

**TIME OF TRANSFER INSPECTION WAIVER
BINDING ACKNOWLEDGEMENT for FUTURE INSTALLATION**

This agreement is entered into this _____ day of _____ 20____ by
and between Clay County Board of Health and _____.

WHEREAS, it is understood the Iowa Administrative Code 567-69 requires an inspection of
the private sewage disposal system on all property located in Iowa at the time of transfer.

WHEREAS, the property located at _____, _____, Iowa is
subject to the inspection, and the buyer _____ understands there is not a
private sewage disposal system serving this property.

NOW THEREFORE, it is hereby agreed that the time of transfer inspection will not be
required and agrees that the necessary private sewage disposal system to serve the property
shall be installed and completed no later than _____ day of
_____, 20__.

Dated the _____ day of _____ 20_____.

PROPERTY OWNER (S) OR BUYER

CLAY COUNTY
BOARD OF HEALTH OR
AUTHORIZED REPRESENTATIVE

This instrument was acknowledged before me on _____, 20__ by _____

Notary Public