



TIME OF TRANSFER INSPECTION TOT# 710 GLEN MEYERS CERT # 8926

Site Information

Parcel Description: **mediapolis**

Address: **6257 peg town rd, Mediapolis, IA 52637**

County: **Des Moines**

Owner Information

Property is owned by a business: **No**

Business Name:

Owner Name: **Wayne Marquardt**

Email Address:

Address: **6257 peg town road, Mediapolis, IA 52637**

Phone No:

Site related information

No Of Bedrooms: **2**

Inspection Date: **06/07/2022**

Facility Type: **Residential**

Currently Occupied: **Yes**

Last Occupied:

System Installation Date: **10/05/1988**

Permit issued by County: **Yes**

Permit Number: **c-31-88**

All plumbing fixtures enter septic system: **Yes**

County contacted for records: **Yes**

Property Information Comments:

Primary Treatment

concrete

Tank Name: **concrete**

Type: **Septic Tank**

Tank Size (Gal): **1000**

Tank Material: **Concrete**

Tank Corrosion Type: **None**

Liquid Level Type: **Normal**

No. of Compartments: **1**

Pump Tank Chamber: **No**

Licensed Pumper Name: **st-99**

Date Pumped: **6/7/2022**

Meets Setback to Well: **Yes**

Well Type: **Unknown**

Distance To Well (Ft.): **na**

Is Accessible: **No**

Lid Intact: **Yes**

Risers Intact: **No**

Effluent Filter Present: **No**

Watertight: **Yes**



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Owner Name: **Wayne Marquardt**

Address: **6257 peg town rd , Mediapolis , IA 52637**

County: **Des Moines**

Inspection Date: **06/07/2022**

Submitted Date: **06/14/2022**

This page certifies a Time of Transfer inspection was conducted and submitted for the property listed above in accordance with Subrule 567 IAC 69.2(8).

City of Keokuk Water Resource Recovery Facility

P.O. Box 400, 1000 Mississippi Dr, Keokuk, IA, 52632-0400
 Fax (319) 524-2642 Phone (319) 524-3412 or (319) 524-7616
 IDNR Lab Certification #165

2022

Client Sample Location ID: 6257 Pegtown Rd, Mediapolis

Client: Meyers Septic
 PO Box 488
 Keokuk, IA 52632
oldrivesetank@qwestoffice.net

Matrix:	WW	Type Of Bottle:	Plastic, 1 L
Date of Collection:	06/21/22	Date of Receipt:	06/21/22
Time of Collection:	12:00	Time Received:	14:00
Collector Name:	g. meyers	Received By:	d. glasscock

Parameter, Units of Measure	Methods	Sample Type	Date(s) of Analysis:	Analyst Name	Analysis Result	Charge
Carbonaceous biochemical oxygen demand (CBOD5), mg/L	SM22 5210 B	Grab	06/21/22 06/26/22	djg djg	8.9	\$25.00
Residue-nonfilterable (TSS), mg/L	SM22 2540 D	Grab	06/21/22	cbb	3.0	\$10.00

Sub-total \$35.00
 Sales Tax, 7% \$2.45
Total Due \$37.45

Comments:

Pay to : City of Keokuk WRRF
 PO Box 400
 1000 Mississippi Dr
 Keokuk, IA 52632-0400

Report Reviewed By Municipal Representative
keokuklab@outlook.com 26-Jun-22

DES MOINES COUNTY HEALTH UNIT
522 North Third Street
Burlington, Iowa 52601
Telephone: 319-753-8217

CART _____ ODOM _____ BE _____
TWP Bellevue SEC _____
OTHER _____

PRIVATE DISPOSAL SYSTEM PERMIT DRAWING

DATE 1/17/78 NEW EXISTING _____ PARCEL NO 10-1-12 PERMIT NO 7-31-78

Owner's Name Mr. & Mrs. M. J. ... Phone 319-753-...

Address 1011 1/2 ...

Contractor's Name David H. ... Phone 319-753-...

Address 27 ...

