Time of Transfer Inspection Report (DNR Form 542-0191)

Property information

Current owner ____________________________________________________________
Buyer ____________________________________   Realtor ____________________________________
Mailing address ______________________________________________________________________

Site Address/County __________________________________________________________________


Records available ______  Permit/installation date ____________   Installer ______________________

Septic system information

Septic tank(s): size ______________    material ______________    condition ______________
Tank pumped? ________    date ______________    licensed pumper _____________________

Septic/trash/processing tank: size __________   material __________   condition __________
Tank pumped? ________    date ______________    licensed pumper _____________________

Aerobic treatment unit (ATU)   mfgr ________________________    size ______________
Tank pumped? ________    date ______________    licensed pumper _____________________

Maintenance contract? _____   expiration date __________    service provider ______________

Condition ______________________________________________________________________

Pump tanks/vaults: type _____________    size ____________    condition _________________

Distribution system:   distribution box ________    outlets used _________    condition ______
Header pipe(s) ___________    # of lines __________
Pressure dosed? __________

Secondary treatment:

length of absorption fields ________________           determined by ______________________
condition of fields __________________________     determined by ______________________
type of trench material __________________________

Size of sand filter ___________________________    determined by ______________________

Vent pipes above grade? _____________________     discharge pipe located? ______________
Effluent sample taken? _________________    Results _________________________________

Media filters:     type ___________________________
Maintenance contract? _____   expiration date __________    service provider ______________
Condition ______________________________________________________________________

NPDES General Permit No. 4:  required? ______   permitted? ______   NOI submitted ________

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Current owner

Other components:
Alarms ________  Working? ______  disinfection ________  working? _____
Control box ___________  Timers__________  inspection ports __________
Other components ______________________________________________________________
____________________________________________________________________________

Overall condition of the private sewage disposal system
Acceptable? ____________________  Unacceptable? ____________________
Explain (attach additional pages as needed): _______________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Comments: ____________________________________________________________________
____________________________________________________________________________

Site status at conclusion of Time of Transfer inspection:

- Verify that controls are set on the appropriate mode.
- Power is on to all components.
- Revisit all components to verify lids are secure.
- Gather all tools for removal from the site.
- Verify that no sewage is on the ground surface.

Using this worksheet, write a narrative report of the inspection results.

Submit a copy of this report, including your narrative, to the city/county environmental health office, the DNR and the county Recorder in the county where the inspection was conducted.

This report indicates the condition of the private sewage disposal system at the time of the inspection. It does not guarantee that it will continue to function satisfactorily.

Signature of Certified inspector: __________________________________  Date: ______________
Name (print): ___________________________________________________  Certificate #: _______
Address: ______________________________________________________________________
Phone # _______________________________