

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 abandonment: _____ Property owner name(s): Property owner's address: Site address (if different): State: Zip: Compliance Information 1. All solids and liquids removed from all tanks? ☐ Yes ☐ No 2. All electrical devices and devices containing mercury removed? \square Yes \square No All underground sewage tanks crushed and filled with soil or rock material? Yes No or Removed and disposed off site? Yes No Disposal Site: Contaminated materials* removed and disposed off site? ☐ Yes ☐ No Disposal Site: All underground cavities** crushed and filled with soil or rock material? Yes No or: Removed and disposed off site? Yes No Disposal Site: 6. Future discharge to system permanently denied? Yes No Method(s) used: *Contaminated materials = Distribution media, soil or sand within three feet of the system bottom, distribution pipes, geotextile fabric/rosin paper/straw, tanks, contaminated soil around leaking tanks, any soil that received sewage from a surface failure (7080.2500 subp.3). Cesspools, leaching pits, drywells, seepage pits, vault privies, pit privies, pump chambers **Underground cavities = (7080.2500 subp. 1). Does not include chamber media, drop boxes, or distribution boxes.

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ereby certify the system was abandoned i	in accordance with M	linn. R. 7080.2500 and a	any local require	ments.	
me (please print):	,	Title:			
dress:					
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one:		License # if applica	able):		