

520 Lafayette Road North St. Paul, MN 55155-4194

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.

• • •	operty informat						
Dat	e of abandonment:	Reason for abandonment:					
Pro	perty owner name(s):						
Pro	perty owner's address	·					
_	City:			Zip:	Zip:		
City	/:		State:	Zip:			
Со	mpliance Inform	nation					
1.	All solids and liquids	removed from all tanks? Yes No					
	Disposal Site:						
2.	All electrical devices and devices containing mercury removed? Yes No						
	Disposal Site:						
3.	All underground sewage tanks crushed and filled with soil or rock material?						
	Removed and disposed off site?						
	Disposal Site:						
	-						
4.		als* removed and disposed off site?	☐ No				
	Disposal Site:						
	-						
5.		ies** crushed and filled with soil or rock mate ed off site? ☐ Yes ☐ No	rial? ∐ Yes ∐ No	or:			
	Disposar Oile.						
6.	Future discharge to s	ystem permanently denied? Yes No					
	•	yolom pormanomity domed. — 100 — 100					
*Co	ntaminated materials =	Distribution media, soil or sand within three fabric/rosin paper/straw, tanks, contaminate from a surface failure (7080.2500 subp.3).					
** .	nderground cavities =	Cesspools, leaching pits, drywells, seepage p	its vault privies pit r	arivies numn chambers			
UI	idei gi odila cavicies =	(7080.2500 subp. 1). Does not include chamb					

	↑ North	

Certification

I hereby certify the system was abandoned	d in accordance with	Minn. R. 7080.2500 and any I	local requirements.	
Name (please print):		Title:		
Address:				
City:		State:	Zip:	
Phone:		License # if applicable)):	
Date:	Signature:			