



C. Patrice Lambert, RN, MSN – Executive Director
Bonnie Brimeyer – Board Secretary
Elizabeth Willems – Office Assistant

Dubuque County Board of Health
Dr. Richard Fairley, MD, MPH – Chairman
Dr. Valerie Peckosh, DMD
Tim Daly
Rhonda Healey

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

This agreement is entered into this _____ day of _____ by and between **Dubuque County** and **(Homeowner’s Name)**.

It is agreed that due to temporary physical conditions which prevent the proper Time of Transfer Inspection of the on-site wastewater treatment system at the time of transfer of the property located at:

(Property Address)

that the required inspection and any necessary modifications as shall arise during the Time of Transfer Inspection shall be completed no later than **April 15,** _____.

Dated the _____ day of _____.

PROPERTY OWNER(S) OR BUYER

DUBUQUE COUNTY BOARD OF HEALTH OR AUTHORIZED REPRESENTATIVE

PHONE # _____

This instrument was acknowledged before me on _____, 2013
by _____

Notary Public

*****Must come to the Dubuque County Health Department Office, 13047 City View Drive, Dubuque, IA 52002 to sign and have notarized.**