

**TIME OF TRANSFER INSPECTION AGREEMENT
BINDING ACKNOWLEDGEMENT for FUTURE INSPECTION**

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

It is agreed that due to temporary physical conditions which prevent the proper inspection of the private wastewater treatment system at the time of transfer of the property located at _____, _____, Iowa that the required inspection and any necessary modifications as shall arise during the inspection shall be completed no later than _____, 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