



**5. Private Burial Site (check one)**

- There are no known private burial sites on this property.
- 5** There is a private burial site on this property. The location(s) of the site(s) and known identifying information of the decedent(s) is stated below or on an attached separate sheet, as necessary.

**6. Private Sewage Disposal System (check one)**

- There are no known buildings served by a private sewage disposal systems on this property or such buildings are not being transferred by this real estate transaction.
- 6** There is a building served by private sewage disposal system on this property. A certified inspector's report is attached which documents the condition of the private sewage disposal system and whether any modifications are required to conform to standards adopted by the Department of Natural Resources. A certified inspection report must be accompanied by this form when recording.
- 7** There is a building served by private sewage disposal system on this property. Weather or other temporary physical conditions prevent the certified inspection of the private sewage disposal system from being conducted. The buyer has executed a binding acknowledgment with the county board of health to conduct a certified inspection of the private sewage disposal system at the earliest practicable time and to be responsible for any required modifications to the private sewage disposal system as identified by the certified inspection. A copy of the binding acknowledgment is attached to this form.
- 8** There is a building served by private sewage disposal system on this property. The building to which the sewage disposal system is connected will be demolished without being occupied. The buyer has executed a binding acknowledgment with the county board of health to demolish the building within an agreed upon time period. A copy of the binding acknowledgment is provided with this form.
- 9** There is a building served by private sewage disposal system on this property. The buyer has executed a binding acknowledgment with the county board of health to install a new private sewage disposal system on this property within an agreed upon time period. A copy of the binding acknowledgment is provided with this form.[Exemption #9]
- 10** This property is exempt from the private sewage disposal inspection requirements pursuant to the following exemption: \_\_\_\_\_.
- 11** The private sewage disposal system has been installed within the past two years pursuant to permit number \_\_\_\_\_.

**Information required by statements checked above should be provided here or on separate sheets attached hereto:**

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**I HEREBY DECLARE THAT I HAVE REVIEWED THE INSTRUCTIONS FOR THIS FORM AND THAT THE INFORMATION STATED ABOVE IS TRUE AND CORRECT.**

Signature: \_\_\_\_\_ Telephone No.: (\_\_\_\_) \_\_\_\_\_  
(Transferor or Agent)

IOWA DEPARTMENT of NATURAL RESOURCES  
TIME of TRANSFER INSPECTION AGREEMENT  
BINDING AGREEMENT for FUTURE INSPECTION  
542-0062

This agreement, in accordance with Iowa Code 455B.172 (11), is entered into this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by and between \_\_\_\_\_ County Board

of Health and \_\_\_\_\_ . It is agreed that due to weather or other temporary physical conditions that prevent the certified inspection of the private sewage disposal system at the property located at \_\_\_\_\_ from being conducted, that the required inspection shall be completed no later than \_\_\_\_\_, 20\_\_\_\_

The buyer further agrees to be responsible for any required modifications to the private sewage disposal system as identified by the certified inspection.

Dated the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ .

\_\_\_\_\_  
PROPERTY BUYER

\_\_\_\_\_  
COUNTY BOARD OF HEALTH or AUTHORIZED REPRESENTATIVE

This instrument was acknowledged before me on \_\_\_\_\_, 20\_\_\_\_

by, \_\_\_\_\_

\_\_\_\_\_  
Notary Public

IOWA DEPARTMENT of NATURAL RESOURCES  
TIME of TRANSFER INSPECTION WAIVER  
For BUILDING DEMOLITION  
542-0063

The \_\_\_\_\_ County Board of Health and the buyer of the property referenced  
below enter into the following agreement:

It is understood that Iowa Code 455B.172(11) requires an inspection of the private sewage disposal system on  
all properties not specifically exempted in Iowa at the time of transfer.

The property located at \_\_\_\_\_, Iowa is subject to this inspection  
and the buyer, \_\_\_\_\_, shall not occupy the dwelling  
located on this property and shall demolish said dwelling by the \_\_\_\_\_ day of  
\_\_\_\_\_, 20\_\_\_\_\_.

It is hereby agreed that the time of transfer inspection and upgrading of the private sewage disposal system  
serving this property will not be required as long as the dwelling is not occupied and is removed

by the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Dated the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
BUYER

\_\_\_\_\_  
COUNTY BOARD OF HEALTH or  
AUTHORIZED REPRESENTATIVE

This instrument was acknowledged before me on \_\_\_\_\_, 20\_\_\_\_\_

by \_\_\_\_\_

\_\_\_\_\_  
Notary Public

IOWA DEPARTMENT of NATURAL RESOURCES  
TIME OF TRANSFER INSPECTION WAIVER  
BINDING AGREEMENT for FUTURE INSTALLATION  
542-0064

This agreement is entered into this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by and  
between the \_\_\_\_\_ County Board of Health and \_\_\_\_\_

It is understood that Iowa Code 455B.172(11) requires an inspection of the private sewage disposal system on all properties not specifically exempted in Iowa at the time of transfer.

The property located at \_\_\_\_\_, Iowa is subject to the inspection,  
and the buyer \_\_\_\_\_ understands there is not an adequate private  
sewage disposal system serving this property.

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 \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Dated the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ .

\_\_\_\_\_  
BUYER

\_\_\_\_\_  
COUNTY BOARD OF HEALTH or  
AUTHORIZED REPRESENTATIVE  
\_\_\_\_\_, 20\_\_\_\_

This instrument was acknowledged before me on \_\_\_\_\_

by \_\_\_\_\_

\_\_\_\_\_  
Notary Public