



MAINE CDC DRINKING WATER PROGRAM

Department of Health & Human Services

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Voluntary Installer 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 and Community Health is pleased to offer a voluntary certification program for individuals who install 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 12(I)(a) of the Rules, if the Local Plumbing Inspector is in agreement.

The certification is good for five (5) years once issued. 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. 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 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 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: _____

Training Session(s) Attended: _____ Date(s): _____

Initial Certification

Renewal

Title: Voluntary Installer Certification Program
SOP ID: DWP0315
Revision: Original

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