

SSTS Abandonment Reporting Form

Subsurface Sewage Treatment Systems (SSTS) Program)

Instructions

Property Information

This form is offered to meet the abandonment requirements of Minn. R. 7080.2500 and Disclosure Requirements of Minn. Stat. § 115.55, subd. 6. Future water supply well placement can also be affected by an abandoned SSTS.

The use of this form is not mandatory; however the information on this form must be submitted to the local government unit (LGU) within 90 days after the abandonment. This form may be completed by a certified SSTS practitioner or by an individual who has direct knowledge of how the system was abandoned.

Dat	e of abandonment:	Reason fo	r abandonment:				
Pro	perty owner name(s):						
Pro	perty owner's address						
City:			State:	Zip:			
Site	e address (if different):						
City	/:		State:	Zip:			
Со	mpliance Inforn	nation					
1.	All solids and liquids removed from all tanks? ☐ Yes ☐ No Disposal Site:						
	Disposar Oite.						
2.	All electrical devices and devices containing mercury removed?						
	Disposal Site:						
3.	All underground sewage tanks crushed and filled with soil or rock material? Yes No or Removed and disposed off site? Yes No						
	Disposal Site:	ed on site? Thes Tho					
	Disposai Oite.						
4.	Contaminated materi	Contaminated materials* removed and disposed off site? Yes No					
	Disposal Site:	·					
5.			oil or rock material?	or:			
	·	ed off site? Yes No					
	Disposal Site:						
6.	Future discharge to system permanently denied?						
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*Co	ntaminated materials :	Distribution media, soil or sa fabric/rosin paper/straw, ta from a surface failure (7080.	and within three feet of the system bot nks, contaminated soil around leaking t 2500 subp.3).	tom, distribution pipes, geotextile tanks, any soil that received sewage			
**U	nderground cavities =		wells, seepage pits, vault privies, pit pi t include chamber media, drop boxes, d				

↑ North			

Certification

I hereby ce	ertify the system was abandoned in accorda	nce with Minn. R. 7080.2500 and any lo	ocal requirements.			
Name (ple	ase print):	Title:				
Address:						
City:		State:	Zip:			
Phone:		License # if applicable):	License # if applicable):			
Date:	Signature	e:				