

**THIS FORM IS FOR
INFORMATIONAL
PURPOSES ONLY.**

**IT MUST BE SIGNED BY
A CERTIFIED
INSPECTOR.**



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

Property information

Current owner _____
Buyer _____ Realtor _____
Mailing address _____

Site Address/County _____

No. of bedrooms ____ Last occupied? _____ Disposal? Y / N Softener? Y / N H₂O supply? ____

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 _____



Time of Transfer Inspection Report (page 2)

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 # _____