

OFFICIAL NOTICE

The Des Moines County Board of Supervisors will hold a regular session on **Tuesday, November 19th, 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. Accounts Payable Claims
 - B. Accept a Petition to Establish an EMS District
 - C. Resolution #2024-047 Setting Time and Date of Public Hearing on the Establishment of an EMS District
 - D. Resolution #2024-048 Appointing Des Moines County Deputy Medical Examiner
 - E. Liquor License – Topsy Traveler’s LLC
 - F. Approval of Weed Commissioner’s Report
 - G. Approval of Weed Commissioner’s Certificate
 - H. Personnel Action:
 1. Correctional Officer (1)
 - I. Report:
 1. Clerk’s Report of Fees Collected, October 2024
 - J. Minutes for Regular Meeting on November 13th, 2024
6. Other Business
7. Future Agenda Items
8. Committee Reports
9. Public Input
10. Adjournment

NOTE: FY2025/2026 Budget Kick-Off Meeting with Department Heads at Starr’s Cave Nature Center, November 19th at 11:30 a.m.

**RESOLUTION SETTING TIME AND DATE OF PUBLIC HEARING ON THE
ESTABLISHMENT OF AN EMS DISTRICT**

RESOLUTION #2024-047

BE IT RESOLVED:

The Board of Supervisors hereby fixes the time and place for a public hearing on the establishment of an EMS District for Tuesday, December 3, 2024, at 9:00 a.m. in the Board Room at the Des Moines County Courthouse.

APPROVED this 19th day of November, 2024.

DES MOINES COUNTY
BOARD OF SUPERVISORS

Tom Broeker, Chairman

Jim Cary, Vice-Chairman

Shane McCampbell, Member

ATTEST: _____
Sara Doty, Auditor

AGENDA ITEM

FOR BOARD MEETING ON 19 Nov 2024

Title of Document: liquor license - Topsy Traveler's
UC - Barn on the Ridge - Dec 7, 2024

After approval by the Supervisors, this document should be:

☐

Record in Recorder's Office

☐

Send copy to:

☐

Send original to:



call to pick-up



mail to:

☒

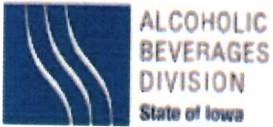
other: Return to Julie

Department and name of person submitting
item:

Auditor's Angie

I prefer to keep the original document on file in my office. If you want an original copy also, please bring two for the Board to sign.

Agenda items are due by **10 AM on the Friday** before the next Tuesday's meeting. If the documents are not in my office by 1PM, the item will be removed from the agenda. The Board needs some time to look over items that you are asking to be approved so please do them the courtesy of allowing them time to read and discuss them.



State of Iowa

Alcoholic Beverages Division

App-211191

Applicant

NAME OF LEGAL ENTITY

THE TIPSY TRAVELER'S LLC

NAME OF BUSINESS(DBA)

The Topsy Travelers LLC

BUSINESS

(319) 201-0470

ADDRESS OF PREMISES

14133 Irish Ridge Road

PREMISES SUITE/APT NUMBER

CITY

COUNTY

ZIP

Burlington

Des Moines

52601

MAILING ADDRESS

1919 Dogwood Avenue

CITY

Keota

STATE

Iowa

ZIP

52248

Contact Person

NAME

MEGAN LIBE

PHONE

(319) 201-0470

EMAIL

tipsytravelrs@gmail.com

License Information

LICENSE NUMBER

LICENSE/PERMIT TYPE

TERM

STATUS

Class C Retail Alcohol License

5 Day

Submitted
to Local
Authority

TENTATIVE EFFECTIVE DATE

Dec 6, 2024

TENTATIVE EXPIRATION DATE

Dec 10, 2024

LAST DAY OF BUSINESS

SUB-PERMITS

Class C Retail Alcohol License

PRIVILEGES



Status of Business

BUSINESS TYPE
Limited Liability Company

Ownership

• Individual Owners

NAME	CITY	STATE	ZIP	POSITION	% OF OWNERSHIP	U.S. CITIZEN
Megan Libe	Keota	Iowa	52248	OWNER	100.00	Yes

Insurance Company Information

INSURANCE COMPANY	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE
Founders Insurance Company	Dec 6, 2024	Dec 11, 2024
DRAM CANCEL DATE	OUTDOOR SERVICE EFFECTIVE DATE	OUTDOOR SERVICE EXPIRATION DATE
BOND EFFECTIVE DATE	TEMP TRANSFER EFFECTIVE DATE	TEMP TRANSFER EXPIRATION DATE

AGENDA ITEMS - COUNTY ENGINEER

Tuesday, November 19, 2024

- ❖ Approval of Weed Commissioner's Report
- ❖ Approval of Weed Commissioner's Certificate



2024 WEED COMMISSIONER'S REPORT

For the County of: Des Moines

Submit to County Board of Supervisors by:
Return copy to the IDALS office by:

November 1, 2024
December 1, 2024

Weed Commissioner's Contact Information:

Name	Jeff Chase	Year Appointed	1996
Address	13522 Washington Rd	Telephone	3197538241
City, Zip Code	West Burlington Ia. 52655	Alternate Telephone	
Email Address	jchase@dmcroads.org	Pesticide Certificate #	16388

Which of the noxious weeds have you found in your county?

- 1 – Found, a problem in my county
2 – Found, but not a problem

- 3 – Not known in my county
? – If you cannot identify this plant

<i>Primary Noxious Weeds</i>	<i>Answer</i>	<i>Secondary Noxious Weeds</i>	<i>Answer</i>
Buckthorn		Buckhorn Plantain	2
Bull Thistle	2	Cocklebur	2
Canada Thistle	2	Curly Dock (Sour Dock)	2
Field Bindweed		Multiflora Rose	2
Hoary Cress (Perennial Pepper-grass)		Poison Hemlock	
Horse Nettle		Puncturevine	
Leafy Spurge		Red Sorrel (Sheep sorrel)	
Musk Thistle	2	Shattercane	2
Palmer Amaranth		Smooth Dock	
Perennial Sow Thistle		Teasel	1
Quackgrass		Velvetleaf (Butterprint)	
Russian Knapweed		Wild Carrot	2
		Wild Mustard	2
		Wild Sunflower	2

<i>Invasive Prohibited Plants</i>	Answer		
Garlic Mustard	1		
Japanese Hop	3		
Japanese Knotweed	2		
Oriental Bittersweet	3		
Purple Loosestrife	2		

Please list any other plants which are a problem or a concern in your county:

As County Weed Commissioner, do your duties include roadside spraying?

Yes ☒ No ☐

Did your county publish a Notice of Program for weed control pursuant to the provisions of Title VIII Chapter 317 Section 317.14?

Yes ☒ No ☐

Did your county employ contract spraying during 2024?

Yes ☐ No ☒

If yes, what percentage of your total spray program is contracted? _____%

If possible, please list the contract rates. \$/mile _____

Total contract cost \$ _____

In the past year how much did your county spend on purchasing herbicides?

\$ 35000

How many times during 2024 was it necessary to serve a noxious weed notice?

Private (written) _____ Public (written) (DOT, DNR, CCB) _____

How many times did you contact individuals personally, rather than sending them a weed control notice?

Private (verbal) 1 _____ Public (verbal) (DOT, DNR, CCB) _____

How many times did you actually enter private or public land, control weeds, and assess the cost to the owner?

0

How many months were you employed as weed commissioner in 2024?

12 months

Are your duties as weed commissioner incorporated into another county job?

Yes ☒ No ☐ If Yes, what? Roads Superintendent

Weed Comm. Duties _____% IRVM Duties _____%

Other County Duties _____%

How does the overall county weed situation compare with last year?

Improved ☐ Unchanged ☒ Worse ☐

Comments? _____

Is brush control included in your weed commissioner duties?

Yes ☒ No ☐

If yes, what method(s) do you use? *(Circle all that apply):*

Spraying ☒ Cutting ☒ Stump treatment ☒ Basal bark ☒

Other, explain _____

What are your suggestions and/or recommendations which may improve your county weed and brush infestations?

What herbicides did your county use in your weed control program? Be specific, please list brand name and quantity of each. Please do not list surfactants or adjuvants. If the spray program is contracted in your county, ask your contractor for this information. Add another page if necessary.

Herbicide usage table:

CHEMICAL/BRAND	RATE USED	QUANTITY USED	TO CONTROL?
<i>(Example)</i> <i>Milestone</i>	<i>4 fluid ounces</i> <i>per acre</i>	<i>3.32 gallons</i>	<i>Thistle and teasel</i> <i>on roadside</i>
Escort	1.5oz/acre	1600 oz	weeds and brush
2,4-D	1qt/acre	750 gal	

The above report is true to the best of my knowledge.

Signature

County Weed Commissioner

Date

11/12/2024

Signature

Chairman, County Board of Supervisors

Date

Please return a copy to:

Iowa Department of Agriculture and Land Stewardship
Attn: State Weed Commissioner
2230 S Ankeny Blvd
Ankeny, IA 50023-9093



2025 COUNTY WEED COMMISSIONER CERTIFICATION FORM

For the County of: Des Moines

Weed Commissioner's Contact Information:

Name Jeff Chase	Year Appointed 1996
Mailing Address 13522 Washington Rd	Telephone 3197538241
City, Zip Code West Burlington Ia. 52655	Alternate Telephone
Email Address jchase@dmcroads.org	Pesticide Certificate # 16388



Signed: _____ Date: _____
Chair/President, County Board of Supervisors

PLEASE RETURN THIS FORM TO:

IOWA DEPARTMENT OF AGRICULTURE AND LAND STEWARDSHIP
State Weed Commissioner
2230 South Ankeny Boulevard
Ankeny, IA 50023-9093

317.3 Weed commissioner -- standards for noxious weed control.

The board of supervisors of each county may annually appoint a county weed commissioner who may be a person otherwise employed by the county and who passes minimum standards established by the department of agriculture and land stewardship for noxious weed identification and the recognized methods for noxious weed control and elimination. The county weed commissioner's appointment shall be effective as of March 1 and shall continue for a term at the discretion of the board of supervisors unless the commissioner is removed from office as provided for by law. The county weed commissioner may, with the approval of the board of supervisors, require that commercial applicators and their appropriate employees pass the same standards for noxious weed identification as established by the department of agriculture and land stewardship. The name and address of the person appointed as county weed commissioner shall be certified to the county auditor and to the secretary of agriculture within ten days of the appointment. The board of supervisors shall fix the compensation of the county weed commissioner and deputies. In addition to compensation, the commissioner and deputies shall be paid their necessary travel expenses. At the discretion of the board of supervisors, the weed commissioner shall attend a seminar or school conducted or approved by the department of agriculture and land stewardship relating to the identification, control, and elimination of noxious weeds.

The board of supervisors shall prescribe the time of year the weed commissioner shall perform the powers and duties of county weed commissioner under this chapter which may be during that time of year when noxious weeds can effectively be killed. Compensation shall be for the period of actual work only although a weed commissioner assigned other duties not related to weed eradication may receive an annual salary. The board of supervisors shall likewise determine whether employment shall be by hour, day or month and the rate of pay for the employment time.

NOTICE OF DES MOINES COUNTY PERSONNEL ACTION

Name: Austin Dunham Employee #: 0753
Title: Correctional Officer Department: Correctional Center

STATUS CHANGES

TERMINATION

☒ **Resignation** ☐ Unsatisfactory Probation
☐ Discharge ☐ Death
☐ Retirement ☐ Other, Explain

Last Day Worked November 4, 2024
Add Vacation Days _____ to _____
Add Sick Days _____ to _____
Add Other Days _____ to _____
Last Day Paid _____
Unpaid Days _____ to _____

Final Resignation Date November 4, 2024

Final Rate of Pay \$56,101.97
Permanent Address 11436 Westwood Hills
City, State, Zip West Burlington IA52655

LEAVE OF ABSENCE

☐ Paternity ☐ 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: [Signature] Department: Correctional Center Date: November 13, 2024
Authorized by: _____ Department: _____ Date: _____

Pay Period Ending: November 9, 2024 Payroll Date: November 15, 2024

TRANSFER

☐ Permanent ☐ Voluntary
☐ Temporary ☐ 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

☐ New Hire ☐ Probationary
☐ 77.11 Hours ☐ Demotion
☐ 80 Hours ☐ Reduction
☐ Anniversary ☐ Suspension
☐ Promotion ☐ Other, Explain

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

Emailed Payroll: _____

CLERK'S REPORT OF FEES COLLECTED

STATE OF IOWA)
DES MOINES COUNTY)

TO THE DES MOINES COUNTY BOARD OF SUPERVISORS:

I, SARA MADDUX, CLERK OF DISTRICT COURT OF THE ABOVE-NAMED COUNTY AND STATE, DO HEREBY CERTIFY THAT THE FOLLOWING IS A TRUE AND CORRECT STATEMENT OF THE FEES COLLECTED BY ME IN MY OFFICE FOR THE MONTH OF OCTOBER, 2024 AND THE SAME HAS BEEN PAID TO THE COUNTY TREASURER, AS PER DUPLICATE VOUCHER HERETO ATTACHED.

DES MOINES COUNTY TREASURER:

5% OF STATE FINE SURCHARGE	\$ 222.64
SHERIFF FEES	3,077.07
INFRACTIONS	3,709.52
TOBACCO	210.00
COUNTY ENFORCEMENT SURCHARGE	21.75
LAW LIBRARY	0
RECORD SECURITIES FEES	5.00
PRE-PD FEES TO SHERIFF	0.05
MISC. REIMBURSEMENT (INDIGENT DEFENSE)	0
TOTAL FEES	<u>\$7,246.03</u>

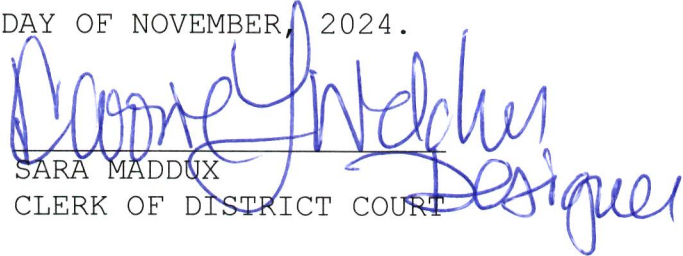
TOTAL PAID \$7,246.03

CHECK No. 191815

RESPECTFULLY SUBMITTED THIS

8th

DAY OF NOVEMBER, 2024.


SARA MADDUX
CLERK OF DISTRICT COURT