



Minnesota Pollution Control Agency

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: 4/30/22 Reason for abandonment: Replace System

Property owner name(s): Tony Lar

Property owner's address: 27826 220th St.

City: Iole State: IA 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: n/a

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: _____

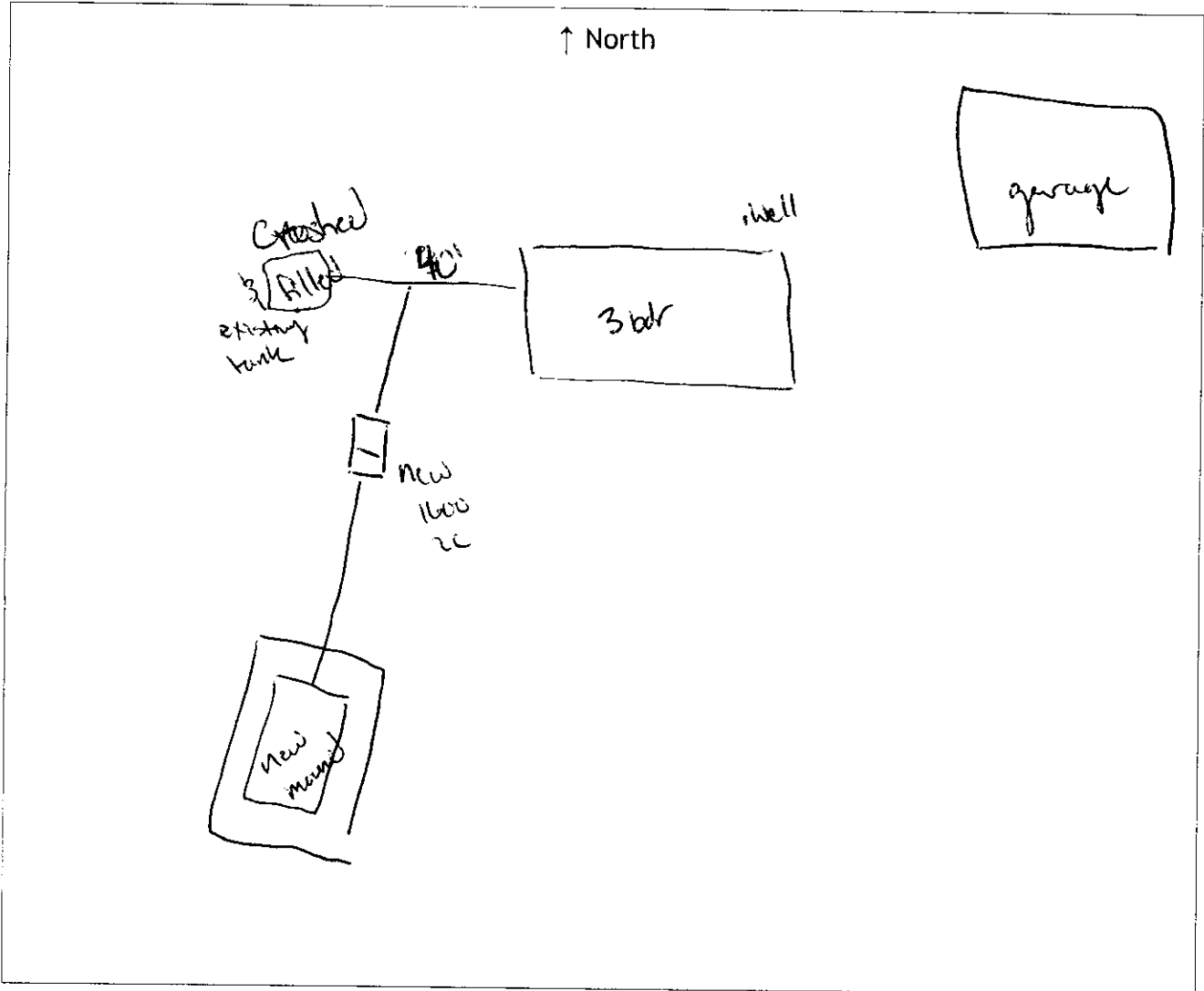
6. Future discharge to system permanently denied? Yes No
Method(s) used: new system

*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.



Certification

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

Name (please print): Erika Earl Title: Absolute Septic Inc
 Address: 12245 120th St.
 City: Milaca State: MN Zip: 56353
 Phone: 62735 5713 License # if applicable): L2633
 Date: 7/1/22 Signature: [Signature]

ABSOLUTE SEPTIC

absoluteseptic@yahoo.com

12245 120th St. Milaca, MN 56353 phone: 320-983-5280 cell: 612-805-4532 MPCA License 2633

Date of maintenance (mm/dd/yyyy): 6/3/22 Reason for maintenance: Maintenance
Property address: 27820 220th St. Parcel ID: _____
City: Isle State: MN Zip code: _____
Property owner's name: _____
Phone number: _____ Email address: _____

Is the tank designed as a leaky tank? (Example: seepage pit, cesspool, drywell, leaching pit)

Tank #1: Yes No Verification method used: _____
Tank #2: Yes No Verification method used: _____

Is there evidence of the following?

Tank (check if present)	Tank leaks below the designed operating depth	Tank leaks above the designed operating depth	Maintenance hole cover is damaged, cracked, unsecured, or appears to be structurally unsound
<input checked="" type="checkbox"/> Septic/holding Tank #1	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Septic/holding Tank #2	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Pretreatment Tank	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Pump Tank	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Describe detail for any "Yes"			

How many gallons of septage were removed?

Tank #1: 1150 Tank #2: _____ Pretreatment Tank: _____ Pump Tank: _____

Where was the septage taken? Wastewater treatment facility Land application Other

Explanation (Facility name/Site #): Field #2

Did you identify any operational issues or unsafe conditions while assessing the sewage tanks in this system?

Yes No If yes, identify tank and explain:
 Evidence of non-domestic waste Baffle(s) condition Effluent screen condition
 Maintenance hole and extensions condition Other conditions (e.g. structural integrity of tank or lid, electrical hazard, etc.)

Explanation: _____

List any troubleshooting and minor repairs completed or declined by owner:

Troubleshooting and repairs conducted: _____ Repairs declined by owner: _____

Access used to remove septage: Maintenance hole Other

If the maintenance hole was used, were all covers secured in place? Yes No If no, please explain below:

If the owner refuses to allow a Subsurface Sewage Treatment System (SSTS) to be pumped through the maintenance hole, have them complete and sign the following statement.

I, _____, refuse to allow the removal of the solids and liquids through the maintenance
(Print owner's name)
hole. I understand that removal of solids and liquids through other access points is not considered a compliant method of solids removal and does not fulfill the solids removal requirements of Minn. R. 7080.2450 and 7082.0600.

Owner's signature: _____ Date (mm/dd/yyyy): _____

TOTAL AMOUNT COLLECTED \$ _____

Authorized Signature _____

THANK YOU

DENNIS EARL

UNIVERSITY
OF MINNESOTA

OSTP As-Built Form



Owner: Tony Lar Parcel Number: 44.0.049407
Street/City/Zip Code: 27820 220th St Isle, MN

Lot: _____ Section: _____ Township: _____ N Range: _____ W
Installation Date: 6/30/22 Installer: Dennis Earl License Number: 62633

Is the system in Shoreland, serving a MDH facility or in a Wellhead Protection area? YES NO

Number of Bedrooms/ Flow Rate: 3/450 #/gpd Septic Tanks, No & Size: 1000 #/gal

Pump Tank Size: 600 gal Tank Manufacturer: Brown-Willbert 16002C

Pump Size: 1/2 hp 29 gpm 15.2 ft of TDH Floats properly set? YES NO

Soil Treatment Area:
 TYPE I TYPE II TYPE III TYPE IV TYPE V
 TRENCH BED MOUND AT-GRADE WARRANTIED OTHER: _____

Limiting Layer/Depth: 16" " Rockbed Size: 10' x 38' Describe: _____

Depth from Surface: _____ " Adsorption Width: 24'

Media or Slat depth: _____ " Sand Depth: 2' sand lift

Trench Width: _____ ft (under mound)

Bottom Square Feet Area: _____ ft²

Design Variances: _____

Other Information:

List any further system descriptions:
n/a

List any material testing results (jar test, sieve analysis, etc):
n/a

List conditions during construction:
dry

List who is responsible for establishing vegetative cover:
contractor (black dirt & seed)

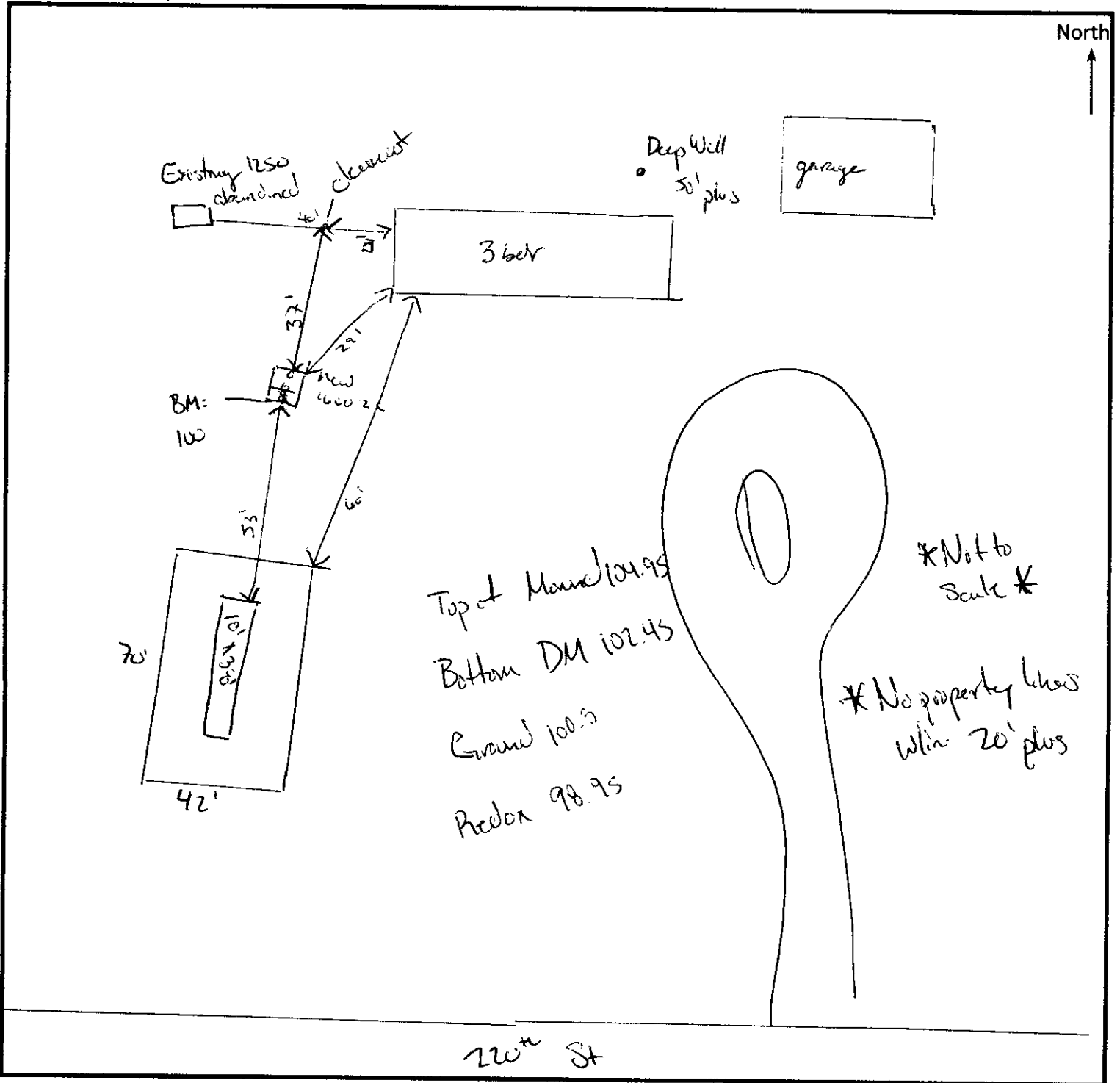
I hereby certify that I have completed this work in accordance with applicable ordinances, rules, and laws.

[Signature] (Installer) 62633 (license #) 7/17/22 (Date)

Site Drawing:

Items to be identified:

1. Septic, holding and pump tanks, piping, and soil system configuration. Label bed or trench width and length or rockbed size, absorption on width and final dimensions. Indicate alarm location.
2. Show all setbacks from tank and soil system including:
 - A. Property boundaries B. Buildings C. Wells D. Water bodies E. Road right-of-way
3. Improvements – present and future
4. Benchmark location and distance of tank and soil system from benchmark
5. Replacement site
6. Abandon system





Shipping Tkt No: _____

BROWN-WILBERT TANK INSTALLATION INSTRUCTIONS

SITE CONDITIONS

The site must be accessible to large heavy trucks. Be free of items like trees, stumps, overhead wires and buildings that could interfere with delivery or installation. The trucks must be able to within three to six feet of placement excavation.

EXCAVATION

Excavation should be approximately 12" minimum larger than tank size to allow for adequate back fill; this may vary with soil conditions. Excavation shall have a level bottom so the weight bears on the outside walls of the tank.

BEDDING

Proper use of bedding materials is important to ensure service life of the tank structure. Bedding must be capable of bearing the weight of the tank. Bedding material shall have the ability of 100% to be able to pass through a 3/4" screen. Bedding thickness shall be 4" minimum compacted (thickness may vary with existing soil conditions).

JOINT SEAL

Joint surfaces must be clean and proper placement of sealant according to manufactures recommendations.

WATER TABLE

Tanks being placed where water levels can potentially be higher than the elevation of the tank cover must be brought to the attention of Brown-Wilbert, Inc. Either an alternate location should be considered or a waterproof coating applied to tank.

BACKFILL MATERIAL

Sidewalls of tanks require dry backfill materials that have the ability of 100% to be able to pass through a 2" screen and have a minimum of 12" on all sides from bottom to top of tank. Backfill material shall be placed in a manner to avoid impact loads on the sidewall of tank.

COVER MATERIAL

Cover material shall be dry soil, sand or gravel and have the ability of 100% to be able to pass through a 4" screen. Cover material shall be mounded over tank and around risers to direct run-off away from both.

INLET & OUTLET

Pipe not to exceed 1" past interior wall of tank where a baffle is used.

BURIAL DEPTH

Tanks not to exceed the maximum burial depth of each model's specifications.

Model #: <u>1600 2C</u>	Liquid Capacity: <u>1005/604</u>	Max. Burial Depth: <u>7 FT</u>	Qty: _____	Date of Mfg: _____
Model #: _____	Liquid Capacity: _____	Max. Burial Depth: _____	Qty: _____	Date of Mfg: _____
Model #: _____	Liquid Capacity: _____	Max. Burial Depth: _____	Qty: _____	Date of Mfg: _____

FINAL INSPECTION <input type="checkbox"/> Passed <input type="checkbox"/> Failed

Customer: Absolute

Date & Time to Deliver: 6/30 1000

Delivery Address: 27820 220 Street isle	<table border="0"> <tr> <th colspan="3">Tanks</th> </tr> <tr> <td style="text-align: center;"><u>Qty Sent</u></td> <td style="text-align: center;"><u>Item</u></td> <td style="text-align: center;"><u>Returned Qty</u></td> </tr> <tr> <td></td> <td style="text-align: center;">1600 2C</td> <td></td> </tr> </table>	Tanks			<u>Qty Sent</u>	<u>Item</u>	<u>Returned Qty</u>		1600 2C	
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	1600 2C									
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<u>Qty Sent</u>	<u>SUPPLIES</u>	<u>Returned Qty</u>								

Received By: _____

Date: _____

Driver: _____

***Hole Condition as noted by Driver: _____