



1 1
JOSTEN DEAN A &
JOSTEN MIRIAM J
052930000100

JOSTEN DEAN A &
JOSTEN MIRIAM J
052930000300

MEYER HOME
FARM CO
053210000100

SKENE ROBERT
053040000600

SKENE ROBERT
053040000800

SKENE ROBERT
053040000400

MEYER HOME
FARM CO
053120000200

SKENE ROBERT
053020000700

Main
22"

51
51

SKENE ROBERT
053020000300

SKENE ROBERT
053040000500

SKENE ROBERT
053040000700
Lat 1
6"

SKENE ROBERT
053040000300
Lat 2

MEYER HOME
FARM CO
053120000100

OLSON ROBERT J
053010000900

OLSON ROBERT J
053030000400

F & D CLARK
FARMS LLC
053030000500

F & D CLARK
FARMS LLC
053030000800

ANDERSON ESTHER
053030000900

STATE OF IOWA
053110000400

124/168
Open
Ditch

124/168
Main A

124/168
Lat A2

CH S14 BALSAM AVE

Main
22"

Lat 4
6"

Lat 4
24"
3/4
8"

Lat 6A
6"

Lat 4
7"

Lat 3

Lat 3A
6"

Lat 3B
5"

Lat 2A

230TH ST

Lat 2B
6"

Lat 2C
6"

Lat 6
12"

UNITED STATES DEPARTMENT OF AGRICULTURE
STATEMENT OF BUDGET, INCOME AND EQUITY

Schedule I

Name Meservey Sanitary Sewer	Address 220 N Washington Ave Mason City, Iowa 50401
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(1) <u>OPERATING INCOME</u>	PRIOR YEAR <u>Actual</u> (2)	ANNUAL BUDGET		For the _____ Months Ended _____		
		BEG 07-01-2026	END 06-30-2027	CURRENT YEAR		Actual YTD (Over) Under Budget Col. 3 - 5 = 6 (6)
				Actual Data		
				Current Quarter (4)	Year To Date (5)	
1. <u>Users Fees</u>		40,000				40,000
2. _____						0
3. _____						0
4. _____						0
5. <u>Miscellaneous</u>						0
6. <u>Less: Allowances and Deductions</u>						0
7. <u>Total Operating Income</u> (Add lines 1 through 6)	0	40,000		0	0	40,000
<u>OPERATING EXPENSES</u>						
8. <u>Phone</u>		1,450				1,450
9. <u>Maint contract</u>		8,500				8,500
10. <u>Utilities</u>		3,200				3,200
11. <u>Misc Repairs</u>		2,500				2,500
12. <u>Water testing</u>		500				500
13. <u>Supplies</u>		1,500				1,500
14. <u>Permits</u>		210				210
15. <u>Interest</u>		9,839				9,839
16. <u>Depreciation</u>		7,800				7,800
17. <u>Total Operating Expense</u> (Add Lines 8 through 16)	0	35,499		0	0	35,499
18. <u>NET OPERATING INCOME (LOSS)</u> (Line 7 less 17)	0	4,501		0	0	4,501
<u>NONOPERATING INCOME</u>						
19. <u>Interest</u>		21				21
20. _____						0
21. <u>Total Nonoperating Income</u> (Add 19 and 20)	0	21		0	0	21
22. <u>NET INCOME (LOSS)</u> (Add lines 18 and 21)	0	4,522		0	0	4,522
23. <u>Equity Beginning of Period</u>						0
24. _____						0
25. _____						0
26. <u>Equity End of Period</u> (Add lines 22 through 25)	0	4,522		0	0	4,522

Budget and Annual Report Approved by Governing Body

Quarterly Reports Certified Correct

Secretary

Date

Appropriate Official

Date

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0575-0015. The time required to complete this information collection is estimated to average 2-1/2 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

SUPPLEMENTAL DATA

The Following Data Should Be Supplied Where Applicable

Circle One

1. ALL BORROWERS

- a. Are deposited funds in institutions insured by the Federal Government? Yes No
- b. Are you exempt from Federal Income Tax? Yes No
- c. Are Local, State and Federal Taxes paid current? Yes No
- d. Is corporate status in good standing with State? Yes No

e. List kinds and amounts of insurance and fidelity bond: Complete Only when submitting annual budget information:

<u>Insurance Coverage and Policy Number</u>	<u>Insurance Company and Address</u>	<u>Amount of Coverage</u>	<u>Expiration Date of Policy</u>
Property Insurance			
Policy # _____	_____	_____	_____
Liability			
Policy # _____	_____	_____	_____
Fidelity			
Policy # _____	_____	_____	_____

2. RECREATION AND GRAZING ASSOCIATION BORROWERS ONLY

Current Quarter

Year to Date

a. Number of Members

3. WATER AND/OR SEWER UTILITY BORROWERS ONLY

- a. Water purchased or produced (CU FT - GAL)
- b. Water sold (CU FT - GAL)
- c. Treated waste (CU FT - GAL)
- d. Number of users - water
- e. Number of users - sewer

gal.

gal.

gal.

gal.

gal.

gal.

4. OTHER UTILITIES

- a. Number of users
- b. Product purchased
- c. Product sold

5. HEALTH CARE BORROWERS ONLY

- a. Number of beds
- b. Patient days of care
- c. Percentage of occupancy
- d. Number of outpatient visits

-2147483648 % -2147483648 %

6. DISTRIBUTION OF ALL CASH AND INVESTMENTS*

Indicate balances in the following accounts:

	<u>Construction</u>	<u>Revenue</u>	<u>Debt Service</u>	<u>Operation & Maintenance</u>	<u>Reserve</u>	<u>All Others</u>	<u>Grand Total</u>
Cash	\$ _____	\$ _____	\$ _____	\$ 15,090	\$ 14,068	\$ 2,193	\$ 31,351
Savings	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ 0
and Invest- ments	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ 0
Total	\$ 0	\$ 0	\$ 0	\$ 15,090	\$ 14,068	\$ 2,193	\$ 31,351

7. AGE ACCOUNTS RECEIVABLE AS FOLLOWS:

	<u>Days</u>				<u>*Total</u>
	<u>0-30</u>	<u>31-60</u>	<u>61-90</u>	<u>91 and Older</u>	
Dollar Values	\$ _____	\$ _____	\$ _____	\$ _____	\$ 0
Number of Accounts	_____	_____	_____	_____	0

*Totals must agree with those on Balance Sheet.

PROJECTED CASH FLOW

For the Year BEG. 07-01-2026 END. 06-30-2027
(same as schedule 1 column 3)

A. Line 22 from Schedule 1, Column 3 NET INCOME (LOSS)	\$ <u>4,522</u>
<u>Add</u>	
B. Items in Operations not Requiring Cash:	
1. Depreciation (line 16 schedule 1)	<u>7,800</u>
2. Others:	_____
C. Cash Provided From:	
1. Proceeds from Agency loan/grant	_____
2. Proceeds from others	_____
3. Increase (Decrease) in Accounts Payable, Accruals and other Current Liabilities	_____
4. Decrease (Increase) in Accounts Receivable, Inventories and Other Current Assets <u>(Exclude cash)</u>	_____
5. Other:	_____
6.	_____
D. Total all A, B and C Items	<u>\$12,322</u>
E. Less: Cash Extended for:	
1. All Construction, Equipment and New Capital Items (loan & grant funds)	_____
2. Replacement and Additions to Existing Property, Plant and Equipment	_____
3. Principal Payment Agency Loan	<u>\$10,181</u>
4. Principal Payment Other Loans	_____
5. Other:	_____
6. Total E 1 through 5	<u>\$10,181</u>
<u>Add</u>	
F. Beginning Cash Balances	<u>\$31,351</u>
G. Ending Cash Balances (Total of D Minus E 6 Plus F)	<u>\$ 33,492</u>
<u>Item G Cash Balances Composed of:</u>	
Construction Account	\$ _____
Revenue Account	_____
Debt Payment Account	_____
O&M Account	<u>\$17,223</u>
Reserve Account	<u>\$14,075</u>
Funded Depreciation Account	<u>\$2,194</u>
Others:	_____
.....	_____
Total - Agrees with Item G	<u>\$ 33,492</u>

UNITED STATES DEPARTMENT OF AGRICULTURE
STATEMENT OF BUDGET, INCOME AND EQUITY

Schedule 1

Name Swaledale Sanitary Sewer	Address 220 N Washington Ave Mason City, Iowa 50401
----------------------------------	--

(1) <u>OPERATING INCOME</u>	PRIOR YEAR <u>Actual</u> (2)	ANNUAL BUDGET		For the _____ Months Ended _____		Actual YTD (Over) Under Budget Col. 3 - 5 = 6 (6)
		BEG <u>07-01-2026</u>	END <u>06-30-2027</u>	CURRENT YEAR		
				Actual Data		
				Current Quarter (4)	Year To Date (5)	
1. Sewer Fees		34,000				34,000
2. _____						0
3. _____						0
4. _____						0
5. Miscellaneous						0
6. Less: Allowances and Deductions						0
7. Total Operating Income (Add lines 1 through 6)	0	34,000		0	0	34,000
<u>OPERATING EXPENSES</u>						
8. Phone		1,800				1,800
9. City Personnel		11,000				11,000
10. Utilities		2,300				2,300
11. Misc Repairs		2,000				2,000
12. Water testing		500				500
13. Supplies		1,000				1,000
14. Permits		210				210
15. Interest		5,515				5,515
16. Depreciation		7,000				7,000
17. Total Operating Expense (Add Lines 8 through 16)	0	31,325		0	0	31,325
18. NET OPERATING INCOME (LOSS) (Line 7 less 17)	0	2,675		0	0	2,675
<u>NONOPERATING INCOME</u>						
19. Interest		43				43
20. _____						0
21. Total Nonoperating Income (Add 19 and 20)	0	43		0	0	43
22. NET INCOME (LOSS) (Add lines 18 and 21)	0	2,718		0	0	2,718
23. Equity Beginning of Period						0
24. _____						0
25. _____						0
26. Equity End of Period (Add lines 22 through 25)	0	2,718		0	0	2,718

Budget and Annual Report Approved by Governing Body

Quarterly Reports Certified Correct

Secretary

Date

Appropriate Official

Date

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SUPPLEMENTAL DATA

The Following Data Should Be Supplied Where Applicable

Circle One

1. ALL BORROWERS

- a. Are deposited funds in institutions insured by the Federal Government? Yes No
- b. Are you exempt from Federal Income Tax? Yes No
- c. Are Local, State and Federal Taxes paid current? Yes No
- d. Is corporate status in good standing with State? Yes No
- e. List kinds and amounts of insurance and fidelity bond: Complete Only when submitting annual budget information:

<u>Insurance Coverage and Policy Number</u>	<u>Insurance Company and Address</u>	<u>Amount of Coverage</u>	<u>Expiration Date of Policy</u>
Property Insurance Policy # _____	_____	_____	_____
Liability Policy # _____	_____	_____	_____
Fidelity Policy # _____	_____	_____	_____

2. RECREATION AND GRAZING ASSOCIATION BORROWERS ONLY

Current Quarter

Year to Date

- a. Number of Members

3. WATER AND/OR SEWER UTILITY BORROWERS ONLY

- a. Water purchased or produced (CU FT - GAL)
- b. Water sold (CU FT - GAL)
- c. Treated waste (CU FT - GAL)
- d. Number of users - water
- e. Number of users - sewer

	<u>Current Quarter</u>	<u>Year to Date</u>
a. Water purchased or produced (CU FT - GAL)	gal. _____	gal. _____
b. Water sold (CU FT - GAL)	gal. _____	gal. _____
c. Treated waste (CU FT - GAL)	gal. _____	gal. _____
d. Number of users - water	_____	_____
e. Number of users - sewer	_____	_____

4. OTHER UTILITIES

- a. Number of users
- b. Product purchased
- c. Product sold

5. HEALTH CARE BORROWERS ONLY

- a. Number of beds
- b. Patient days of care
- c. Percentage of occupancy
- d. Number of outpatient visits

a. Number of beds	_____	_____
b. Patient days of care	_____	_____
c. Percentage of occupancy	-2147483648 %	-2147483648 %
d. Number of outpatient visits	_____	_____

6. DISTRIBUTION OF ALL CASH AND INVESTMENTS*

Indicate balances in the following accounts:

	<u>Construction</u>	<u>Revenue</u>	<u>Debt Service</u>	<u>Operation & Maintenance</u>	<u>Reserve</u>	<u>All Others</u>	<u>Grand Total</u>
Cash Savings and Investments	\$ _____	\$ _____	\$ _____	\$ 48,433	\$ 15,795	\$ 15,896	\$ 80,124
	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ 0
Total	\$ 0	\$ 0	\$ 0	\$ 48,433	\$ 15,795	\$ 15,896	\$ 80,124

7. AGE ACCOUNTS RECEIVABLE AS FOLLOWS:

	<u>Days</u>				<u>*Total</u>
	<u>0-30</u>	<u>31-60</u>	<u>61-90</u>	<u>91 and Older</u>	
Dollar Values	\$ _____	\$ _____	\$ _____	\$ _____	\$ 0
Number of Accounts	_____	_____	_____	_____	0

*Totals must agree with those on Balance Sheet.

PROJECTED CASH FLOW

For the Year BEG. 07-01-2025 END. 06-30-2025
(same as schedule 1 column 3)

A. Line 22 from Schedule 1, Column 3 NET INCOME (LOSS)	\$ <u>2,718</u>
<u>Add</u>	
B. <u>Items in Operations not Requiring Cash:</u>	
1. Depreciation (line 16 schedule 1)	<u>7,000</u>
2. Others:	_____
C. <u>Cash Provided From:</u>	
1. Proceeds from Agency loan/grant	_____
2. Proceeds from others	_____
3. Increase (Decrease) in Accounts Payable, Accruals and other Current Liabilities	_____
4. Decrease (Increase) in Accounts Receivable, Inventories and Other Current Assets (<u>Exclude cash</u>)	_____
5. Other:	_____
6.	_____
D. Total all A, B and C Items	<u>\$9,718</u>
E. <u>Less: Cash Extended for:</u>	
1. All Construction, Equipment and New Capital Items (loan & grant funds)	_____
2. Replacement and Additions to Existing Property, Plant and Equipment	_____
3. Principal Payment Agency Loan	<u>\$10,001</u>
4. Principal Payment Other Loans	_____
5. Other:	_____
6. Total E 1 through 5	<u>\$10,001</u>
<u>Add</u>	
F. Beginning Cash Balances	<u>\$80,124</u>
G. Ending Cash Balances (Total of D Minus E 6 Plus F)	<u>\$ 79,841</u>
<u>Item G Cash Balances Composed of:</u>	
Construction Account	\$ _____
Revenue Account	_____
Debt Payment Account	_____
O&M Account	<u>\$48,134</u>
Reserve Account	<u>\$15,803</u>
Funded Depreciation Account	<u>\$15,904</u>
Others:	_____
_____	_____
Total - Agrees with Item G	<u>\$ 79,841</u>



BOARD OF SUPERVISORS
Cerro Gordo County Courthouse

220 N Washington Ave
Mason City, IA 50401-3254
(641) 421-3021 or Fax (641) 421-3088

Casey M. Callanan
Chris Watts
Tim Latham

APPLICATION FOR PERMIT TO DISPLAY FIREWORKS

CONTACT INFORMATION

Applicant Name: Flashing Thunder Fireworks
Applicant Address: 700 E Van Buren St. Mitchell, IA 50461

Phone: 641-732-5558
E-Mail: jeremy@flashingthunder.com

DISPLAY INFORMATION

Location/Address of Display: Barge on Clear Lake off shore of PM Park, 14297 Raney DR, Clear Lake
Property Owner Name: PM Park
Purpose of Display and Description of Event (attach brochure, invitation, advertisement, etc. if any):
End of Season Party for PM Park
Date of Display(s): 9/6/2026 Rain Date(s): 9/5/2026

SAFETY INFORMATION

Display Operator Name: Jeremy Mostek Years of Experience: 30
Type/Description of Experience: _____
Owner of Flashing Thunder, Shooting fireworks for 30year.
Describe precautions that will be taken to prevent personal injury and/or property damage: _____
Patrol Boats to keep boats back

Will bleachers or platforms be used? Yes No Permanent Portable Not applicable
Does the applicant have liability insurance? Yes No Name of insurance company: Hardon Specialty Ins Co
Does the operator have liability insurance? Yes No Name of insurance company: Hardon Specialty Ins Co

(Minimum liability insurance: \$1 Million per occurrence/\$2,000,000 in aggregate)

**ATTACH CERTIFICATES OF INSURANCE FOR APPLICANT AND OPERATOR
(IF DIFFERENT FROM APPLICANT)**

**“CERRO GORDO COUNTY” SHALL BE INCLUDED
AS AN ADDITIONAL INSURED**

Notification of Municipal Regulations and Hold Harmless Statement