Janet T. Mills Governor

Jeanne M. Lambrew, Ph.D. Commissioner



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Maine Center for Disease Control and Prevention
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Voluntary Certification Program

Subsurface Wastewater Disposal Systems

In association with the Maine Department of Environmental Protection, Nonpoint Source Training and Resource Center the Division of Environmental Health is pleased to offer a voluntary certification program for individuals who install or inspect subsurface wastewater disposal systems. The Maine Subsurface Wastewater Disposal Rules, CMR 241, do not require certification as a condition of obtaining a permit for the purpose of installing a subsurface wastewater disposal system; however possession of this certification may allow the installer to sign an affidavit (HHE-238B) to cover the first system inspection noted in Section 111.5.1 of the Rules only if the Local Plumbing Inspector is in agreement.

Once issued the certification is good for five (5) years. The following criteria must be met for initial certification by the Department:

- 1. Attendance at one (1) Basic System Installation Training Session conducted by the Subsurface Wastewater Program; and
- 2. For installers only, submission of page one from two (2) HHE-200 Forms which were permitted and installed by the applicant and inspected and found in compliance with the Rules and signed by the Local Plumbing Inspector.

PLEASE MAKE SURE THAT THE 1ST AND 2ND INSPECTIONS ARE DONE ON THESE HHE 200-FORMS.

At the end of the five year certification period, the certification will be renewed for five more years if the certified individual submits proof of attendance at subsurface wastewater related training session(s) providing a minimum of 6 contact 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 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:			
Training Session Attended:			Date:		
Check one:	ertified Septic System Installe	er Certified Sep	otic System Inspector		