

SSTS MAINTENANCE REPORT

Date of Maintenance 4/16/22 Reason for Maintenance: abandonment # V6348027590
 Property Address: 19580 Ormell Ave. Property Owner's Name: GosiaK Construction
 Municipality: Marine State _____ Zip Code _____ GEO Code/Property I.D. #: _____

| What was done to the system? | Tank Measurements: (must be completed if tanks NOT pumped) |
|--|--|
| <input checked="" type="checkbox"/> Tank(s) Pumped <input type="checkbox"/> Sludge and scum measured. Do tanks need to be pumped? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no provide measurements) | Liquid Level of Tank _____ in. Sludge Level _____ in. Scum Level _____ in. Total (Sludge + Scum) _____ / Liquid Level _____ = % Sludge & Scum _____ * |

1. Access used to remove septage: Maintenance Hole Other (Go to #3 below) * Tank must be pumped if this value is greater than 25%.

2. If maintenance hole was used, were all covers securely replaced? Yes No *please explain*
 Explanation: Top removed for Tank Abandonment

3. If 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, _____ (owner's name), refuse to allow the removal of solids and liquids through the maintenance hole. I understand that removal of solids and liquids through other access points is not considered maintenance.

4. Is the tank designed as a leaky tank? *example: seepage pit, cesspool, drywell, leaching pit*

Tank#1 Yes No Verification Method Used: Pumped Tank
 Tank#2 Yes No Verification Method Used: _____

5. Is there evidence of tank leakage from a septic, holding, pretreatment or pump tank below the operating depth or evidence of damaged, cracked, or structurally unsound maintenance hole covers?

| Tank | Leaking Out | Leaking In | Cover Damage |
|------------------------|--|---|---|
| Septic/Holding Tank #1 | <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Septic/Holding Tank #2 | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Pretreatment Tank | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Pump Tank | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

6. How many gallons of septage were removed?

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

7. Other information: List any troubleshooting, minor repairs conducted, tank safety concerns, or other concerns.

8. Certification: I hereby certify as a State of Minnesota certified SSTS Maintainer that I personally conducted the work and made the observations, or directly supervised others in the performance of this job.

Maintainer's Name: Olson's Sewer Service, Inc. Maintainer's Address: 17638 Lyons Street NE, Forest Lake, MN

Maintainer's License #: 216 Maintainer's Phone #: 651-464-2082

Maintainer's Signature [Signature] Date: 4/16/2022



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: 6-16-2002 Reason for abandonment: _____

Property owner name(s): Gosiaik Construction

Property owner's address: 19580 orwell Ave

City: Marine State: MN Zip: 55047

Site address (if different): _____

City: _____ State: _____ Zip: _____

Compliance Information

1. All solids and liquids removed from all tanks? Yes No

Disposal Site: St. Paul

2. All electrical devices and devices containing mercury removed? Yes No

Disposal Site: None Present

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: _____



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Property owner's address: _____

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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: _____

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