

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

SSTS Abandonment Reporting Form

Subsurface Sewage Treatment Systems (SSTS) Program)

Instructions

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.

Property Information								
Date of abandonment:		Reason for abandor	ment:					
	perty owner name(s):							
	perty owner's address 							
City:								
Site address (if different):		-	Ctata	Zip:				
Oity	·		State.	Σιμ				
Со	mpliance Inform	nation						
1.	•	removed from all tanks?						
2.	All electrical devices and devices containing mercury removed?							
3.		\log tanks crushed and filled with soil or ed off site? $\ \square$ Yes $\ \square$ No	rock material?] No or				
	Disposal Site:							
4.	Contaminated materi	als* removed and disposed off site? [TVes □ No					
٦.	D: 10::	ais Temoved and disposed on site:						
5.		ies** crushed and filled with soil or rocked off site? \square Yes \square No	material?	or:				
	Disposal Site:							
6.	Future discharge to s	ystem permanently denied? Yes						
	=							
*Co	ntaminated materials =	Distribution media, soil or sand within fabric/rosin paper/straw, tanks, conto from a surface failure (7080.2500 subp	minated soil around leaking					
**Underground cavities =		Cesspools, leaching pits, drywells, seepage pits, vault privies, pit privies, pump chambers (7080.2500 subp. 1). Does not include chamber media, drop boxes, or distribution boxes.						

↑ North				

Certification

I hereby certify the system was abandoned	l in accordance with Mi	nn. R. 708	0.2500 and any local	requirements.		
Name (please print):		Title:				
Address:						
City:			State:	Zip:		
Phone:		Licens	e # if applicable):			
Date:	Signature:					