



**HARDIN COUNTY**  
Board of Supervisors

**Wednesday, July 7, 2021**

**NOTICE: This meeting will be held electronically and in-person. To access and participate in meetings via Zoom, please call 641-939-8108 for meeting information.**

1. 9:00 A.M. Call To Order  
Courthouse Large Conference Room
2. Pledge Of Allegiance
3. Approval Of Agenda
4. Emergency Management Update
5. Utility Permits & Secondary Roads Department
6. Public Comments
7. Revocation Of County Mowing/Baling In The Right-Of-Way Permit(S)

Documents:

[ALTERATION OF THE ROW - IRVM.PDF](#)  
[WORK IN THE RIGHT OF WAY.PDF](#)

8. Adoption Of DOT Mowing/Baling In The Right-Of-Way Permit

Documents:

[NEW MOWING IN THE ROW APPLICATION.PDF](#)

9. Motion Authorizing County Engineer To Sign FY 2022 Fuel Contract
10. Application For Fireworks Permit – Long Family Reunion

Documents:

[FIREWORKS PERMIT APPLICATION - LONG FAMILY.PDF](#)

11. Application For Fireworks Permit – Vern Schwartz Family

Documents:

[FIREWORKS PERMIT APPLICATION - SCHWARTZ FAMILY.PDF](#)

12. Application For Liquor License – Wine On Wheels Iowa, LLC

Documents:

APPLICATION FOR LIQUOR LICENSE - WINE ON WHEELS IOWA.PDF

13. Auditor's Monthly Report

Documents:

[AUDITORS MONTHLY REPORT.PDF](#)

14. Sheriff's Monthly Report

15. Changes Of Status - Conservation

Documents:

[CHANGES OF STATUS - CONSERVATION.PDF](#)

16. Other Business

17. Adjournment/Recess

18. 9:30 A.M. Drainage

[VIEW REGULAR DRAINAGE MEETING AGENDA](#)

Courthouse Large Conference Room



**Hardin County IRVM**  
**1704 5<sup>th</sup> Ave**  
**Eldora, IA 50627**  
**Megan Dohrman**  
**Telephone: (641) 849-0333**  
**Email: [mdohrman@hardincountyia.gov](mailto:mdohrman@hardincountyia.gov)**

**APPLICATION FOR ALTERATION  
 OF PUBLIC RIGHT-OF-WAY**

**Application No.:** S- \_\_\_\_\_

APPLICANT INFORMATION (PLEASE PRINT CLEARLY OR TYPE)

Applicant Name: \_\_\_\_\_ Owner Name (if different): \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
 (Street Address) (City) (State) (Zip)

Phone Number: \_\_\_\_\_ Cell Phone No.: \_\_\_\_\_

LOCATION OF PROPOSED ALTERATION **\*Please Include Map of Area**

Address/Road Name: \_\_\_\_\_ Township: \_\_\_\_\_ Sec.: \_\_\_\_\_

Description of alteration: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Application Requirements:**

1. The work described in this Application shall be completed as proposed in compliance with the requirements and special provisions within the time frame stated for said request. Failure on the part of the Applicant to abide by the requirements or in altering the work described as stipulated and within the time frame stated shall render this Application and request null and void. The Applicant shall indemnify and agrees to save harmless Hardin County from any and all causes of action, suits at law or in equity, or losses, damages, claims, or demands, and from any and all liability and expenses or what so ever nature for, on account of or due to the acts or omissions of said applicant's officers, members, agents, representatives, contractors, employees or assigns arising out of or in connection with its (or their) use or occupancy of the public highway under the conditions and requirements of this application.
2. The work to be required and permitted within this agreement shall include and be limited to; control of noxious weeds, and brush. Work shall be completed without causing unnecessary disturbance or physical change to the right-of-way.
3. The Applicant shall seed and mulch all disturbed areas within the roadway right-of-way and shall be responsible for the vegetative cover until it becomes well established. When necessary for the maintenance of the Right-of-Way, prescribed burning will be conducted by the Hardin County IRVM department upon request.
4. The Applicant is responsible for contacting Iowa One-Call 811 or (1-800-292-8989) prior to any sign installation.
5. **THIS APPLICATION DOES NOT ALLOW ANY CONSTRUCTION IN THE RIGHT-OF-WAY.** Any alteration in the Right-of-Way NOT pertaining to vegetation, please contact The Hardin County Engineers Office.

In signing and accepting this Application for Alteration of Public Right-of-Way I agree to perform alteration in accordance with the above stated requirements and any special provisions. The applicant shall be notified of non-conforming work and be required to make the necessary changes or be responsible for any costs required to correct any deficiencies.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

FOR COUNTY USE ONLY

Special Provisions: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Approved by: \_\_\_\_\_ Application Expiration Date: \_\_\_\_\_



# Hardin County Secondary Roads

## HARVESTING AND MOWING PERMIT APPLICATION

(Includes harvesting hay or other plant material or mowing within the county road right-of-way.)

Applicant Name: \_\_\_\_\_ Business Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Daytime Telephone \_\_\_\_\_ Email Address: \_\_\_\_\_

### Locations requesting to mow or harvest within the county road rights-of-way

Owner, renter, or manager  
of abutting land:

Hwy/St/Ave: \_\_\_\_\_ Side (N,S,E,W) \_\_\_\_\_ between \_\_\_\_\_ and \_\_\_\_\_ Yes  or No

Hwy/St/Ave: \_\_\_\_\_ Side (N,S,E,W) \_\_\_\_\_ between \_\_\_\_\_ and \_\_\_\_\_ Yes  or No

Hwy/St/Ave: \_\_\_\_\_ Side (N,S,E,W) \_\_\_\_\_ between \_\_\_\_\_ and \_\_\_\_\_ Yes  or No

For additional locations, attach a separate sheet.

### Type of Operation (check all that apply)

- Mow only       Harvest hay (  large bales;  small bales)
- Harvest plant material other than hay (  with machinery;  by hand or with hand tools)
- seeds;  fruit or berries;  nuts;  flowers;  dried plants;
- cattail tubers;  live woody material;  dead woody material (e.g., logs);  other

List species and harvest period:

### Agreements:

Failure to abide by any stipulation may result in immediate revocation of the permit or denial of future permits. The applicant agrees that if granted a permit to do above-described work, the following stipulations shall govern:

1. The County may restrict any operations, including those that affect the health of the vegetation. Mowing of newly seeded areas that are not yet fully established shall not be permitted.
2. Mowing height shall be set so remaining cut stubble height is at least 6 inches.
3. The hay harvest period shall be as specified below. To request other periods, attach a description and purpose.  
July 15 – September 1 for cool-season grasses and forage legumes (e.g., brome, tall fescue, alfalfa, birdsfoot trefoil)  
July 15 – August 15 for areas containing warm-season native grasses (e.g., big bluestem, Indiangrass, little bluestem)
4. For haying, only one cutting per year shall be allowed for any portion of the permitted area. This excludes areas with warm-season native grasses.
5. All work on the right-of-way shall be performed between the hours of 30 minutes after sunrise to 30 minutes before sunset.
6. All personnel on foot in the highway right-of-way shall wear ANSI 107 Class 2 safety apparel at all times. Fluorescent yellow-green vests that meet the requirements for normal visibility conditions are available at the County Engineer's Office (two per applicant).
7. The operation shall be completed in a professional manner and the area shall be left in a neat condition upon completion.
8. No overnight parking of equipment near the right-of-way line shall be allowed. In no case shall equipment be parked closer than 50 feet from the edge of the traveled way.
9. Bales or stacks of harvested grass shall be stored as far away from the edge of the traveled way as possible. All harvested materials shall be removed from the rights of way within 3 days after being mowed. Harvested materials remaining after 7 days may be disposed of with the cost chargeable to the permit holder.
10. The applicant shall not engage in harvesting operations during periods when resultant wheel ruts would cause possible drainage, erosion, or compaction problems. Costs for repair by the County of such operations will be recovered from the applicant.

11. The applicant agrees to pay the County for damages to the right-of-way resulting from mowing or harvesting, including but not limited to damage to fences, signs, landscape plantings, other highway features, and drainage district tile. Right-of-way markers and land monuments shall not be removed, altered, or damaged.
12. This permit shall be subject to any laws now in effect or any laws that may be hereafter enacted and all applicable rules and regulations of local, state, and federal agencies.
13. The applicant is required to check with the County Engineer for herbicide application records and to follow any product label restrictions related to haying and feeding the hay to livestock.
14. The County makes no guarantee as to the quality and quantity of the hay, to the presence of any toxic materials, or to the contaminants that may be contained in the hay or other plant material harvested, and herein assumes no responsibilities to the applicant or users of hay or other plant material harvested from the right-of-way.
15. The applicant agrees to defend, indemnify, and hold harmless the County from any and all liability, loss, or damage that the County may suffer as a result of claims, demands, costs, or judgments against it arising out of the issuance of this permit or applicant's operations. The applicant acknowledges that all operations are at applicant's own risk.
16. The applicant agrees to submit proof of liability insurance.
17. The applicant agrees to give the County forty-eight hours' notice of intent to start operations. Notification shall be given to the person noted below.
18. Any hay, grass, seeds, fruit or berries, nuts, plants or flowers, dried plants, cattail tubers, live woody material, dead woody material or logs, or other plant material identified under "Type of Operation (check all that apply)" above and obtained under this permit application, is for the use of the Applicant only. The Applicant is not allowed to sell such items to the public or to any other individual or entity.

**Additional Stipulations:**

(For the County permit administrator to fill out) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Applicant Signature and Agreement**

- We, the undersigned, are the owner or owners or designees (renters, property managers) of the property abutting the county road where the work is requested, as described in page 1. We have read and agree to the stipulations of this permit.
- We, the undersigned, are NOT the owner or designee of land abutting county road where work is requested, as described on page 1; however, we have contacted the abutting landowners or designees, and provide their signatures below or as attached statements to show they do not object to the activities requested in this permit. We have read and agree to the stipulations of this permit.

Applicant(s) \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to abutting land: \_\_\_\_\_

**Other Abutting Landowner or Designee Consent and Signature**

As an abutting landowner or designee to the proposed activity in this permit application, I do not object to the activities requested in this permit.

Location of abutting property in this permit: \_\_\_\_\_

\_\_\_\_\_  
 Abutting Landowner or Designee (Print Name)      Abutting Landowner or Designee (Signature)      Date

- Owner       Renter       Manager

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Application Approved       Application Denied       Permit No.: \_\_\_\_\_      Expiration Date: \_\_\_\_\_

\_\_\_\_\_  
 Authorized County Representative      Signature      Date

\_\_\_\_\_  
 Local County Contact Person and Position      Phone Number



## Fireworks Permit Application

Applicant Name	Douglas Long
Address	22997 115th St
City	Iowa Falls
State	Iowa
Zip Code	50126
Phone Number	515-297-1375
Email Address	
Name of organization applying for permit to explode fireworks:	Long Family Reunion
Name of person or organization that shall be the operator or operators of exploding the fireworks:	Douglas Long
List previous experience of the operator or operators in exploding the fireworks:	Previous 4th Celebrations Stand by Firefighter
Has the operator or operators had any training in exploding fireworks?	No
If so, what has this consisted of?	<i>Field not completed.</i>
Date(s) on which the fireworks display shall take place:	July 10
Location at which the fireworks shall be exploded:	22997 115th Street
City	Iowa Falls
State	Iowa



Zip Code 50126

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Will any emergency medical treatment be available at the location of where the fireworks will be displayed? Yes

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If so, what will this consist of? Trained first aid responders

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Will any fire protection be available at the location of the fireworks display? Yes

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If so, what will this consist of? Residential water supply  
Safety perimeter designated

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Will you notify your local fire department regarding the date, time, and location of the fireworks display? Yes

---

Will any search be conducted after the fireworks display for unexploded fireworks? Yes

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Will people be restricted from the area until the search is completed? Yes

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Will the location where the fireworks display is conducted be wetted down after the fireworks display? Yes

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Will the operator and the permittee be covered by insurance for their fireworks display? Yes

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**Iowa Code Section**

*Iowa Code Section 331.304(9) and Section 727.2, allow fireworks permits but (1) only upon an application made in writing; (2) only to municipalities, fair associations, amusement parks, and other organizations or groups of individuals approved by the County Board of Supervisors; (3) and only when the fireworks display will be handled by a competent operator.*

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*These two statutes do not allow a County Board of Supervisors to issue a permit to an individual person.*

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If your area is under burn ban on the planned date of your fireworks display, this permit is void.

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Applicant Signature                      Douglas Long

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Date    7/4/2021

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(Section Break)

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Submit Completed Application  
*Submit applications by United States Postal Service to:*  
*Hardin County Board of Supervisors*  
*1215 Edgington Avenue, Suite 1*  
*Eldora, IA 50627*

*Submit completed application by fax to:*  
*Fax: 641-939-8223*

*Submit completed application by email to:*  
*Angela Silvey, [asilvey@hardincountyia.gov](mailto:asilvey@hardincountyia.gov)*

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Email not displaying correctly? [View it in your browser.](#)

# Fireworks Permit Application

Applicant Name	Vern Schwartz
Address	15342 220TH ST
City	Alden
State	Iowa
Zip Code	50006
Phone Number	3158554356
Email Address	
Name of organization applying for permit to explode fireworks:	Vern Schwartz Family
Name of person or organization that shall be the operator or operators of exploding the fireworks:	Leon Schwartz
List previous experience of the operator or operators in exploding the fireworks:	9Years
Has the operator or operators had any training in exploding fireworks?	Yes
If so, what has this consisted of?	9 years experience
Date(s) on which the fireworks display shall take place:	July 17 Rain date July 18
Location at which the fireworks shall be exploded:	21649 E Ave.
City	Alden
State	IA

Zip Code	50006
Will any emergency medical treatment be available at the location of where the fireworks will be displayed?	Yes
If so, what will this consist of?	First Aid kit
Will any fire protection be available at the location of the fireworks display?	Yes
If so, what will this consist of?	30 gal portable sprayer. hydrant with hose, 28,000 thousand Gal water in swimming pool
Will you notify your local fire department regarding the date, time, and location of the fireworks display?	Yes
Will any search be conducted after the fireworks display for unexploded fireworks?	Yes
Will people be restricted from the area until the search is completed?	Yes
Will the location where the fireworks display is conducted be wetted down after the fireworks display?	Yes
Will the operator and the permittee be covered by insurance for their fireworks display?	Yes

**Iowa Code Section**

*Iowa Code Section 331.304(9) and Section 727.2, allow fireworks permits but (1) only upon an application made in writing; (2) only to municipalities, fair associations, amusement parks, and other organizations or groups of individuals approved by the County Board of Supervisors; (3) and only when the fireworks display will be handled by a competent operator.*

*These two statutes do not allow a County Board of Supervisors to issue a permit to an individual person.*

---

If your area is under burn ban on the planned date of your fireworks display, this permit is void.

---

Applicant Signature                      Vern L. Schwartz

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Date    6/30/2021

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(Section Break)

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Submit Completed Application  
*Submit applications by United States Postal Service to:*  
*Hardin County Board of Supervisors*  
*1215 Edgington Avenue, Suite 1*  
*Eldora, IA 50627*

*Submit completed application by fax to:*  
*Fax: 641-939-8223*

*Submit completed application by email to:*  
*Angela Silvey, [asilvey@hardincountyia.gov](mailto:asilvey@hardincountyia.gov)*

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Services <[https://directory.iowa.gov/service/Index?\\_ga=1.101492737.1604613096.1488473035&ia\\_slv=1622813863381](https://directory.iowa.gov/service/Index?_ga=1.101492737.1604613096.1488473035&ia_slv=1622813863381)>

Agencies <[https://directory.iowa.gov/?ia\\_slv=1622813863381](https://directory.iowa.gov/?ia_slv=1622813863381)>

Social <[https://directory.iowa.gov/social/Index?ia\\_slv=1622813863381](https://directory.iowa.gov/social/Index?ia_slv=1622813863381)>

<[https://www.iowa.gov/search/google?ia\\_slv=1622813863381](https://www.iowa.gov/search/google?ia_slv=1622813863381)>

License Application ()

**FILED**

**JUN 29 2021**

HARDIN COUNTY AUDITOR

**Applicant**

**Name of Legal Entity :** WINE ON WHEELS IOWA, LLC

**Name of Business(DBA) :** Wine on Wheels Iowa LLC

**Address of Premises :** 27967 Highway D15

**City :** Iowa Falls

**County :** IA

**Zip :** 50126

**Business :** (319) 321-3644

**Mailing Address:** 775 Chukar Circle

**City :** North Liberty

**State :** Iowa

**Zip :** 52317

**Contact Person**

**Name :** JEREMY BLEIL

**Phone :** (319) 321-3644

**Email :** wineonwheelsiowa@gmail.com

**License Information**

**License Number :**

**License/Permit Type :** Class C Liquor License

**Term :** 5 Day

**Effective Date :**

**Expiration Date :**

**Sub-Permits/Privileges :**

**Status of Business****Business Type** : Limited Liability Company**Ownership**

David Gallagher

**City** : North Liberty**State** : Iowa**Zip** : 52317**Position** : Owner**% of ownership** : 50**U.S. Citizen** : Yes

Jeremy Bleil

**City** : North Liberty**State** : Iowa**Zip** : 52317**Position** : Owner**% of ownership** : 50**U.S. Citizen** : Yes**Insurance Company Information****Insurance Company** : MOUNT VERNON FIRE INS CO**Policy Effective Date** : 2021-05-25**Policy Expiration** : 2022-05-25**Bond Effective** :**Dram Cancel Date** :**Outdoor Service Effective** :**Outdoor Service Expiration** :**Temp Transfer Effective Date** :

**APPLICANT**

I hereby declare that all information contained in the E-license Application is true and correct. I understand that misrepresentation of material fact in the Application is a serious misdemeanor crime and grounds for denial of the license or permit under Iowa law.

Jeremy Bleil  
Applicant's Signature

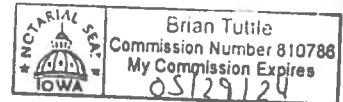
6/8/21  
Date

**NOTARY**

State of IOWA.

County of Johnson

Signed and sworn to before me on 6/8/21  
Date



By Jeremy Bleil  
Print Name of Applicant

B. Tuttle  
Signature of Notary

6/8/21  
Date



# County Auditor's Report of Fees Collected

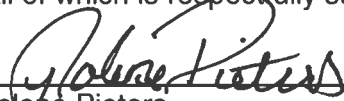
State of IOWA ) SS:  
County of ) Hardin County

To the Board of Supervisors of HARDIN COUNTY:

I, Jolene Pieters, Auditor 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 period of 6.1.2021 through 6.30.2021 and the same has been paid to the County Treasurer:

	No. Doc.	Fees collected
4150 Passport fees	20	\$700.00
4150 Photo fees	20	\$300.00
4150 Passport Postage		\$0.00
	Total	\$1,000.00

All of which is respectfully submitted.

  
\_\_\_\_\_  
Jolene Pieters  
Hardin County Auditor

7.1.2021  
\_\_\_\_\_  
Date

\_\_\_\_\_  
Chairperson, Board of Supervisors

\_\_\_\_\_  
Date



# HARDIN COUNTY

## Courthouse

HARDIN COUNTY COURTHOUSE  
1215 EDGINGTON AVE.  
ELDORA, IA 50627

### HARDIN COUNTY Employee Change of Status Report

Please enter the following change(s) as of 7-01-21  
Date

Name: Brennen Reysack

Department: Conservation

Address: 15533 S. Ave

Position: Conservation Tech

Ackley Iowa 50601  
City State Zip Code

Salary/Hourly Rate: \$37'433

Fund: 0001-22-6110-000-10004

Status:  Full-time  Permanent Part-time  Temporary/Seasonal Part-time

Reason of Change:

- Hired
- Promotion
- Demotion
- Pay Increase
- Leave of Absence \_\_\_\_\_  
Dates
- Resignation
- Retirement
- Layoff
- Discharge

Other: Brennen has acquired his CDL certification and additional Chemical Cert.  
So he is getting a pay bump for this.  
I already have this built into my budget. (\$600 Bump)

Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_ Last Day of Work \_\_\_\_\_  
From To (if applicable)

Beyond the last day of work, the following vacation time was (or will be paid): \_\_\_\_\_ to \_\_\_\_\_  
From To

Authorized by: Wesley Weese  
Elected Official or Department Head

7-1-2021  
Date

Authorized by: \_\_\_\_\_  
Board of Supervisors

\_\_\_\_\_  
Date



# HARDIN COUNTY

## Courthouse

HARDIN COUNTY COURTHOUSE  
1215 EDGINGTON AVE.  
ELDORA, IA 50627

### HARDIN COUNTY Employee Change of Status Report

Please enter the following change(s) as of 7-01-21  
Date

Name: Kit Paper

Department: Conservation

Address: 2181 220th St.

Position: Natural Resource Manager

Webster City                      Iowa                      50595  
City                                      State                                      Zip Code

Salary/Hourly Rate: \$45'406.00

Fund: 0001-22-6110-000-10004

Status:     Full-time                       Permanent Part-time                       Temporary/Seasonal Part-time

Reason of Change:

- Hired
- Promotion
- Demotion
- Pay Increase
- Leave of Absence \_\_\_\_\_  
Dates
- Resignation
- Retirement
- Layoff
- Discharge

Other: Kit has acquired his CDL certification so he is getting a pay raise for this.  
I already have this built into my budget. (\$450 Bump)

Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_                      Last Day of Work \_\_\_\_\_  
From                                      To                                      (if applicable)

Beyond the last day of work, the following vacation time was (or will be paid): \_\_\_\_\_ to \_\_\_\_\_  
From                                      To

Authorized by: Wesley Wesi  
Elected Official or Department Head

7-1-2021  
Date

Authorized by: \_\_\_\_\_  
Board of Supervisors

\_\_\_\_\_  
Date