|  |  |
| --- | --- |
| FORMS - New mn Logo for Forms with address | SSTS annual watertight testing certification formSubsurface Sewage Treatment Systems (SSTS) Program |

## **General requirements for submittal**

|  |
| --- |
| **MPCA Use Only** |
| Review complete: |  |
| Choose: | Date |
| [ ] Tank listed: |  |
| [ ] Comment sent: | Date |
|  | Date |

## In order to be placed on the first list of each calendar year, watertight testing certification must be submitted by **December 31** of the previous year.

## **Please submit to:** Corey Hower

## Minnesota Pollution Control Agency

## 7381 Airport View Dr SW

## Rochester, MN 55902

## For more information or additional copies contact Corey Hower at 507-206-2603 or 1-800-657-3864.

## Applicantinformation

|  |  |  |  |
| --- | --- | --- | --- |
| Manufacturer’s name: |       | Date of application: |       |
| Address: |       |
| City: |       | State: |       | Zip: |       |
| Contact name: |       |
| Contact address:(if different from Manufacturer’s) |       |
| Address: |       |
| City: |       | State: |       | Zip: |       |
| Telephone number: |       | Fax number: |       |
| Email address: |       | Website (homepage): |       |

## Certification

I certify that the following model(s) have completed watertight testing, as stated in Minn. R. ch. 7080.2010. I am aware that at least one tank, per year, per model, must be tested for watertightness. This tank should be from a random choosing of tanks that have been manufactured during this calendar year. I also certify that there have been no changes in the design/manufacturer of each tank since its original listing.

| **Model(s)** | **Date of test** (mm/dd/yyyy) | **Test performed by** |
| --- | --- | --- |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |

## **Note: Attach additional pages if necessary**

## Signature of Manufacturer/Representative

|  |  |  |  |
| --- | --- | --- | --- |
| Print name: |       | Title: |       |
| Signature: |  | Date: |  |