



## MAINE CDC DRINKING WATER PROGRAM

Department of Health & Human Services

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### Voluntary Inspector Certification Program Subsurface Wastewater Disposal Systems

The Maine Subsurface Wastewater Disposal Rules, CMR 241, (the Rules) outline independent third-party inspector certification requirements in Section 16. The certification is good for three (3) years once issued.

The following criteria must be met for initial certification by the Department:

1. Applicants must submit a copy of their current and valid approved national certification. The Department may approve any state or national certification that it determines as providing training and knowledge regarding the inspection of subsurface wastewater disposal systems that meet or exceed the standards and practices found in this rule. For additional information please see, <https://www.maine.gov/dhhs/mecdc/environmental-health/dwp/index.shtml>
2. Applicants must complete the open book examination posted on the Department's website and submit results with their application for certification. Answering 20 out of 25 (80%) questions correctly will be considered a passing grade on the examination. All questions in the exam will be derived directly from this rule. Applicants may utilize this rule to determine correct answers to exam questions. The standards and procedures for independent third-party inspections are covered in section 17 of the Rules.

At the end of the three-year certification period, the certification will be renewed for three more years if the certified individual submits proof of attendance at subsurface wastewater related training session(s) providing a minimum of 12 Department approved professional development hours within the past certification period. It is the responsibility of the certified individual to ensure that proof of attendance is provided to the Division of Environmental and Community Health.

Maine Department of Health & Human Services  
Division of Environmental and Community Health  
Subsurface Wastewater Team  
286 Water Street, 3rd Floor  
Augusta, Maine 04333

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

Municipality: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Course(s) of Study Attended: \_\_\_\_\_ Date(s): \_\_\_\_\_

☐ Initial Certification

☐ Renewal

Title: Voluntary Inspector Certification Program  
SOP ID: DWP0316  
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