

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

This agreement is entered into this _____ day of _____ 20____ by
and between Buena Vista 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

BUENA VISTA COUNTY
BOARD OF HEALTH'S
AUTHORIZED REPRESENTATIVE

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

Notary Public