



# 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.

## Property Information

Date of abandonment: \_\_\_\_\_ Reason for abandonment: \_\_\_\_\_

Property owner name(s): \_\_\_\_\_

Property owner's address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Site address (if different): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## Compliance Information

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?  Yes  No **or**  
 Removed and disposed off site?  Yes  No

Disposal Site: \_\_\_\_\_

4. Contaminated materials\* removed and disposed off site?  Yes  No

Disposal Site: \_\_\_\_\_

5. 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).

\*\*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.

## Map

Include location of building sewer, septic tank(s), soil dispersal system, cesspools, seepage pits, and other pits. Also include a permanent reference point(s) and dimensions.

↑ North

## Certification

*I hereby certify the system was abandoned in accordance with Minn. R. 7080.2500 and any local requirements.*

Name (please print): \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ License # if applicable): \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_