

Ida County Board of Supervisors

401 Moorehead St., Ida Grove, Iowa 51445 Phone: 712-364-2632 Fax: 712-364-3929

Creston Schubert
District 1

Raymond Drey
District 2

Rhett Leonard
District 3

TENTATIVE AGENDA

Tuesday, October 4, 2022

9:00 A.M.

Supervisor's Meeting Room

MEETING CALLED TO ORDER:

1. MINUTES OF LAST MEETING:

2. PUBLIC COMMENTS TO THE BOARD:

During this time the board may receive comments from the public on items that are not on the agenda. If a member of the public wishes to speak on an agenda item, the Board will hear their comments when that item is addressed. Twenty minutes are allotted for public comments either now or further in the meeting with a 5-minute time limit per person, if needed. The board may choose to extend this time if they wish, but that is a board decision. The board does not need to respond to any comments made.

IDA COUNTY WILL NOT DISCRIMINATE AGAINST ANY PERSON ON THE GROUNDS OF RACE, COLOR, NATIONAL ORIGIN, GENDER, AGE, OR DISABILITY.

3. APPOINTMENTS:

9:00 a.m.-County Engineer Jeff Williams

Phone Conference with Renee Von Bokern

a): Discuss/Approve/Disapprove: Road Worker Wages

4. OLD BUSINESS:

5. NEW BUSINESS:

Approve/Disapprove: Claims

Approve/Disapprove: Caroline Homan – dispatcher-resignation-effective October 13, 2022

Approve/Disapprove: Angela Lamb-part-time dispatcher effective 10/4/22 - \$20.17 per hour

Approve/Disapprove: Katie Hayden-Dispatcher-pay increase to \$20.17 per hour

6. REPORTS:

Acknowledge receipt of manure management plans from Albers/Craig & Gloria Todd; R & M Pork; Rick McBride

7. CORRESPONDENCE:

OSHA Response

Lorna Steenbock

From: Corey Trucke <ctrucke@idacountysheriff.us>
Sent: Thursday, September 29, 2022 4:29 PM
To: Lorna Steenbock
Subject: RE: Resignation

Yes, Caroline Homan effective October 13.

Thank you,

Corey Trucke, Sergeant/EMS Director
Ida Co Sheriff's Office/Ida Co Emg Services
(P) 712-364-3146 (C) 712-364-5777 (F) 712-364-7411
ctrucke@idacountysheriff.us



From: Lorna Steenbock <lsteenbock@idacountyia.us>
Sent: Thursday, September 29, 2022 4:28 PM
To: Corey Trucke <ctrucke@idacountysheriff.us>
Subject: Resignation

Do you have a resignation also—that the Board needs to approve? Thanks, Lorna

IDA COUNTY SHERIFF'S OFFICE



To Serve and Protect the People of Ida County

Wade A. Harriman
Sheriff
401 Moorehead Street
Ida Grove, Iowa 51445

Office Phone (712) 364-3146
Fax Number (712) 364-2746

9/29/2022

Board of Supervisors,

I am appointing Angela Lamb as a part time/as needed dispatcher effective 10/4/2022 at the rate of \$20.17 per hour.

A handwritten signature in black ink, appearing to read 'Wade Harriman'.

Wade Harriman, Sheriff
Ida County Sheriff's Office

IDA COUNTY SHERIFF'S OFFICE



To Serve and Protect the People of Ida County

Wade A. Harriman
Sheriff
401 Moorehead Street
Ida Grove, Iowa 51445

Office Phone (712) 364-3146
Fax Number (712) 364-2746

9/29/2022

Board of Supervisors,

Effective October 17, 2022 Katie Hayden will have successfully completed her probation period and is entitled to a pay increase to \$20.17 per hour.

Respectfully,

A handwritten signature in black ink, appearing to read 'Wade A. Harriman'.

Wade Harriman, Sheriff
Ida County Sheriff's Office



MMP Short Form for Annual Updates

CASHIER'S USE ONLY
 0473-542-473B-0431
 Facility Name
 Facility ID #

Iowa law requires annual updated MMPs and fees to be submitted on or before the 1st of the month due. If the update is not submitted by the **due date**, DNR issues a Notice of Violation. **If a complete update and fees are not submitted by the end of the month it is due, the late submittal is referred to DNR legal services for enforcement action, including a \$3,000 penalty.** For facilities with IDALS 200A certification, include a copy of the certification and compliance fees with this form to meet annual update requirements.

Instructions:

1. Fill in name, ID number, location, and owner/contact information. Check applicable box(es) below. Sign (facility owner) and date the form.
2. Make copies of this form for yourself, each county and the DNR field office. Submit copy to each county and have each county sign the form.
3. Submit a signed (by each county and facility owner) form to the appropriate **DNR Field Office**.

Facility Name: R & M Pork Facility ID #: 57964

Facility Address: 4829 310th Street Danbury IA 51019
 (Address) (City) (State) (Zip)

Owner's Name: Rick McBride Phone Number: 712-369-1130

Mailing Address: 4829 310th Street Danbury IA 51019
 (Address) (City) (State) (Zip)

Email Address (optional): _____

Contact Name: Twin Lakes Environmental Services, LLC Phone Number: 712-297-5530

Mailing Address: 2203 Ogden Avenue Rockwell City Iowa 50579
 (Address) (City) (State) (Zip)

Email Address (optional): _____

Prior to making changes in manure management practices, update the on-site copy to show actual changes. Please select changes below and include all changes in your current, on-site MMP.

I have made no changes to my MMP.

I have added acres; changed crop rotation or optimum yields; changed application method; used manure analysis.

I am electing to be a small animal feeding operation (SAFO) or facility capacity has changed (**Contact your local DNR Field Office**).

I have made other changes to my MMP. Describe: I have updated RUSLE2s & p-indexes. This is my four year update.

Signature of Facility Owner: Rebecca Sexton Digitally signed by Rebecca Sexton
Date: 2022.09.29 14:18:37 -05'00' Date: 9/29/2022

VERIFICATION OF COUNTY RECEIPT: I have received a complete copy of the annual MMP update.

County: Ida Signature: [Signature] Date: 9/29/22

County: Woodbury Signature: _____ Date: _____

County: _____ Signature: _____ Date: _____

For DNR to approve the update, submit on this form, check at least one box above, have each county and the facility owner sign and date, and pay the correct fees.

Calculate the **Animal Unit Capacity (AUC)**: multiply the maximum number of each species confined at one time by the appropriate factor indicated below, then add all animal units together and multiply by \$0.15:

ANIMAL SPECIES	(Max Capacity)	X (FACTOR)	AUC
Slaughter or feeder cattle		1.0	
Immature dairy cattle		1.0	
Mature dairy cattle		1.4	
Swine over 55 lbs.	4000	0.4	1600
Swine 15 lbs. to 55 lbs.; Sheep; Goats		0.1	
Horses		2.0	
Turkeys 7 lbs. or more		0.018	
Turkeys less than 7 lbs.		0.0085	
Broiler or layer chickens 3 lbs. or more		0.01	
Broiler or layer chickens less than 3 lbs.		0.0025	
Fish		0.001	

DNR Field Office #3
 1900 Grand Avenue, Suite E17
 Spencer, IA 51301

	Fee/AU	Compliance Fee Due
Total AUC <u>1600</u>	X \$0.15	\$ <u>240.00</u>



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Instructions:

1. Fill in name, ID number, location, and owner/contact information. Check applicable box(es) below. Sign (facility owner) and date the form.
2. Make copies of this form for yourself, each county and the DNR field office. Submit copy to each county and have each county sign the form.
3. Submit a signed (by each county and facility owner) form to the appropriate DNR Field Office.

Facility Name: Albers Facility ID #: 62454

Facility Address: 1113 Brady Avenue Holstein IA 51025
(Address) (City) (State) (Zip)

Owner's Name: Craig and Gloria Todd Phone Number: 712-368-2658

Mailing Address: 4833 125th Street Washta IA 51061
(Address) (City) (State) (Zip)

Email Address (optional): _____

Contact Name: Craig Todd Phone Number: 712-898-8152

Mailing Address: 4833 125th Street Washta IA 51061
(Address) (City) (State) (Zip)

Email Address (optional): _____

Prior to making changes in manure management practices, update the on-site copy to show actual changes. Please select changes below and include all changes in your current, on-site MMP.

- I have made no changes to my MMP.
- I have added acres; changed crop rotation or optimum yields; changed application method; used manure analysis.
- I am electing to be a small animal feeding operation (SAFO) or facility capacity has changed (**Contact your local DNR Field Office**).
- I have made other changes to my MMP. Describe: P-Index Update

Signature of Facility Owner: *Craig Todd* Date: 9-21-22

VERIFICATION OF COUNTY RECEIPT: I have received a complete copy of the annual MMP update.

County: Ada Signature: *Shelley Bruring DA* Date: 9/28/22

County: _____ Signature: _____ Date: _____

County: _____ Signature: _____ Date: _____

For DNR to approve the update, submit on this form, check at least one box above, have each county and the facility owner sign and date, and pay the correct fees.

Calculate the **Animal Unit Capacity (AUC)**: multiply the maximum number of each species confined at one time by the appropriate factor indicated below, then add all animal units together and multiply by \$0.15:

ANIMAL SPECIES	(Max Capacity)	X (FACTOR)	AUC		
Slaughter or feeder cattle		1.0			
Immature dairy cattle		1.0			
Mature dairy cattle		1.4			
Swine over 55 lbs.	2400	0.4	960		
Swine 15 lbs. to 55 lbs.; Sheep; Goats		0.1			
Horses		2.0			
Turkeys 7 lbs. or more		0.018			
Turkeys less than 7 lbs.		0.0085			
Broiler or layer chickens 3 lbs. or more		0.01			
Broiler or layer chickens less than 3 lbs.		0.0025			
Fish		0.001			
				Fee/AU	Compliance Fee Due
Total AUC <u>960</u>				X \$0.15	\$ <u>144.00</u>

Kim Reynolds, Governor
Adam Gregg, Lt. Governor
Rod A. Roberts, Labor Commissioner



Smart. Results.

Division of Labor

September 29, 2022
Ed Sohm
Environmental Health
Ida County Courthouse

RE: OSHA Complaint No: 1946932

Dear Mr.Sohm:

This is to advise you that based on the information that you have provided to this office, the complaint referenced above will be officially closed unless the information is disputed by the complainant.

Please feel free to contact Douglas Rustan at (515) 725-5648 if you have any questions or concerns, or visit www.osha.gov, which contains OSHA's standards, letters of interpretation, publications, and other information related to occupational safety and health. Thank you for your cooperation with this inquiry and your continued interest in safety and health.

Sincerely,

A handwritten signature in black ink, appearing to read "R. Perry".

Russell Perry
Iowa OSHA Administrator