

****AMENDED**OFFICIAL NOTICE**

The Des Moines County Board of Supervisors will hold a regular session on **Wednesday, November 13th, 2024** at 9:00 A.M. in the public meeting room at the Des Moines County Courthouse.

8:30 AM -Work Session: Board of Supervisors: Review of Weekly Business

PUBLIC NOTICE – the meeting can be viewed by live stream at <https://desmoinescounty.iowa.gov/live/> Anyone with questions during the meeting may email the Board of Supervisors at board@dmcounty.com OR call 319-753-8203, Ext 4

TENTATIVE AGENDA:

1. Pledge of Allegiance
2. Changes to Tentative Agenda
3. Meet with Department Heads / Elected Officials
4. Correspondence
5. Discussion / Vote:
 - A. Payroll Reimbursement Claims
 - B. Approval of Settlement Agreement
 - C. Fireworks Permit for 11-16-2024 – Myers Wedding Barn
 - D. Tax Suspension for Parcel #190-11265892
 - E. Personnel Actions:
 1. Conservation (1)
 2. Local Health (1)
 3. County Attorney (2)
 4. Auditor (1)
 - F. Reports:
 1. Sheriff's Monthly Report of Fees Collected, October 2024
 - G. *Canvass 2024 General Election
 - H. Minutes for Regular Meeting on November 6th, 2024
6. Other Business
7. Future Agenda Items
8. Committee Reports
9. Public Input
10. Adjournment



DES MOINES COUNTY

APPLICATION FOR FIREWORKS DISPLAY PERMIT



(Applications should be submitted two weeks prior to event)

APPLICANT INFORMATION:

Organization/Individual Hosting Event: Rachel Holsteen
Applicant Name: Rachel Holsteen
Mailing Address: 18542 Olympic Rd E-mail: _____
City: Vermouth State: IA Zip Code: 52160

SITE INFORMATION:

Address/Location of Display: Myers Wedding Barn
18876 111th Ave. Sperry IA 52160

DISPLAY INFORMATION:

Company conducting the display: J&M Displays
Mailing Address: 18064 170th Ave E-mail: nina@jandmdisplays.com
City: Vermouth State: IA Zip Code: 52160
Date of Display: November 16, 2024 Time of Display: 5pm
*Alternate Date: N/A Time of Display: N/A
Description of Effects: (Aerial, Ground, Set Pieces, Size, Quantity and approximate length of Display)
Mostly all cakes - 5-10 minutes

OPERATOR:

Name and cell phone number of Certified Fireworks Shooter who will be responsible for igniting the display. Please note: this person must be on-site during the display. **Include a copy of Certification with this permit application.**

Name: David Oetken Cell Phone: 319-457-1405
Alternate: _____ Cell Phone: _____

Have you contacted your local Fire Department with the date, time, and location of your Fireworks Display?
YES NO

EMERGENCY CONTACT INFORMATION:

Display Company's contact person during event: Jim Oetken
Phone: 319-759-1681 Alternate Phone: _____

SIGNATURE:

Applicant Signature: Nina Covert Date: 10/24/24

You must submit the following documentation before your application will be submitted to the Board of Supervisors:

- Completed Application
- Certificate of Authorized Fireworks Shooter
- Payment

Return to: **Des Moines County Auditor**
513 N. Main St.
Burlington, IA 52601

CITY/TOWNSHIP USE ONLY

I hereby affirm that I understand that no person shall handle or explode Fireworks while under the influence of alcohol, narcotics, or drugs which could adversely affect judgment, movements, or stability; that no person will set up or explode Fireworks after 11:00 pm; that no person will set up or explode Fireworks who is not 18 and qualified as set out above or who is not under the direct supervision of the Operator; the Operator will conduct a thorough search for any unexploded Fireworks or fuses; that any unexploded Fireworks will be stored or disposed of in a safe manner; and that the Sponsor, Operator, and I will follow its terms and the laws of the State of Iowa. Further, I specifically agree to protect, defend, and hold Des Moines County, Iowa, its officers and employees, and the Fire Chief/designee who signs the application harmless from all damages or claims for damages that might arise or accrue by reason of the granting of the permit for which I am applying.

Fire Chief:

Approved

Denied - Reason: _____

Name: Fire Chief Andy Kerr

Signature: Andy Kerr

Date: 10/26/24

BOARD OF SUPERVISOR USE ONLY

Approved

Denied - Reason: _____

Chair Signature: _____

Date: _____

Copy to: Des Moines County Sheriff, Fire Chief, Police Dispatch

Paid \$20.00 ck # 147520. 10/28/2024

CERTIFICATE OF COMPLETION

Presented to:

David Oetken

This certificate recognizes that the above-named individual completed an on-line J & M Displays, Inc., Six (6)-hour American Pyrotechnics Association (APA) Fireworks Training Program for display operators and acquired a passing score on the exam. This certificate will expire 3 years from the date below-mentioned.

Dated and signed September 9, 2024

James J. Oetken

James J. Oetken, CEO

Performance of the holder of this certificate is beyond the control of J & M Displays, Inc. and this Corporation makes no warranty as to the holder's future performance.

NOTICE OF DES MOINES COUNTY PERSONNEL ACTION

Name: Tanner Gebhardt Employee #: _____
Title: Natural Resource Manager Department: Conservation

STATUS CHANGES

TERMINATION

Resignation Unsatisfactory Probation
 Discharge Death
 Retirement Other, Explain

Last Day Worked _____
Add Vacation Days _____ to _____
Add Sick Days _____ to _____
Add Other Days _____ to _____
Last Day Paid _____
Unpaid Days _____ to _____

TRANSFER

Permanent Voluntary
 Temporary Involuntary

Previous Title _____
Previous Dept _____
New Job Title _____
New Dept _____
Previous Rate _____ New Rate _____
Effective Transfer Date _____

LAY OFF

Final Termination Date _____
Final Rate of Pay _____
Permanent Address _____
City, State, Zip _____

Does the employee Want
Health Insurance Continued Yes No
Does Employee Want Life
Insurance Continued Yes No
Last Day Worked _____

LEAVE OF ABSENCE

Maternity Educational
 Medical Military
 Other, Explain _____

Dates of Absence _____ to _____

SALARY ADJUSTMENT

New Hire Demotion
 Anniversary Reduction
 Promotion Suspension
 Probationary Other, Explain

24 Month step increase.

Does the employee Want
Health Insurance Continued Yes No Previous Rate \$45,864.00 New Rate \$47,698.56
Does Employee Want Life
Insurance Continued Yes No Previous Job Title: (if changed) _____
Effective Date: November 16, 2024

Authorized by: Chris Lee Department: Conservation Date: 11/06/2024
Authorized by: _____ Department: _____ Date: _____

Pay Period Ending: 11/22/2024 Payroll Date: 11/29/2024

NOTICE OF DES MOINES COUNTY PERSONNEL ACTION

Name: Jennifer Hartman Employee #: _____
Title: Secretary Department: Local Health

STATUS CHANGES

TERMINATION

Resignation Unsatisfactory Probation
 Discharge Death
 Retirement Other, Explain

Last Day Worked _____
Add Vacation Days _____ to _____
Add Sick Days _____ to _____
Add Other Days _____ to _____

Unpaid Days _____ to _____

Final Termination Date _____
Final Rate of Pay _____
Permanent Address _____
City, State, Zip _____

LEAVE OF ABSENCE

Maternity Educational
 Medical Military
 Other, Explain _____

Dates of Absence _____ to _____

Does the employee Want
Health Insurance Continued Yes No
Does Employee Want Life
Insurance Continued Yes No

Authorized by: Christa Poggemiller Department: Local Health Date: 11/8/2024
Authorized by: _____ Department: _____ Date: _____

Pay Period Ending: _____ Payroll Date: _____

TRANSFER

Permanent Voluntary
 Temporary Involuntary

Previous Title _____
Previous Dept _____
New Job Title _____
New Dept _____
Previous Rate _____
Effective Transfer Date _____

LAY OFF

Does the employee Want
Health Insurance Continued Yes No
Does Employee Want Life
Insurance Continued Yes No
Last Day Worked _____

SALARY ADJUSTMENT

Reclassification Demotion
 Anniversary Reduction
 Promotion Suspension
 Probationary Other, Explain

3.15 hours unpaid on Nov. 8, 2024

Previous Rate _____ New Rate _____
Previous Job Title: (if changed) _____
Effective Date: _____

NOTICE OF DES MOINES COUNTY PERSONNEL ACTION

Name: Brandon Weddle Employee #: 00978
Title: Administrative Assistant Department: County Attorney

STATUS CHANGES

TERMINATION

Resignation Unsatisfactory Probation
 Discharge Death
 Retirement Other, Explain

TRANSFER

Permanent Voluntary
 Temporary Involuntary

Previous Title _____
Previous Dept _____
New Job Title _____
New Dept _____
Previous Rate _____ New Rate _____
Effective Transfer Date _____
Last Day Worked _____
Add Vacation Days _____ to _____
Add Sick Days _____ to _____
Add Other Days _____ to _____
Last Day Paid _____
Unpaid Days _____ to _____

LAY OFF

Final Termination Date _____
Final Rate of Pay _____
Permanent Address _____
City, State, Zip _____
Does the employee Want Health Insurance Continued Yes No
Does Employee Want Life Insurance Continued Yes No
Last Day Worked _____

LEAVE OF ABSENCE

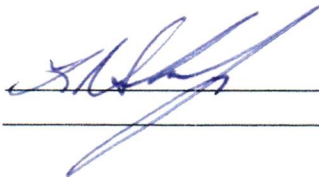
Maternity Educational
 Medical Military
 Other, Explain _____

SALARY ADJUSTMENT

New Hire Demotion
 Anniversary Reduction
 Promotion Suspension
 Probationary Other, Explain Unpaid leave

Brandon Weddle – Administrative Assistant – Unpaid Leave – 16 hrs
0001-04-1100-000-10020
Dates of Absence _____ to _____

Does the employee Want Health Insurance Continued Yes No
Does Employee Want Life Insurance Continued Yes No
Previous Rate _____ New Rate _____
Previous Job Title: (if changed) _____
Effective Date: _____

Authorized by:  Department: _____ Date: 11/08/2024
Authorized by: _____ Department: _____ Date: _____

Pay Period Ending: 11/09/2024 Payroll Date: 11/15/2024

NOTICE OF DES MOINES COUNTY PERSONNEL ACTION

Name: Cassandra Kilby Employee #: 00977
Title: Law Clerk Department: County Attorney

STATUS CHANGES

TERMINATION

- | | |
|--------------------------------------|---|
| <input type="checkbox"/> Resignation | <input type="checkbox"/> Unsatisfactory Probation |
| <input type="checkbox"/> Discharge | <input type="checkbox"/> Death |
| <input type="checkbox"/> Retirement | <input type="checkbox"/> Other, Explain |

Last Day Worked _____
Add Vacation Days _____ to _____
Add Sick Days _____ to _____
Add Other Days _____ to _____
Last Day Paid _____
Unpaid Days _____ to _____


Final Termination Date _____
Final Rate of Pay _____
Permanent Address _____
City, State, Zip _____

LEAVE OF ABSENCE

- | | |
|---|--------------------------------------|
| <input type="checkbox"/> Maternity | <input type="checkbox"/> Educational |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Military |
| <input type="checkbox"/> Other, Explain | _____ |

Dates of Absence _____ to _____

Does the employee Want
Health Insurance Continued Yes No
Does Employee Want Life
Insurance Continued Yes No

Authorized by:  Department: _____ Date: 11/08/2024
Authorized by: _____ Department: _____ Date: _____

Pay Period Ending: 11/09/2024 Payroll Date: 11/15/2024

TRANSFER

- | | |
|------------------------------------|--------------------------------------|
| <input type="checkbox"/> Permanent | <input type="checkbox"/> Voluntary |
| <input type="checkbox"/> Temporary | <input type="checkbox"/> Involuntary |

Previous Title _____
Previous Dept _____
New Job Title _____
New Dept _____
Previous Rate _____ New Rate _____
Effective Transfer Date _____

LAY OFF

Does the employee Want
Health Insurance Continued Yes No
Does Employee Want Life
Insurance Continued Yes No
Last Day Worked _____

SALARY ADJUSTMENT

- | | |
|---------------------------------------|---|
| <input type="checkbox"/> New Hire | <input type="checkbox"/> Demotion |
| <input type="checkbox"/> Anniversary | <input type="checkbox"/> Reduction |
| <input type="checkbox"/> Promotion | <input type="checkbox"/> Suspension |
| <input type="checkbox"/> Probationary | <input checked="" type="checkbox"/> Other, Explain Unpaid leave |

Cassandra Kilby - Law Clerk - Unpaid leave - 0.56 hrs
0001-04-1100-000-10020

Previous Rate _____ New Rate _____
Previous Job Title: (if changed) _____
Effective Date: _____

NOTICE OF DES MOINES COUNTY PERSONNEL ACTION

Name: Chandra Bliesener Employee #: 0660
Title: Real Estate Clerk I Department: Auditor

STATUS CHANGES

TERMINATION

Resignation Unsatisfactory Probation
 Discharge Death
 Retirement Other, Explain

TRANSFER

Permanent Voluntary
 Temporary Involuntary

Previous Title _____
Previous Dept _____
New Job Title _____
New Dept _____
Previous Rate _____ New Rate _____
Effective Transfer Date _____
Last Day Worked 11/08/2024
Add Vacation Days _____ to _____
Add Sick Days _____ to _____
Add Other Days _____ to _____
Last Day Paid _____
Unpaid Days _____ to _____

LAY OFF

Final Termination Date _____
Final Rate of Pay _____
Permanent Address _____
City, State, Zip _____
Does the employee Want Health Insurance Continued Yes No
Does Employee Want Life Insurance Continued Yes No
Last Day Worked _____

LEAVE OF ABSENCE

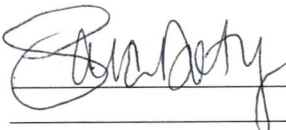
Maternity Educational
 Medical Military
 Other, Explain _____

SALARY ADJUSTMENT

Reclassification Demotion
 Anniversary Reduction
 Promotion Suspension
 Probationary Other, Explain

Dates of Absence _____ to _____

Does the employee Want Health Insurance Continued Yes No
Does Employee Want Life Insurance Continued Yes No
Previous Rate _____ New Rate _____
Previous Job Title: (if changed) _____
Effective Date: 11/08/2024

Authorized by:  Department: Auditor Date: 11/08/2024
Authorized by: _____ Department: _____ Date: _____

Pay Period Ending: _____ Payroll Date: _____



KEVIN GLENDENING, SHERIFF

512 N. Main Street
Burlington, IA 52601
Phone: 319-753-8289 (Civil)
Fax: 319-754-6910



SHERIFF'S MONTHLY REPORT TO THE BOARD OF SUPERVISORS

10/01/2024 thru 10/31/2024

SHERIFF FEES	9,674.09
MILEAGE	648.21
R & B	1,615.00
INTEREST	5.34
TOTAL	\$11,942.64

10,322.30

I, Kevin Glendening, Sheriff of Des Moines County, Iowa, do hereby certify that the above report is correct of monies collected by me as Sheriff during the period therein specified.

Kevin Glendening

KEVIN GLENDENING, SHERIFF

November 6, 2024

The Des Moines County Board of Supervisors met in regular session at the Court House in Burlington at 9:00 AM on Wednesday, November 6th, 2024, with Chair Tom Broeker, Vice Chair Jim Cary, and Member Shane McCampbell present. This meeting was also held electronically via Webex and YouTube live streaming. Public input was available through board email or call in.

Unless otherwise noted, all motions passed unanimously. The Pledge of Allegiance was conducted.

Meeting with Department Heads: Auditor Sara Doty reported the 2024 General Election was a success. 6,045 voters showed up to vote absentee, with the biggest day having 696 in office. She would like to thank her staff, and each department in the County that offered a hand. Here in Des Moines County, we are blessed to have a great relationship between all our departments, and we are all there for each other. Doty stated she is very thankful for the amount of support she received from everyone, both in the office and the community. IT Director Colin Gerst stated they are busy. Sheriff Kevin Glendening stated Doty and the Auditor's Office did excellent with efficiency with the voter turnout, the confidence in getting the numbers, and how the staff helped through the entire process. It is a great thing to see. The jail population is at 103. Maintenance Director Rodney Bliesener stated his crew remains busy. Assistant Attorney Trent Henkelvig is present for an agenda item. Land Use Administrator Zach James reported his office is hiring. His office remains busy. Conservation Director Chris Lee reported the Conservation Board meeting is tonight at. His staff remain busy. Treasurer Janelle Nalley-Londquist reported delinquent notices went out last week. Business is running as usual in her office. Emergency Management Director Shannon Prado stated she conducted a CERT Academy recently. County Recorder Natalie Steffener reported that Recordings were up for the month of October. OHB renewals are due and will expire December 31st. County Engineer Brian Carter would also like to give credit to Doty and the Auditor's Office staff on the election turnout. The subcontractor poured the first half on Upper Flint Bridge. They are currently pouring more today and will hopefully pour concrete once a day to get the concrete side of the project wrapped up. His crew remains busy.

Broeker read a letter from the SEIRPC seeking nationally competitive federal funds as correspondence.

Approval of Accounts Payable Claims in the amount of \$1,118,369.51 were presented. McCampbell made a motion to approve and was seconded by Cary.

Assistant County Attorney Trent Henkelvig discussed the IPIB Complaint with the Board of Supervisors. They will set a date for IPIB training with the Board of Supervisors.

Approval of Personnel Actions were presented: Correctional Center – Kenyetta Rooks, Medical Resignation effective 10/31/24, along with 4.44 unpaid hours. Cary made a motion to approve and was seconded by McCampbell. Sheriff – Joshua Fane, Deputy, 60-month step increase, new rate of \$71,727.17 yearly, effective 1/3/25; Brett Haubrich, Deputy, 18-month step increase, new rate of \$62,522.42 yearly, effective 10/28/24; Klay Foster, Deputy, 18-month step increase, new rate of \$62,522.42 yearly, effective 10/27/24. McCampbell made a motion to approve all three personnel actions and was seconded by Cary.

Report: Recorder's Report of Fees collected, October 2024
Veterans Affairs Monthly Report, October 2024

Cary motioned to approve October 26th, 2024, regular meeting minutes and was seconded by McCampbell.

The meeting was adjourned at 9:34 a.m.

This Board meeting is recorded. The meeting minutes and audio are posted on the county's website www.dmcountry.com

Tom Broeker, Chair
Attest: Sara Doty, County Auditor