

**TIME OF TRANSFER
INSPECTION WAIVER
BINDING AGREEMENT FOR FUTURE INSTALLATION**

Johnson County Public Health and _____, buyer(s)
of the property referenced below, enter into the following agreement:

(1) Iowa Code Section 455B.172(11) and Iowa Administrative Code Section 567—69.2(1) require an inspection of the private sewage disposal system on any property located in Johnson County, Iowa, at the time of transfer of ownership of the building served by the system.

(2) The private sewage disposal system, if any, located on and serving the building on the property at _____, _____, Iowa, and legally described as follows:

[Insert/Attach legal description or see legal description as referenced in Book _____, Page _____, Johnson County Recorder.]

is subject to an inspection under the above code sections prior to its ownership being transferred, absent a legally binding document deferring said inspection.

(3) The private sewage disposal system has not been inspected but the buyer, _____, understands and admits there is not an adequate, code compliant private sewage disposal system serving this property.

(4) It is hereby agreed that the time of transfer inspection will not be required and the buyer agrees that a code compliant private sewage disposal system or connection to a public sewer shall be installed to serve the property and shall be completed no later than the _____ day of _____, 20____. It is further agreed that the building referred to above shall not be occupied after said date unless and until a code compliant private sewage disposal system or connection to a public sewer has been installed.

(5) The deadlines set out in paragraph (4) may only be extended, in writing, with the agreement of both parties.

(6) This agreement may be enforced through any lawful manner, including but not limited to, injunction by a District Court of the Sixth Judicial District of Iowa.

(7) This agreement is binding upon the undersigned buyer(s), and his or her heirs and assigns, until it terminates through the issuance by Johnson County Public Health of a Time of Transfer Certificate of Compliance after the inspection and installation or renovation of the private sewage disposal system.

BUYER(S)

JOHNSON COUNTY PUBLIC HEALTH

By: _____ (sign) By: _____ (sign)
[_____] [_____]

By: _____ (sign)

[]

Phone number: () _____

Mailing address: _____

STATE OF IOWA)
) ss:
JOHNSON COUNTY)

This instrument was signed and acknowledged before me on the _____ day of _____, 20____, by _____, who stated that s/he is the buyer of the real property described above.

Notary Public in and for said State

STATE OF IOWA)
) ss:
JOHNSON COUNTY)

This instrument was signed and acknowledged before me on the _____ day of _____, 20____, by _____, who stated that s/he is employed as a/the Environmental Health Specialist with Johnson County Public Health and is authorized to enter into this agreement.

Notary Public in and for said State