost is \$300 for field exam only and \$75 for written exam only.

### Payment

Please enter your credit card information on the registration form or enclose a check payable to NEIWPC Title 5. Mail registration form, check, and qualifications of eligibility to:

NEIWPC  
Boott Mills South  
116 John Street  
Lowell, MA 01852-1124  
ATTN: Soil Evaluators

phone: 978-323-7929  
fax: 978-323-7919  
training@neiwpc.org

**NOTE: Application is not complete unless all three items are received (registration form, fee, and qualification of eligibility). Incomplete applications will be mailed back to the applicant.**

### Refund Policy

Seven days notice is required in writing (mailed or faxed) to cancel at no cost. Cancellations received after this time, but still prior to the class/exam will be charged \$50. Registrants who do not cancel and fail to show are responsible for full payment. Registrations are not transferable.

# Registration Form

Please fill out registration form. Return this portion of the brochure, along with your payment and qualification of eligibility, as indicated in the **Registration Details** section of this brochure.

## Please Print Clearly



Name \_\_\_\_\_

- \$300 Field Exam                       \$375 Both Exams  
 \$75 Written Exam

Indicate date of last exam: \_\_\_\_\_

Amount Enclosed \_\_\_\_\_ Check No. \_\_\_\_\_

Credit Card # _____
Name on card _____ Expiration _____ month/year
Signature _____ Date _____

Affiliation \_\_\_\_\_

Company Address \_\_\_\_\_

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

Telephone \_\_\_\_\_

Fax \_\_\_\_\_

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