

Commonwealth of Massachusetts - Department of Environmental Protection

New England Interstate Water Pollution Control Commission
650 Suffolk Street, Suite 410
Lowell, MA 01854
Telephone 978-323-7929

TITLE 5 SYSTEM INSPECTOR\SOIL EVALUATOR
CHANGE OF STATUS FORM

Effective November 30, 2010, Mass DEP has implemented an INACTIVE status designation for system inspectors and soil evaluators. A System Inspector or Soil Evaluator with INACTIVE status cannot conduct the associated Title 5 system inspections or soil evaluations.

In order to change from INACTIVE to ACTIVE status, the applicant must provide evidence of having obtained 10 training contact hours of approved training, within the current calendar year.

Please complete and submit this form to NEIWPCC at the address above in order to change the status of your Title 5 system inspector or soil evaluator approval. There is a \$25 administrative fee (made payable to NEIWPCC) that must be submitted along with a completed status change form.

INSTRUCTIONS:

- [1] Type or print clearly in ink only.
[2] Attach any applicable paperwork verifying Training Contact Hours. Ten (10) Training Contact hours are required to change from INACTIVE status to ACTIVE status. All hours must be obtained in the current calendar year. A list of approved training can be viewed at: www.neiwpc.org/training/title5TCH.asp.
[3] Attach \$25.00 administrative fee.
[4] ATTACH A COPY OF A RECENT GOVERNMENT ISSUED PHOTO ID (i.e., driver's license, passport, etc.). PLEASE NOTE THIS IS A MANDATORY REQUIREMENT.

Payment Method: Check (payable to NEIWPCC) [] Credit Card []
Money Order []

If Credit Card, circle one: VISA MasterCard Discover (AmEx not accepted)

Credit Card number: _____

Expiration Date: _____

Signature: _____ Date: _____

APPLICATION DATE : ___/___/___

System Inspector [] SI# _____ Change to: [] ACTIVE [] INACTIVE
Soil Evaluator [] SE# _____ Change to: [] ACTIVE [] INACTIVE



NAME : _____

DATE OF BIRTH : ___/___/___

DRIVER'S LICENSE #: _____

ADDRESS : _____

Street Address

Town

State

Zip Code

TELEPHONE NUMBER : () _____ - _____ EMAIL ADDRESS: _____

PLEASE BE SURE ALL SECTIONS OF THIS FORM ARE COMPLETE

I, _____ (PRINT), do solemnly swear (affirm) that all the information presented in this application is true in substance and effect. I understand that if I change my status to INACTIVE, I cannot conduct Title 5 activities until I change my status back to ACTIVE.

SIGNATURE _____ (SIGN) DATE: _____