Henry County Board of Health

Regional Utility Service Systems
1501 W. Washington Street Ste103 • Mt. Pleasant, IA 52641 • (319) 385-1223

Office: (319) 385-1223
Cell: (319) 201-9777

April 22, 2026

RE: Time of Transfer

Lyn McAllister
2203 Golden Rd
West Point, IA 52656

Dear Homeowner

After reviewing the Time of Transfer inspection report conducted on April 22, 2026 for your property at the address listed above, the septic system on that property does not pass inspection (Due to the septic tank being excessively corroded and not watertight) To rectify this Time of Transfer inspection, you will need to purchase an application for Sewage Disposal System installation permit. A copy of this report along with this letter will be retained in our office.

For more information about septic systems, you can visit www.epa.gov/septicsmart . If you have any questions, feel free to me at one of the numbers above or by email at hceh@henrycountyiowa.us

Mike Dawson
Henry County Environmental Health Specialist - Sanitarian

IOWA DEPARTMENT OF NATURAL RESOURCES

GOVERNOR KIM REYNOLDS
LT. GOVERNOR CHRIS COURNOYER

DIRECTOR KAYLA LYON

TIME OF TRANSFER INSPECTION TOT# 20774 TIM MYERS CERT # 12730

Site Information

Parcel Description: **190091430000400**

Address: **2627 250th st, New London, IA 52645** County: **Henry**

Owner Information

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

Business Name:

Owner Name: **Lyn McAllister**

Email Address: **klm_52645@yahoo.com**

Address: **2203 Golden Rd, West Point, IA 52656**

Phone No: **319-217-8642**

Site related information

No Of Bedrooms: **4**

Inspection Date: **04/22/2026**

Facility Type: **Residential**

Currently Occupied: **No**

Last Occupied: **03/01/2026**

System Installation Date: **10/30/1997**

Permit issued by County: **Yes**

Permit Number: **HHC814**

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

County contacted for records: **Yes**

Property Information Comments:

Primary Treatment

Tank 1

Tank Name: **Tank 1**

Type: **Septic Tank**

Tank Size (Gal): **800**

Tank Material: **Concrete**

Tank Corrosion Type: **Excessive**

Liquid Level Type: **Normal**

No. of Compartments: **1**

Pump Tank Chamber: **No**

Licensed Pumper Name: **Terry Hampton**

Date Pumped: **4/22/2026**

Meets Setback to Well: **Yes**

Well Type: **Private**

Distance To Well (Ft.): **<50**

Is Accessible: **Yes**

Lid Intact: **No**

Risers Intact: **No**

Effluent Filter Present: **No**

Watertight: **No**

Tank/Vault Pumped: **No** Inlet Baffle Present: **Yes** Outlet Baffle Present: **Yes** Functioning as Designed: **No**

Tank Comments: **Tank is extremely rotten on the outlet side and has been patched with expanda-foam.**

Tank 2

Tank Name: **Tank 2** Type: **Septic Tank** Tank Size (Gal): **800**

Tank Material: **Concrete** Tank Corrosion Type: **Excessive** Liquid Level Type: **Normal**

No. of Compartments: **1** Pump Tank Chamber: **No** Licensed Pumper Name: **Terry Hampton**

Date Pumped: **4/22/2026** Meets Setback to Well: **Yes** Well Type: **Private**

Distance To Well (Ft.): **<50** Is Accessible: **Yes** Lid Intact: **No**

Risers Intact: **No** Effluent Filter Present: **No** Watertight: **No**

Tank/Vault Pumped: **No** Inlet Baffle Present: **Yes** Outlet Baffle Present: **Yes** Functioning as Designed: **No**

Tank Comments: **This tank is also extremely rotten and is patched with foam as well.**

General Primary Treatment Comments:

Distribution Type

Header Pipe 1

Label: **Header Pipe 1** Material Type : **Plastic** Accessible: **No**

Functioning As Designed: **Yes**

General Distribution System Comments :

Secondary Treatment

Sand Filter1

Filter Type: **Subsurface** Distribution Type: **Header Pipe** Material Type: **Rock and PVC Pipe**

Absorption Area: **720** System Hydraulic Loaded: **Yes** Gallons Loaded: **300**

Discharge At Time of Inspection: **Yes** CBOD5 Results: **2** TSS Results: **1**

DisInfection Present: **No** Disinfection Type: Tertiary Treatment Present: **No**

Tertiary Treatment Type: Meets Setback to Well: **Yes** Well Type: **Private**

Distance To Well (Ft.): **<100** Sand Filter Probed: **Yes** Vent(s) Located: **Yes**

Saturation or Ponding Present: **No** Grass Cover Over System: **Yes** Outlet Found: **Yes**

Sample Taken: **Yes** GP4 Permitted: **No** GP4 Required: **No**

System Located on Owner Property: **Yes** Easement Present: **N/A** Functioning as Designed: **Yes**

Comments:

General Secondary Treatment Comments:

Narrative Report

TOT Inspection Report Overall Narrative Comments: **All plumbing in this house runs through the septic system as it should and there is a cleanout located inside the house. This system has 2 tanks that are both very rotten on the outlet side. There has been foam sprayed in around the outlet pipes to seal them from leaking. From there the tanks flow into a 16'x45' sub surface sand filter. The sand filter drains into a pump pit that then pumps the effluent up and into a ditch. The pump worked as it should. There was no highwater alarm on pump pit. Water test results are attached. During the loading process water flowed through the system into the pump pit and the pump then pumped the effluent out into the ditch as it should. Documentation states there is a well located northeast of the house. Documentation states there is another well northwest of the house but I was unable to find a wellhead for this well. In all the system took water during the loading process with no signs of backing up or clogging. Have your tanks pumped every 3-5 years and never use ridex.**

IOWA DEPARTMENT OF NATURAL RESOURCES

GOVERNOR KIM REYNOLDS
LT. GOVERNOR CHRIS COURNOYER

DIRECTOR KAYLA LYON

TIME OF TRANSFER INSPECTION TOT# 20774 TIM MYERS CERT # 12730

Owner Name:	**Lyn McAllister**
Address:	**2627 250th st , New London , IA 52645**
County:	**Henry**

Inspection Date:	**04/22/2026**	Submitted Date:	**5/14/2026**

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).

Documents

IOWA STATE HYGIENIC LABORATORY

ANALYTICAL REPORT 1-800-421-IOWA (4692)

Collection Location	Collector and Phone	Client Reference	Accession #
septic	myers tim 319/531-0761	mcallister	2853790
NEW LONDON,	Collected 2026-04-16 15:30	Received 2026-04-17 09:30	Project

Report to
TIM MYERS
3264 NEW LONDON RD
NEW LONDON, IA 52645

Sample Description: tot septic test
Sample Type: Non-Drinking Water
Sample Source:
Sample Note(s): 1

RESULTS OF ANALYSIS - FINAL REPORT

TEST	RESULT (mg/L)	QUANT LIMIT	ANALYSIS NOTE(S)
BOD, Carbonaceous 5 Day, SM 5210 B			
CBOD, 5 Day	<2	2	
Total Suspended Solids, USGS I-3765-85			
Total Suspended Solids	1	1	

SAMPLE AND ANALYSIS NOTES

1. Unless otherwise noted, the sample met container and preservation requirements for the analysis requested. Please review carefully your sample results for additional analyte comments or method exceptions.

Units provided for the Result of each test also apply to all numerical fields reported with said result unless otherwise noted.

ANALYSIS INFORMATION

TEST	ANALYZED	SITE	RELEASED	ANALYSIS PREP
1. BOD, Carbonaceous 5 Day, SM 5210 B	2026-04-17 17:00 MW, RAD.	3200	2026-04-30 10:36 RJW	
2. Total Suspended Solids, USGS I-3765-85	2026-04-21 10:15 WMH	3201	2026-04-29 10:00 JAE	

DESCRIPTION OF UNITS

mg/L = Milligrams per Liter

SITE(S) PERFORMING TESTING

3200 STATE HYGIENIC LAB AT THE UNIV. OF IOWA, UNIVERSITY OF IOWA RESEARCH PARK, 2490 CROSSPARK RD, CORALVILLE, IA 52241; Phone 319/335-4500; Fax 319/335-4555; Report Authorized By: Dustin M. May, Ph.D., Associate Director; Michael A. Pentella, Ph.D., D(ABMM), Director; IOWA ENVIRONMENTAL LAB ID #027; CLIA ID Number 16D0648109

3201 STATE HYGIENIC LAB AT THE UNIV. OF IOWA, IOWA LABORATORIES COMPLEX, 2220 S ANKENY BLVD, ANKENY, IA 50023; Phone 515/725-1600; Fax 515/725-1642; Report Authorized By: Dustin M. May, Ph.D., Associate Director; Michael A. Pentella, Ph.D., D(ABMM), Director; IOWA ENVIRONMENTAL LAB ID #397; CLIA ID Number 16D0709302

The result(s) of this report relate only to the items analyzed. Where the laboratory has not been responsible for the sampling step the results apply only to the sample as received. This report shall not be reproduced except in full without the written approval of the laboratory. If you have any questions, please call Client Services at 800/421-IOWA (4692) or 319/335-4500.

Report Issue Date: 2026-04-30 10:36

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Please provide a little more detail with respect to the wells on the property. We need to know t
directions and approximate distance from house corners or sides; type of well (dug or drilled),
capped.

Bored Well 1: located 10 feet N.E. of N.E. corner of house
Bored Well 2: located 30 feet N.W. of N.W. corner of house
Former hand dug Well 3: located 20 feet S of most west grain bin, filled in early 2000s
Former drilled Well 4: located 50 feet S of most west grain bin, filled in date unknown
Former bored Well 5,6: located center of 160 that house sits on, filled in early 1990s
Former Cistern 1: located 5 feet north of N.W. corner of house, filled in date unknown
Former Cistern 2: located 15 feet N.W. of N.W. corner of house, filled in date unknown

HENRY COUNTY, IOWA

APPLICATION FOR PERMIT FOR PRIVATE SEWAGE DISPOSAL SYSTEM

PERMIT #: HHC 814 **DATE:** 10-29-97

CONTRACTOR NAME: Kenney + Sons

BUSINESS ADDRESS:

PROPERTY OWNER: Lynn McAlister

LOCATION OF PROPERTY: New London Twp Section 14

(ATTACH LEGAL DESCRIPTION IF NECESSARY)

I HEREBY CERTIFY THAT A PUBLIC SEWER IS NOT LOCATED WITHIN 250 FEET FROM THE PROPERTY AND THAT I WILL PROPERLY ☐ CONSTRUCT ☒ RECONSTRUCT ☐ ALTER AND MAINTAIN A SEPTIC TANK AT THE ABOVE LOCATION ACCORDING TO SPECIFICATIONS AND REQUIREMENTS OF ORDINANCES OF HENRY COUNTY, IOWA.

I AGREE TO MAKE CONNECTION TO A PUBLIC SEWER IN THE MANNER PRESCRIBED BY THE HENRY COUNTY ORDINANCE, AS SOON AS SUCH SEWER IS AVAILABLE WITHIN 250 FEET FROM THE ABOVE PROPERTY.

I UNDERSTAND THAT TO BE ISSUED A ZONING PERMIT, I MUST FIRST HAVE INSTALLED, BUT NOT YET COVERED, A SEWAGE DISPOSAL SYSTEM WHICH CONFORMS TO HENRY COUNTY ORDINANCES AND IOWA ADMINISTRATIVE CODE CHAPTER 69.

I FURTHER UNDERSTAND THAT IT IS MY RESPONSIBILITY TO CONTACT THE PUBLIC HEALTH DEPARTMENT AT **385-6785** FOR AN APPOINTMENT FOR THE SANITARIAN TO VIEW THE DESIGN AND LAYOUT AND THE FINAL INSPECTION BY THE SANITARIAN ONCE THE SYSTEM IS INSTALLED BUT NOT YET COVERED.

I HAVE PAID THE HENRY COUNTY PUBLIC HEALTH DEPARTMENT THE **$50.00 APPLICATION FEE** AS SHOWN BY THE RECEIPT FROM THE COUNTY PUBLIC HEALTH DEPARTMENT SUBMITTED WITH THIS APPLICATION.

I FURTHER UNDERSTAND THAT BY SIGNING THIS APPLICATION I ACKNOWLEDGE THAT THIS INSTALLATION IS NOT COMPLETED.

I FURTHER UNDERSTAND THAT **THIS PERMIT EXPIRES SIX MONTHS FROM THE DATE OF ISSUANCE**. IF INSTALLATION IS NOT COMPLETE BY THAT DATE, I MUST MAKE A NEW APPLICATION WITH THE HENRY COUNTY PUBLIC HEALTH DEPARTMENT.

I HAVE ATTACHED A SITE PLAN SHOWING BOUNDARIES, APPROXIMATE LOCATION OF PROPOSED SEPTIC TREATMENT FILTER SYSTEM, EXISTING AND/OR PROPOSED BUILDINGS OR IMPROVEMENTS AND EXISTING AND/OR PROPOSED WELLS AS WELL AS A SPECIFIC LIST OF MATERIALS TO BE USED.

BY SIGNING BELOW I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE FOREGOING APPLICATION.

OWNER SIGNATURE Lyn McAlister PHONE # 367-5741

MAILING ADDRESS 2627 250th St. New London Ia 52645

THE ABOVE APPLICATION IS APPROVED AND A TEMPORARY PERMIT IS GRANTED FOR CONSTRUCTION OF A PRIVATE SEWAGE DISPOSAL SYSTEM.

DATE: 10/30/97 **FOR Henry Co. Pub. Health Dept:**

for Office Use Only: Expiration Date:

☒ 2 bedroom ☒ 3 bedroom ☐ 4 bedroom

changed to (3) bedroom by owner 10/30/97

☐ other (Specify)

☐ Existing Structure

☐ New Structure

Lynn McAllister
New London Twp. Section 14