

AGENDA
City of Carter Lake
Regular City Council Meeting
City Hall – 950 Locust St.
Monday, March 18, 2019 AT 7:00 P.M.

- I. Pledge Of Allegiance
- II. Roll Call
- III. Approval Of The Agenda
 - A. Additions
 - B. Deletions
- IV. Consent Agenda
- V. New Business
 - A. Approve Liquor License for Best Western Plus Omaha Airport Inn
 - B. Approve Liquor License for Dollar General (3/26)
 - C. Approve Solid Waste Collector Permits
 - D. Red River Waste Solutions
 - E. Tim German of Frontier Bank RE: parking lot at Abbott & Locust
 - F. Paula Hazlewood - Advance SW IA Corporation Executive Director
 - G. Communications From Public
 - a. Crystal McPeek
 - H. Communications From
 - 1. Department Supervisors
 - 2. Mayor Ron Cumberledge
 - a. Assignments
 - b. 13th and Hiatt Proposal
 - 3. Pat Paterson
 - a. Abbott Drive and Locust Street parking lot
 - b. Omaha Indian Property
 - c. Rental Housing Inspection Program
 - 4. Planning Board – Ray Pauly
- VI. Ordinances and Resolutions
 - A. 2nd Reading of amendment to the Nuisance Ordinance
 - B. 3rd Reading of amendment to the Fireworks Ordinance
 - C. Resolution to approve liens for weed removal
 - D. Resolution to approve write offs of uncollectable weed bills
 - E. Resolution to approve utility liens
 - F. Resolution to approve write off of uncollectable utility bills
- VII. Comments Mayor, City Council And Public (3 Minutes)
- VIII. Adjourn

CONSENT AGENDA

1. City Council Minutes
2. Planning Board Minutes
3. Abstract of Claims for Approval – February
4. Receipts for Approval - February
5. Overtime and Comp time reports – February
6. Financial Reports as submitted to the council – February
7. Department Head Reports – February

**ACCOUNTS PAYABLE ACTIVITY
CLAIMS REPORT**

2/01/2019 THRU 2/28/2019

VENDOR NAME	INVOICE DESCRIPTION	INVOICE AMT	VENDOR TOTAL	CHECK#	CHECK DATE
ACCOUNTS PAYABLE CLAIMS					

GENERAL					
LIABILITIES					
CITY OF CARTER LAKE	SERVICE CHARGE	1.00		65937	2/27/19
CITY OF CARTER LAKE	SERVICE CHARGE	1.00	2.00	65937	2/27/19
CARTER LAKE PEACE OFFICERS	POLICE DUES	140.00		65936	2/27/19
CARTER LAKE PEACE OFFICERS	POLICE DUES	140.00	280.00	65936	2/27/19
COLONIAL INSURANCE CO	COLONIAL INS	115.04		65935	2/27/19
COLONIAL INSURANCE CO	COLONIAL INS	115.01	230.05	65935	2/27/19
DELTA DENTAL OF IOWA	DENTAL INS	225.68		1322196	2/27/19
DELTA DENTAL OF IOWA	DENTAL INS	225.68	451.36	1322196	2/27/19
FED/FICA TAXES	FED/FICA TAX	364.53		1322179	2/01/19
FED/FICA TAXES	FED/FICA TAX	8,447.55		1322180	2/13/19
FED/FICA TAXES	FED/FICA TAX	8,898.60	17,710.68	1322191	2/27/19
IPERS	IPERS	31.46		1322192	2/27/19
IPERS	IPERS	5,751.44		1322192	2/27/19
IPERS	IPERS	5,980.23	11,763.13	1322192	2/27/19
GIS BENEFITS	LIFE INSURANCE	115.60		1322195	2/27/19
GIS BENEFITS	LIFE INSURANCE	115.58	231.18	1322195	2/27/19
NEBR CHILD SUPPORT PAYMENT CNT	CHILD SUPPORT	36.01		1322181	2/13/19
NEBR CHILD SUPPORT PAYMENT CNT	CHILD SUPPORT	36.01	72.02	1322197	2/27/19
TREASURER, STATE OF IOWA	STATE TAXES	69.00		1322193	2/27/19
TREASURER, STATE OF IOWA	STATE TAXES	1,389.99		1322193	2/27/19
TREASURER, STATE OF IOWA	STATE TAX	1,453.30	2,912.29	1322193	2/27/19
US DEPT OF EDUCATION AWG	Creditor #1025616989	212.03		65815	2/04/19
US DEPT OF EDUCATION AWG	GARNISHMENT	192.21		65856	2/13/19
US DEPT OF EDUCATION AWG	GARNISHMENT	215.22	619.46	65939	2/27/19
WELLMARK BLUE CROSS AND	MEDICAL INS	412.11		1322194	2/27/19
WELLMARK BLUE CROSS AND	MEDICAL INS	4,330.39		1322194	2/27/19
WELLMARK BLUE CROSS AND	MEDICAL INS	4,330.31	9,072.81	1322194	2/27/19
			=====		
LIABILITIES			43,344.98		
POLICE					
SYNCB/AMAZON	BATTERIES-PD		13.15	65893	2/25/19
BLACK HILLS ENERGY	UTILITIES		349.90	1322208	2/15/19
CITY OF COUNCIL BLUFFS	VEHICLE REPAIRS/PD		785.96	65858	2/14/19
DOLLAR GENERAL-MSC 410526	BATTERIES/POLICE		15.00	65826	2/08/19
JOSH J. DRISCOLL	REIMBURSE GTSB CONFERENCE	50.00		65860	2/14/19
JOSH J. DRISCOLL	REIMBURSE DRY CLEANING/PD	55.70	105.70	65860	2/14/19
ENTENMANN-ROVIN CO	Supplies/Police		221.50	65828	2/08/19
JONES AUTOMOTIVE, INC.	POLICE/INSTALL COMPUTER EQUIP	613.91		65836	2/08/19
JONES AUTOMOTIVE, INC.	POLICE/COMUTER DOCK & PWR SUP	235.00		65836	2/08/19
JONES AUTOMOTIVE, INC.	POLICE/INSTALL COMPUTER	235.00		65836	2/08/19
JONES AUTOMOTIVE, INC.	POLICE/INSTALL ANTENNA	182.66		65836	2/08/19
JONES AUTOMOTIVE, INC.	POLICE/VEHICLE EQUIPMENT	677.34	1,943.91	65836	2/08/19
KONICA MINOLTA BUSINESS	COPIER/PD		41.25	65907	2/25/19
MODERN MARKETING	Supplies/Police		475.15	65916	2/25/19

**ACCOUNTS PAYABLE ACTIVITY
 CLAIMS REPORT**

VENDOR NAME	REFERENCE	INVOICE AMT	VENDOR TOTAL	CHECK#	CHECK DATE
OFFICE DEPOT BUSINESS CREDIT	OFFICE SUPPLIES	35.10		65839	2/08/19
OFFICE DEPOT BUSINESS CREDIT	OFFICE SUPPLIES	74.13		65839	2/08/19
OFFICE DEPOT BUSINESS CREDIT	OFFICE SUPPLIES	35.11	144.34	65920	2/25/19
OPPD	UTILITIES		404.49	1322209	2/15/19
MATTHEW OWENS	REIMBERSE/DOG FOOD		53.49	65922	2/25/19
RADAR ROAD TEC	Radar Cert/Police		245.00	65928	2/25/19
UPS	POSTAGE/POLICE		79.92	65847	2/08/19
VERIZON WIRELESS	PHONES/WIFI CRUISERS	305.24		65848	2/08/19
VERIZON WIRELESS	PHONES/WIFI CRUISERS	321.41	626.65	65848	2/08/19
WEX BANK	FUEL		1,439.82	1322203	2/15/19
			=====		
	POLICE		6,945.23		
	FIRE				
BLACK HILLS ENERGY	UTILITIES		426.99	1322208	2/15/19
BLUFFS ELECTRIC, INC.	FIRE DEPT/BALLASTS		171.00	65817	2/08/19
DATASERV CORPORATION	FIRE DEPT/ANTI VIRUS FEB-JULY		63.60	65824	2/08/19
FELD FIRE	FIRE/VEHICLE MAINTENANCE		168.08	65829	2/08/19
FIRST WIRELESS INC	BATTERY PACK/F.DEPT		234.26	65901	2/25/19
GREAT PLAINS UNIFORMS LLC	FIRE/NAME TAGS		63.50	65830	2/08/19
KONICA MINOLTA PREM FINAN	COPIER/F.DEPT		80.41	65908	2/25/19
MUNICIPAL EMERGENCY SERVICES	COAT/PANTS/PATCHES-F.DEPT		8,379.17	65917	2/25/19
OFFICE DEPOT BUSINESS CREDIT	OFFICE SUPPLIES	270.89		65839	2/08/19
OFFICE DEPOT BUSINESS CREDIT	OFFICE SUPPLIES	52.99	323.88	65920	2/25/19
OPPD	UTILITIES		388.77	1322209	2/15/19
			=====		
	FIRE		10,299.66		
	AMBULANCE				
IOWA WESTERN COMM COLLEGE	TRAINING - EMS FIRE		45.00	65861	2/14/19
VERIZON WIRELESS	PHONES/WIFI CRUISERS		52.77	65848	2/08/19
WEX BANK	FUEL		191.65	1322203	2/15/19
			=====		
	AMBULANCE		289.42		
	BUILDING INSPECTOR				
BLACK HILLS ENERGY	UTILITIES		20.58	1322208	2/15/19
OPPD	UTILITIES		35.69	1322209	2/15/19
SCOTT TAYLOR	REFUND ELECTRICAL PERMIT FEE		218.00	65941	2/27/19
VERIZON WIRELESS	PHONES/WIFI CRUISERS		26.58	65848	2/08/19
			=====		
	BUILDING INSPECTOR		300.85		
	ANIMAL CONTROL				
NEBRASKA HUMANE SOCIETY	CONTRACT-ANIMAL CONTROL		259.00	65919	2/25/19
VERIZON WIRELESS	PHONES/WIFI CRUISERS		26.58	65848	2/08/19
WEX BANK	FUEL		48.25	1322203	2/15/19

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CLAIMS REPORT**

2/01/2019 THRU 2/28/2019

VENDOR NAME	REFERENCE	INVOICE AMT	VENDOR TOTAL	CHECK#	CHECK DATE
	ANIMAL CONTROL		333.83		
	TRAFFIC				
OPPD	UTILITIES		125.11	1322209	2/15/19
	TRAFFIC		125.11		
	LIBRARY				
SYNCB/AMAZON	DVD/LIBRARY	64.44		65893	2/25/19
SYNCB/AMAZON	PROGRAMS/LIBRARY	78.66		65893	2/25/19
SYNCB/AMAZON	BOOKS/LIBRARY	1,149.44		65893	2/25/19
SYNCB/AMAZON	BLDGS/GROUNDS-LIBRARY	947.95		65893	2/25/19
SYNCB/AMAZON	OFFICE SUPPLIES/LIBRARY	43.04	2,283.53	65929	2/25/19
BLACK HILLS ENERGY	UTILITIES		187.41	1322208	2/15/19
COX BUSINESS SERVICES	TELEPHONE/INTERNET	64.70		65898	2/25/19
COX BUSINESS SERVICES	TELEPHONE/INTERNET	96.00	160.70	1322207	2/15/19
DATASERV CORPORATION	LIBRARY/COMPUTER NETWORK	49.00		65859	2/14/19
DATASERV CORPORATION	ANTI VIRUS/LIBRARY	159.00		65859	2/14/19
DATASERV CORPORATION	SOFTWARE/DATABASE-LIBRARY	530.40	738.40	65900	2/25/19
FONTELLE FOREST	LIBRARY MEMBERSHIP		400.00	65902	2/25/19
GREAT AMERICAN FINANCIAL SERV	LIBRARY COPIER		97.17	1322206	2/15/19
THERESA HAWKINS	REIMBURSE/NOTARY SUPPLIES		81.60	65905	2/25/19
LAURITZEN GARDENS	LIBRARY/MEMBERSHIP		75.00	65862	2/14/19
MICROMARKETING	BOOKS/LIBRARY		35.00	65914	2/25/19
OPPD	UTILITIES		313.95	1322209	2/15/19
PAPILLION SANITATION	DUMPSTERS		36.87	65841	2/08/19
THE PENWORTHY COMPANY	BOOKS-LIBRARY		196.64	65863	2/14/19
QUILL CORPORATION	UPRIGHT VACUUM	299.99		65866	2/14/19
QUILL CORPORATION	OFFICE SUPPLIES/LIBRARY	41.76		65927	2/25/19
QUILL CORPORATION	OFFICE SUPPLIES/LIBRARY	24.76		65927	2/25/19
QUILL CORPORATION	BLDGS/GRDS-LIBRARY	239.99	606.50	65927	2/25/19
	LIBRARY		5,212.77		
	PARKS/RECREATION				
CB COMMUNITY SCHOOL DIST.	REC NIGHTS		450.00	65820	2/08/19
	PARKS/RECREATION		450.00		
	SENIOR CENTER				
BLACK HILLS ENERGY	UTILITIES		283.47	1322208	2/15/19
COX BUSINESS SERVICES	TELEPHONE/INTERNET		53.60	1322207	2/15/19
CULLIGAN OF OMAHA	SUPPLIES-SEN CNTR 561860		36.56	65822	2/08/19
DOLLAR GENERAL-MSC 410526	SUPPLIES/SR CTR		172.80	65826	2/08/19
MENARDS	SR CTR/EXT CORDS FOR BUSES		76.82	65837	2/08/19
OPPD	UTILITIES		363.88	1322209	2/15/19
PETTY CASH/LINDA TICE	PROGRAMS/CRAFTS		260.79	65864	2/14/19
SUPERIOR VAN & MOBILITY	SR CENTER VAN REPAIRS		406.50	65846	2/08/19
WEX BANK	FUEL		203.52	1322203	2/15/19

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VENDOR NAME	REFERENCE	INVOICE AMT	VENDOR TOTAL	CHECK#	CHECK DATE
	SENIOR CENTER		1,857.94		
	LEGISLATIVE				
DAILY NONPAREIL	PUBLICATIONS/ADMIN ACCT		521.86	65899	2/25/19
	LEGISLATIVE		521.86		
	EXECUTIVE				
BLACK HILLS ENERGY	UTILITIES		20.58	1322208	2/15/19
CUMBERLEDGE, RON	PHONE REIMBURSEMENT		50.00	65823	2/08/19
MIDWEST TROPHY & AWARDS	CITIZEN OF YEAR/S CADDELL	40.00		65915	2/25/19
MIDWEST TROPHY & AWARDS	CITIZEN OF YEAR NAME PLAQUE	14.00	54.00	65915	2/25/19
OPPD	UTILITIES		35.69	1322209	2/15/19
	EXECUTIVE		160.27		
	ADMINISTRATIVE				
ALL FLAGS, ETC.	CARTER LAKE LOGO FLAGS		575.12	65816	2/08/19
SYNCB/AMAZON	BATTIERS/TIMER-ADMIN		26.69	65893	2/25/19
BLACK HILLS ENERGY	UTILITIES		133.78	1322208	2/15/19
ECHO GROUP INC	BULBS/EXT CORD - CITY HALL		622.60	65827	2/08/19
IMFOA	Training/Admin		50.00	65834	2/08/19
KONICA MINOLTA BUSINESS	COPIER/ADMIN		131.92	65907	2/25/19
OFFICE DEPOT BUSINESS CREDIT	OFFICE SUPPLIES	251.44-		65839	2/08/19
OFFICE DEPOT BUSINESS CREDIT	OFFICE SUPPLIES	177.42		65839	2/08/19
OFFICE DEPOT BUSINESS CREDIT	OFFICE SUPPLIES	220.52	146.50	65920	2/25/19
OPPD	UTILITIES		154.66	1322209	2/15/19
PAPILLION SANITATION	DUMPSTERS		246.63	65841	2/08/19
RESERVE ACCOUNT	Postage Reserve Acct 40752198		250.00	65865	2/14/19
PITNEY BOWES	POSTAGE MACHINE INK/ADMIN		161.48	65842	2/08/19
	ADMINISTRATIVE		2,499.38		
	CITY HALL				
BLACK HILLS ENERGY	UTILITIES		483.68	1322208	2/15/19
COX BUSINESS SERVICES	TELEPHONE/INTERNET		654.11	1322207	2/15/19
DATASERV CORPORATION	ONLINE BACKUP/JAN 19	152.60		65824	2/08/19
DATASERV CORPORATION	OFFICE 365/FEB 19	140.00		65824	2/08/19
DATASERV CORPORATION	1 YR ANTISPAM/CLOUD	1,275.07		65824	2/08/19
DATASERV CORPORATION	ANTI-VIRUS	1,122.00		65859	2/14/19
DATASERV CORPORATION	ONLINE BACKUP USAGE	152.60		65859	2/14/19
DATASERV CORPORATION	OFFICE 365 EXCHANGE ONLINE	140.00		65859	2/14/19
DATASERV CORPORATION	PREPAID 50 HR BLOCK TIME	4,375.00		65900	2/25/19
DATASERV CORPORATION	COMPUTER NETWORK	4,507.52	11,864.79	65900	2/25/19
OFFICE DEPOT BUSINESS CREDIT	OFFICE SUPPLIES		84.50	65839	2/08/19
OMAHA COMPOUND COMPANY	JANITORIAL SUPPLIES		259.84	65921	2/25/19
OPPD	UTILITIES		559.15	1322209	2/15/19
PRESTO-X	CONTRACT/CITY HALL		85.00	65925	2/25/19
WEBSITES TO IMPRESS	WEBSITE		240.00	65849	2/08/19

**ACCOUNTS PAYABLE ACTIVITY
CLAIMS REPORT**

2/01/2019 THRU 2/28/2019

VENDOR NAME	REFERENCE	INVOICE AMT	VENDOR TOTAL	CHECK#	CHECK DATE
	CITY HALL		14,231.07		
	MISC				
AUXIANT	Insurance Admin Fee		150.00	1322190	2/01/19
BOYS & GIRLS CLUB OF MIDLANDS	41 MEMBERSHIPS		1,230.00	65818	2/08/19
CHI HEALTH CLINIC	RANDOM DRUG SCREENS		198.00	65897	2/25/19
HANEY SHOE STORE	SAFETY SHOES/B KRUG		135.99	65904	2/25/19
LAMP RYNEARSON & ASSOCIATES	Engineer Fees/PVS Project		3,723.59	65909	2/25/19
	MISC		5,437.58		
	GENERAL		92,009.95		
	PARKS HOTEL/MOTEL				
	LIABILITIES				
COLONIAL INSURANCE CO	COLONIAL INS	40.75		65935	2/27/19
COLONIAL INSURANCE CO	COLONIAL INS	40.74	81.49	65935	2/27/19
DELTA DENTAL OF IOWA	DENTAL INS	47.32		1322196	2/27/19
DELTA DENTAL OF IOWA	DENTAL INS	47.32	94.64	1322196	2/27/19
FED/FICA TAXES	FED/FICA TAX	1,029.48		1322180	2/13/19
FED/FICA TAXES	FED/FICA TAX	1,171.79	2,201.27	1322191	2/27/19
IPERS	IPERS	680.87		1322192	2/27/19
IPERS	IPERS	718.76	1,399.63	1322192	2/27/19
GIS BENEFITS	LIFE INSURANCE	13.50		1322195	2/27/19
GIS BENEFITS	LIFE INSURANCE	13.49	26.99	1322195	2/27/19
TREASURER, STATE OF IOWA	STATE TAXES	162.75		1322193	2/27/19
TREASURER, STATE OF IOWA	STATE TAX	184.93	347.68	1322193	2/27/19
WELLMARK BLUE CROSS AND	MEDICAL INS	342.44		1322194	2/27/19
WELLMARK BLUE CROSS AND	MEDICAL INS	342.42	684.86	1322194	2/27/19
	LIABILITIES		4,836.56		
	PARKS/RECREATION				
BLACK HILLS ENERGY	UTILITIES		20.58	1322208	2/15/19
BOMGAARS	PITCHFORKS FOR MULCH	67.99		65896	2/25/19
BOMGAARS	PITCHFORKS FOR MULCH	203.97		65896	2/25/19
BOMGAARS	ICE MELT SPREADER	68.99	340.95	65896	2/25/19
COX BUSINESS SERVICES	TELEPHONE/INTERNET		53.98	1322207	2/15/19
MENARDS	PAINT FOR CONCESSION FLOOR	70.94		65912	2/25/19
MENARDS	OIL FOR LAWNMOWERS	59.88	130.82	65912	2/25/19
OPPD	UTILITIES		721.53	1322209	2/15/19
VERIZON WIRELESS	PHONES/WIFI CRUISERS		107.85	65848	2/08/19
WEX BANK	FUEL		276.05	1322203	2/15/19
	PARKS/RECREATION		1,651.76		

ACCOUNTS PAYABLE ACTIVITY
CLAIMS REPORT

VENDOR NAME	REFERENCE	INVOICE AMT	VENDOR TOTAL	CHECK#	CHECK DATE
			=====		
	PARKS HOTEL/MOTEL		6,488.32		
	LIBRARY RESERVE				
	LIBRARY				
WILLIAM P CARLSON	PAINTING LIBRARY INTERIOR		3,246.60	65819	2/08/19
	LIBRARY		=====		
			3,246.60		
	LIBRARY RESERVE		=====		
			3,246.60		
	AMBULANCE FEES				
	AMBULANCE				
EMS BILLING SERVICES, INC	BILLING/AMBULANCE INV		591.64	1322205	2/15/19
	AMBULANCE		=====		
			591.64		
	AMBULANCE FEES		=====		
			591.64		
	ROAD USE TAX				
	LIABILITIES				
COLONIAL INSURANCE CO	COLONIAL INS	76.83		65935	2/27/19
COLONIAL INSURANCE CO	COLONIAL INS	76.84	153.67	65935	2/27/19
DELTA DENTAL OF IOWA	DENTAL INS	75.38		1322196	2/27/19
DELTA DENTAL OF IOWA	DENTAL INS	75.38	150.76	1322196	2/27/19
FED/FICA TAXES	FED/FICA TAX	1,072.84		1322180	2/13/19
FED/FICA TAXES	FED/FICA TAX	1,304.84	2,377.68	1322191	2/27/19
IPERS	IPERS	818.24		1322192	2/27/19
IPERS	IPERS	969.92	1,788.16	1322192	2/27/19
GIS BENEFITS	LIFE INSURANCE	13.50		1322195	2/27/19
GIS BENEFITS	LIFE INSURANCE	13.51	27.01	1322195	2/27/19
PEOPLESERVICE, INC	MISC	60.00		65855	2/13/19
PEOPLESERVICE, INC	MISC	60.00	120.00	65938	2/27/19
TREASURER, STATE OF IOWA	STATE TAXES	184.76		1322193	2/27/19
TREASURER, STATE OF IOWA	STATE TAX	231.76	416.52	1322193	2/27/19
WELLMARK BLUE CROSS AND	MEDICAL INS	433.88		1322194	2/27/19
WELLMARK BLUE CROSS AND	MEDICAL INS	997.54		1322194	2/27/19
WELLMARK BLUE CROSS AND	MEDICAL INS	997.56	2,428.98	1322194	2/27/19
	LIABILITIES		=====		
			7,462.78		
	ROAD USE				
BADGER BODY & TRUCK EQUIPMENT	SPRING FOR SNOW PLOW	91.19		65894	2/25/19
BADGER BODY & TRUCK EQUIPMENT	SPRINGS FOR 2012 4WD PLOW TRK	296.00	387.19	65894	2/25/19
BLACK HILLS ENERGY	UTILITIES		941.29	1322208	2/15/19

**ACCOUNTS RECEIVABLE ACTIVITY
CLAIMS REPORT**

2/01/2019 THRU 2/28/2019

VENDOR NAME	REFERENCE	INVOICE AMT	VENDOR TOTAL	CHECK#	CHECK DATE
BOBCAT OF OMAHA	WINDSHIELD FOR BOBCAT SKIDLDR		178.86	65895	2/25/19
DELTA DENTAL OF IOWA	Dental Insurance		58.24	1322196	2/27/19
DITCH WITCH UNDERCON	VAC TRAILER FOR SEWER	552.26		65825	2/08/19
DITCH WITCH UNDERCON	CREDIT FOR DUPLICATE PAY 5/17	218.38-	333.88	65825	2/08/19
H H DEMOLITION	SALT HAULING FOR ROADS		500.00	65903	2/25/19
IT'S GOT TO GO	HAUL AWAY/MAINT		225.00	65835	2/08/19
LAWSON PRODUCTS	SUPPLIES/MAINTENANCE		130.92	65910	2/25/19
MANUEL TIRE SHOP	REPAIR BOBCAT TIRE		18.00	65911	2/25/19
NAPA AUTO PARTS	2008 CHEVY OIL CHANGE	33.48		65838	2/08/19
NAPA AUTO PARTS	2012 CHEVY 2500 OIL FILTERS	32.98		65838	2/08/19
NAPA AUTO PARTS	F250 WIPER BLADES	149.71		65838	2/08/19
NAPA AUTO PARTS	BATTERY/JUMPERS FOR 2003 CHEVY	397.97		65918	2/25/19
NAPA AUTO PARTS	TAIL LIGHT/WIPER ARM-DUMPTRUCK	132.64	746.78	65918	2/25/19
OFFICE DEPOT BUSINESS CREDIT	OFFICE SUPPLIES		269.27	65920	2/25/19
OMAHA COMPOUND COMPANY	ICE MELT		911.50	65840	2/08/19
OPPD	UTILITIES		289.53	1322209	2/15/19
PAPILLION SANITATION	DUMPSTERS		125.79	65841	2/08/19
459-PRAXAIR DISTRIBUTION INC	SUPPLIES/MAINTENANCE	30.36		65843	2/08/19
459-PRAXAIR DISTRIBUTION INC	SUPPLIES/MAINT	338.45		65924	2/25/19
459-PRAXAIR DISTRIBUTION INC	SUPPLIES/MAINT	147.44	516.25	65924	2/25/19
PRESTO-X	CONTRACT/MAINT SHOP		38.00	65925	2/25/19
PRODUCTIVITY PLUS ACCT	RE 5043935515117633		264.83	65926	2/25/19
STETSON BUILDING PRODUCTS	EAGLE PLAQUE ADHESIVE/SEALANT		607.56	65867	2/14/19
VERIZON WIRELESS	PHONES/WIFI CRUISERS		150.69	65848	2/08/19
WELLMARK BLUE CROSS AND	Health Insurance		145.45-	1322194	2/27/19
WEX BANK	FUEL		854.84	1322203	2/15/19
			=====		
	ROAD USE		7,402.97		
	STREET LIGHTS				
OPPD	UTILITIES		11,835.65	1322209	2/15/19
			=====		
	STREET LIGHTS		11,835.65		
			=====		
	ROAD USE TAX		26,701.40		
	EMPLOYEE BENEFITS				
	POLICE				
AUXIANT	HEALTH INS/Police		367.00	1322201	2/19/19
GIS BENEFITS	LIFE INSURANCE		10.80-	1322195	2/27/19
			=====		
	POLICE		356.20		
	PARKS/RECREATION				
AUXIANT	HEALTH INS/Parks		55.00	1322201	2/19/19
			=====		
	PARKS/RECREATION		55.00		
	ADMINISTRATIVE				

**ACCOUNTS PAYABLE ACTIVITY
CLAIMS REPORT**

2/01/2019 THRU 2/28/2019

VENDOR NAME	REFERENCE	INVOICE AMT	VENDOR TOTAL	CHECK#	CHECK DATE
AUXIANT	HEALTH INS/Admin		25.00	1322201	2/19/19
	ADMINISTRATIVE		25.00		
	EMPLOYEE BENEFITS		436.20		
	LAKE PROJECTS				
	LAKE PROJECTS				
SCHILDBERG CONSTRUCTION CO	SHORELINE ROCK		606.43	65845	2/08/19
	LAKE PROJECTS		606.43		
	LAKE PROJECTS		606.43		
	WATER REVENUE				
	LIABILITIES				
COLONIAL INSURANCE CO	COLONIAL INS	11.17		65935	2/27/19
COLONIAL INSURANCE CO	COLONIAL INS	11.15	22.32	65935	2/27/19
DELTA DENTAL OF IOWA	DENTAL INS	10.92		1322196	2/27/19
DELTA DENTAL OF IOWA	DENTAL INS	10.92	21.84	1322196	2/27/19
FED/FICA TAXES	FED/FICA TAX	295.59		1322180	2/13/19
FED/FICA TAXES	FED/FICA TAX	319.55	615.14	1322191	2/27/19
IOWA DEPT OF REVENUE	GARNISHMENT2	154.29		65857	2/13/19
IOWA DEPT OF REVENUE	GARNISHMENT2	175.01	329.30	65940	2/27/19
IPERS	IPERS	186.61		1322192	2/27/19
IPERS	IPERS	200.51	387.12	1322192	2/27/19
GIS BENEFITS	LIFE INSURANCE	5.69		1322195	2/27/19
GIS BENEFITS	LIFE INSURANCE	5.68	11.37	1322195	2/27/19
TREASURER, STATE OF IOWA	STATE TAXES	45.25		1322193	2/27/19
TREASURER, STATE OF IOWA	STATE TAX	49.50	94.75	1322193	2/27/19
WELLMARK BLUE CROSS AND	MEDICAL INS	177.97		1322194	2/27/19
WELLMARK BLUE CROSS AND	MEDICAL INS	177.97	355.94	1322194	2/27/19
	LIABILITIES		1,837.78		
	WATER				
COUNCIL BLUFFS WATER WORKS	WATER TESTING		100.00	65821	2/08/19
JENNIFER COX	DEPOSIT REFUND/WATER		72.94	65868	2/21/19
JEFFREY W CRAIG	REFUND CREDIT/WATER		106.40	65869	2/21/19
CHARLES DAVIDON	REFUND CREDIT/WATER		23.02	65870	2/21/19
ESTATE OF ARVILLA AMOS	REFUND CREDIT/WATER		43.94	65871	2/21/19
ALISHA GRAUER	DEPOSIT REFUND/WATER		100.42	65872	2/21/19
JOSH HAACK	DEPOSIT REFUND/WATER		73.66	65873	2/21/19
KAMI HAMMOND	DEPOSIT REFUND/WATER		19.02	65874	2/21/19
CURTIS HOLDERFIELD	REFUND CREDIT/WATER		75.00	65875	2/21/19
LEE HUDSON	REFUND CREDIT/WATER		55.08	65876	2/21/19
IOWA ONE CALL	LOCATES/WATER & SEWER		27.15	65832	2/08/19

**ACCOUNTS PAYABLE ACTIVITY
 CLAIMS REPORT**

VENDOR NAME	REFERENCE	INVOICE AMT	VENDOR TOTAL	CHECK#	CHECK DATE
TREASURER, STATE OF IOWA	SALES TAX/Admin Fee		343.37	1322199	2/14/19
TREASURER, STATE OF IOWA	WATER EXCISE TAX		2,173.72	1322200	2/14/19
IOWA ASSOCIATION OF DONALD JANDA	WATER MEMBERSHIP DUES		813.00	65906	2/25/19
KATE JOHNSON	REFUND CREDIT/WATER		.49	65877	2/21/19
TED LANGE	REFUND CREDIT/WATER		8.51	65878	2/21/19
LINDSAY LEITZ	REFUND CREDIT/WATER		3.53	65879	2/21/19
KENT C LIEBE	DEPOSIT REFUND/WATER		83.78	65880	2/21/19
DAVID LODES	DEPOSIT REFUND/WATER		.74	65881	2/21/19
MIKEL USA INC	REFUND CREDIT/WATER		21.32	65882	2/21/19
MIKEL USA INC	REFUND CREDIT/WATER		75.00	65883	2/21/19
MIKEL USA INC	REFUND CREDIT/WATER	83.40		65884	2/21/19
MIKEL USA INC	REFUND CREDIT/WATER	105.80		65884	2/21/19
MIKEL USA INC	REFUND CREDIT/WATER	75.00		65884	2/21/19
MIKEL USA INC	REFUND CREDIT/WATER	75.00		65884	2/21/19
MIKEL USA INC	REFUND CREDIT/WATER	141.22		65884	2/21/19
MIKEL USA INC	REFUND CREDIT/WATER	133.40		65884	2/21/19
MIKEL USA INC	REFUND CREDIT/WATER	66.22	680.04	65891	2/22/19
MUD	WATER ACCT 112000331048		21,012.26	1322204	2/15/19
JOYCE ORTIZ	REFUND CREDIT/WATER		8.78	65885	2/21/19
PEOPLESERVICE, INC	BILLING/WATER		9,646.80	65923	2/25/19
PAUL SCHOMER	REFUND CREDIT/WATER		133.40	65886	2/21/19
GINA SMITH	DEPOSIT REFUND/WATER		50.00	65892	2/22/19
WILLIAM SMITH	REFUND CREDIT/WATER		20.70	65887	2/21/19
PHILLIS L TAYLOR	DEPOSIT REFUND/WATER		95.37	65888	2/21/19
MARY THOMAS	REFUND CREDIT/WATER		.21	65889	2/21/19
JOAN WALLACE	REFUND CREDIT/WATER		75.00	65890	2/21/19
WEX BANK	FUEL		70.05	1322203	2/15/19
			=====		
	WATER		36,012.70		
			=====		
	WATER REVENUE		37,850.48		
	SEWER REVENUE				
	LIABILITIES				
COLONIAL INSURANCE CO	COLONIAL INS	11.16		65935	2/27/19
COLONIAL INSURANCE CO	COLONIAL INS	11.18	22.34	65935	2/27/19
DELTA DENTAL OF IOWA	DENTAL INS	10.92		1322196	2/27/19
DELTA DENTAL OF IOWA	DENTAL INS	10.92	21.84	1322196	2/27/19
FED/FICA TAXES	FED/FICA TAX	556.35		1322180	2/13/19
FED/FICA TAXES	FED/FICA TAX	618.42	1,174.77	1322191	2/27/19
IOWA DEPT OF REVENUE	GARNISHMENT2	154.30		65857	2/13/19
IOWA DEPT OF REVENUE	GARNISHMENT2	174.99	329.29	65940	2/27/19
IPERS	IPERS	355.94		1322192	2/27/19
IPERS	IPERS	392.45	748.39	1322192	2/27/19
GIS BENEFITS	LIFE INSURANCE	5.69		1322195	2/27/19
GIS BENEFITS	LIFE INSURANCE	5.71	11.40	1322195	2/27/19
TREASURER, STATE OF IOWA	STATE TAXES	80.25		1322193	2/27/19
TREASURER, STATE OF IOWA	STATE TAX	92.51	172.76	1322193	2/27/19
WELLMARK BLUE CROSS AND	MEDICAL INS	177.97		1322194	2/27/19
WELLMARK BLUE CROSS AND	MEDICAL INS	178.00	355.97	1322194	2/27/19

**ACCOUNTS PAYABLE ACTIVITY
CLAIMS REPORT**

VENDOR NAME	REFERENCE	INVOICE AMT	VENDOR TOTAL	CHECK#	CHECK DATE
	LIABILITIES		2,836.76		
	SEWER				
COX BUSINESS SERVICES	TELEPHONE/INTERNET		185.93	1322207	2/15/19
HOTSY EQUIPMENT CO	SEWER SUPPLIES		35.75	65831	2/08/19
IOWA ONE CALL	LOCATES/WATER & SEWER		27.15	65832	2/08/19
TREASURER, STATE OF IOWA	SALES TAX/Sewer		487.58	1322199	2/14/19
OPPD	UTILITIES		2,167.24	1322209	2/15/19
WEX BANK	FUEL		352.06	1322203	2/15/19
	SEWER		3,255.71		
	SEWER REVENUE		6,092.47		
	GARBAGE FEES				
	GARBAGE				
TREASURER, STATE OF IOWA	SALES TAX/Garbage		1.12	1322199	2/14/19
IA WASTE SERVICES LLC	LANDFILL TONAGE		2,135.84	65833	2/08/19
RED RIVER WASTE SOLUTIONS LP	GARBAGE CONTRACT		10,713.60	65844	2/08/19
	GARBAGE		12,850.56		
	GARBAGE FEES		12,850.56		
	VILLAGE POST OFFICE				
	VILLAGE POST OFFICE				
USPS - US POSTAL SERVICE	SHIPPING FEE/POST OFFICE		26.00	1322202	2/22/19
	VILLAGE POST OFFICE		26.00		
	VILLAGE POST OFFICE		26.00		
	TOTAL ACCOUNTS PAYABLE CHECKS		186,900.05		
PAYROLL CHECKS					
	001 GENERAL		1,694.49		
	PAYROLL CHECKS ON 2/01/2019		1,694.49		
	001 GENERAL		24,098.20		
	004 PARKS HOTEL/MOTEL		3,142.60		
	110 ROAD USE TAX		3,563.84		

ACCOUNTS PAYABLE ACTIVITY
CLAIMS REPORT

FUND	FUND NAME	INVOICE AMT	VENDOR TOTAL	CHECK#	CHECK DATE
600	WATER REVENUE		694.01		
610	SEWER REVENUE		1,489.41		
			=====		
	PAYROLL CHECKS ON	2/13/2019	32,988.06		
001	GENERAL		24,655.49		
004	PARKS HOTEL/MOTEL		3,447.19		
110	ROAD USE TAX		4,262.33		
600	WATER REVENUE		734.64		
610	SEWER REVENUE		1,629.57		
			=====		
	PAYROLL CHECKS ON	2/27/2019	34,729.22		
			=====		
	TOTAL PAYROLL CHECKS		69,411.77		
			=====		
****	PAID TOTAL ****		256,311.82		
			=====		
*****	REPORT TOTAL *****		256,311.82		
			=====		

ACCOUNTS PAYABLE ACTIVITY
CLAIMS DEPT SUMMARY

DEPT	DEPT NAME	INVOICE AMT	TOTAL	CHECK#	DATE
	LIABILITIES		60,318.86		
	POLICE		39,548.90		
	FIRE		12,861.06		
	AMBULANCE		881.06		
	BUILDING INSPECTOR		657.37		
	ANIMAL CONTROL		606.85		
	ROAD USE		15,229.14		
	STREET LIGHTS		11,835.65		
	TRAFFIC		125.11		
	LIBRARY		12,974.98		
	PARKS/RECREATION		8,746.55		
	LAKE PROJECTS		606.43		
	SENIOR CENTER		4,798.48		
	LEGISLATIVE		1,345.18		
	EXECUTIVE		1,031.44		
	ADMINISTRATIVE		8,217.36		
	CITY HALL		14,397.22		
	MISC		5,437.58		
	WATER		37,441.35		
	SEWER		6,374.69		
	GARBAGE		12,850.56		
	VILLAGE POST OFFICE		26.00		

ACCOUNTS PAYABLE ACTIVITY
CLAIMS FUND SUMMARY

FUND	FUND NAME	INVOICE AMT	TOTAL	CHECK#	DATE
001	GENERAL		142,458.13		
004	PARKS HOTEL/MOTEL		13,078.11		
005	LIBRARY RESERVE		3,246.60		
010	AMBULANCE FEES		591.64		
110	ROAD USE TAX		34,527.57		
112	EMPLOYEE BENEFITS		436.20		
305	LAKE PROJECTS		606.43		
600	WATER REVENUE		39,279.13		
610	SEWER REVENUE		9,211.45		
670	GARBAGE FEES		12,850.56		
760	VILLAGE POST OFFICE		26.00		

**CITY OF CARTER LAKE
RECEIPTS
FEBRUARY 2019**

GENERAL FUND	73,557.64
LIBRARY RESERVE FUND	134.35
E OMAHA DD #21 FUND	0.44
AMBULANCE FEES FUND	3,586.48
CASINO - PONCA TRIBE TOTA	400,000.00
ROAD USE TAX FUND	40,925.26
EMPLOYEE BENEFITS FUND	3,155.10
LOCAL OPTION TAX FUND	19,830.25
UR #5 FUND	37,486.96
POLICE FORFEITURE FUND	0.58
DEBT SERVICE FUND	3,437.21
WATER REVENUE FUND	47,210.64
WATER DEPOSITS FUND	1,150.00
SEWER REVENUE FUND	57,880.32
GARBAGE FEES FUND	8,737.08
VILLAGE POST OFFICE FUND	747.93
TOTAL REVENUE	\$ 697,840.24

OVERTIME AND COMPTIME REPORT

February 08, 2019

MAINTENANCE OVERTIME

		<u>HOURS</u>	<u>AMOUNTS</u>
PHILIP BUCHANAN			
01/26/19	Snow removal	5	103.73
02/01/19		1/4	5.19
02/04/19	Snow removal	3 1/4	67.42
		<u>8 1/2</u>	<u>\$ 176.33</u>
STANLEY OLSEN			
01/26/19	Snow removal / locates on locust	7	225.75
01/27/19	13th & Carolina possible water leak / Remove ice	3 1/4	104.81
01/30/19	Frozen water/break on hiatt	2	64.50
02/04/19	Salt sands	3	96.75
02/05/19	Torch for water main on locust	2	64.50
		<u>17 1/4</u>	<u>\$ 556.31</u>
TOTAL MAINT OVERTIME:		25 3/4	\$ 732.65

POLICE OVERTIME

		<u>HOURS</u>	<u>AMOUNTS</u>
GARY CHAMBERS			
01/26/19	Cover shift	1	42.81
02/01/19	Zuercher training	1	43.64
02/05/19	Zuercher go live	4	174.54
02/06/19		1/2	21.41
		<u>6 1/2</u>	<u>\$ 282.39</u>
JOSH DRISCOLL			
02/01/19	Training	1 1/4	56.18
02/05/19		1 1/4	56.18
02/06/19		1 1/4	56.18
		<u>3 3/4</u>	<u>\$ 168.53</u>
MATT OWENS			
1/26 to 2/8	1/2 hr x 6 days / Dog Maintenance	3	\$ 111.69
TOTAL POLICE OVERTIME:		13 1/4	\$ 562.61
TOTAL ALL OVERTIME:		<u>39</u>	<u>\$ 1,295.25</u>

COMPTIME EARNED:

		<u>HOURS</u>
MARCOS MARQUEZ		
02/01/19	Training	7 1/2 = 11 1/4
TOTAL COMPTIME EARNED:		<u>11 1/4 HRS</u>

COMPTIME USED:

		<u>HOURS</u>
RYAN GONSIOR		
02/01/19		6
MARCOS MARQUEZ		
01/30/19		5
MATTHEW SEWING		
01/26/19		10
01/27/19		10
01/31/19		1/2
		<u>20 1/2</u>
TOTAL COMPTIME USED:		<u>31 1/2 HRS</u>

COMPTIME BALANCES:

		<u>HOURS</u>
GARY CHAMBERS		
		11 3/4
JOSH DRISCOLL		
		3/4
MAX EDMONDS		
		11
RYAN GONSIOR		
		35
JACOB HUSCROFT		
		25 1/2
MARCOS MARQUEZ		
		13
MATT OWENS		
		19 1/4
MATTHEW SEWING		
		28 1/4
TOTAL COMP BALANCES:		<u>144 1/2</u>

ADMIN BALANCES:

		<u>HOURS</u>
SHAWN KANNEDY		
		80

OVERTIME AND COMPTIME REPORT

February 22, 2019

MAINTENANCE OVERTIME

		<u>HOURS</u>	<u>AMOUNTS</u>
PHILIP BUCHANAN			
02/10/19	Snow removal	6	124.47
02/11/19	Snow removal	2	41.49
02/15/19		1	20.75
02/16/19	Snow removal	5 1/4	108.91
02/17/19	Snow removal	3 1/2	72.61
02/22/19	Drainage issue	2 1/4	46.68
		<hr/>	
		20	\$ 414.90
BRIAN KRUG			
02/10/19	Snow removal	5 3/4	117.93
02/16/19	Snow removal	6	123.06
02/17/19	Snow removal	3 3/4	76.91
		<hr/>	
		15 1/2	\$ 317.91
STANLEY OLSEN			
02/11/19	Snow removal	2	96.82
02/20/19	Snow removal	4	193.64
		<hr/>	
		6	\$ 290.46
RANDY SMITH			
02/10/19	Snow removal	5 1/2	129.03
02/16/19	Snow removal	4 3/4	111.44
02/17/19	Snow removal	6	140.76
02/20/19	Snow removal	3/4	17.60
02/22/19	Snow removal	1/2	11.73
		<hr/>	
		17 1/2	\$ 410.55
	TOTAL MAINT OVERTIME:	59	\$ 1,433.82

POLICE OVERTIME

		<u>HOURS</u>	<u>AMOUNTS</u>
GARY CHAMBERS			
02/18/19	Worked holiday	8	\$ 342.48
JOSH DRISCOLL			
02/13/19	Meeting	1 1/2	68.67
02/18/19	Worked holiday / Early call	10 1/2	471.87
		<hr/>	
		12	\$ 540.54
MAXWELL EDMONDS			
02/11/19	Late call	1/4	\$ 8.64
JACOB HUSCROFT			
02/13/19	Meeting	1 1/2	53.30
02/18/19	Worked holiday	10	345.45
		<hr/>	
		11 1/2	\$ 398.75
MARCOS MARQUEZ			
02/18/19	Worked Holiday	10	\$ 345.45
MATT OWENS			
02/17/19	Search warrant	6 1/2	242.00
2/9 to 2/22	1/2 hr x 5 days / Dog Maintenance	2 1/2	95.02
		<hr/>	
		9	\$ 337.02
MATTHEW SEWING			
02/18/19	Worked Holiday	10	\$ 345.45
ADAM SWINARSKI			
02/13/19	Meeting	2	\$ 70.74
	TOTAL POLICE OVERTIME:	62 3/4	\$ 2,389.06

PARKS DEPT OVERTIME

		<u>HOURS</u>	<u>AMOUNTS</u>
CHARLES BENNETT			
02/11/19	Snow Removal	2	31.68
02/17/19	Snow Removal	4 1/2	71.28
		<hr/>	
		6 1/2	\$ 102.96
RONNIE FISHER			
02/10/19	Snow removal	3 3/4	90.00
02/17/19	Snow removal	4 3/4	114.00
		<hr/>	
		8 1/2	\$ 204.00

Senior Center Monthly Report for Feb. 2019

Meals served 531

Volunteer Hours Performed 29

Activity Reports Attached

Needs for Center-

Meetings—Site Council Meeting at Center was cancelled due to weather.

Break down of meals= We served 531 meals in 17 days, 188 in house, 343 were homebound that avg. about 31 meals per. day. We were closed 3 days One Holiday Two bad weather days. We had 20 people for bingo night, game days the 5th we had 15 people and the 19th was 16 people.

Carter Lake Fire Department Monthly Report

Proudly Serving since 1956

Department Head: Chief Eric Bentzinger

Report done by: Coordinator Phillip Newton

Contact information: Station # 712-347-5900

Email: clfire@carterlake-ia.gov

*** Check us out on Facebook—Carter Lake Fire & Rescue ****

Month: February 2019

Budget Performance:

Continuous Issues:

Employee and Organization Development: 4 members attending Iowa fire school later this month.

Pancake Breakfast: **Pancake Breakfast is May 5th, 2019 at the Fire Station**

2- 5	Meetings:	6:30-Done	Officers: 9 members, Mass: 24 members, Smoke Eaters, 17 members
2-2	Fire training:	9-noon	Trucks/scba search and rescue 7 members
2-12	Fire training:	7-10pm	Trucks, search and rescue, scba 9 members
2-19	EMS Meeting/training:	7-10pm	Trauma / Skills(splinting) 19 members

Safety and Response Report: Please see safety minutes attached to email

Safety Committee: Next Safety Meeting is April 3rd - 13:00 at City Hall.

Total Calls for the month:	2018 – 494 Total Calls	2016 - 384 Total Calls	2015 - total calls, 367
		2017 – 484 Total Calls	2014 - Total calls, 372

EMS (ambulance) calls: 26

Fire/Other calls: 3

Other: Additional Information for Mayor, City Council & Citizens:

1. Looking for In Town Volunteers, Call Phill at station number listed above
2. 2nd Annual Fish Fry fundraiser is March 29th from 4:30 – 8:00pm at the fire station. Thanks everyone for attending our frenchie and soup fundraiser.
3. New Breakfast schedule starting in October. Public breakfasts will now be 3 times a year for the public. Breakfasts will be in February, May & October. We will also continue to do the breakfast in July for pancakes in the park. This will be held only in the park and only for the attendees of the church service.

SAFETY ACTION PLAN

Assignment Number	Assignment
Person Responsible	
Estimated Completion Date	
Completion Date	
Assignment Number	Assignment
Person Responsible	
Estimated Completion Date	
Completion Date	
Assignment Number	Assignment
Person Responsible	
Estimated Completion Date	
Completion Date	
Assignment Number	Assignment
Person Responsible	
Estimated Completion Date	
Completion Date	
Assignment Number	Assignment
Person Responsible	
Estimated Completion Date	
Completion Date	

Library Board Meeting
Brooks-Fennell Multi-Purpose Room
February 25, 2019
6:00 p.m.

Attendees: Delbert Settles Viki Hawkins, Bonnie Freeman, Patti Midkiff, Victor Skinner and Jo Chullino. Library Director, Theresa Hawkins and Assistant Director Genevieve Hawkins. Absent Tyke Darveaux.

Bonnie called the meeting to order.

Minutes: Patti made the motion to accept the minutes. Victor seconded. Motion passed.

Financial Report: Viki made the motion to accept the January 2019 financial report from the city with the provision that the Enrich Iowa line item in the General Fund show a budget of \$1,273.49, YTD Balance of \$691.79 and Difference of \$581.70. Patti seconded. Motion passed.

Action on Bills: Viki made the motion to approve the bills. Delbert seconded. Motion passed.

Librarian' Report: Patti made the motion to accept the report. Delbert seconded. Motion passed.

January 2019 Statistics

Door Count	1015
Circulation	750
Patron Computer Usage	154
WIFI Usage (Patron Devices)	130
Materials added to Collection	47
Materials deleted from Collection	246
New Adult Cards	4
New Juvenile Cards	1
Makerspace Usage	40 Juvenile
Book Club	14 Adults
Preschool Story-time	10 Adults 19 Juvenile
Craft Night	12 Adults
Homebound Service	2
Notary	2
Tech Help	4
Other Meetings/Events	
Supervised Visits	3 Adults 2 Juvenile
Tutor	1 Adult 1 Juvenile
Senior Center	16 Adults
Birthday Party	10 Adults 7 Juvenile
Birthday Party	15 Adults 12 Juvenile
Baby Shower	40 Adults 10 Juvenile
Meeting	13 Adults

Deleting books Follett system, the State (SILO) system and re-arranging shelves to open up more traffic and ADA compliance space. Material circulation has been steadily going down but Library usage continues to increase. More patrons and non-patrons are using the library as a community space.

There were 3 snow days in January – 2 of those days the library was open to the public for a few hours. There has been some questioning about why the library is CLOSED on those days – Emergency Close Policy was updated in August 2018.

Fontenelle Forest, Lauritzen Gardens and Omaha Children's Museum passes are available for library patrons.

Gen will be in Johnston, IA on April 1, to start Public Library Management 2 classes. When classes are completed the library will have 2 official certified librarians - 1st time in the history of this library. Theresa will certify January 2020 and will be good through 2023.

Dr. Seuss Birthday party will be Friday, March 1, from 5:00 to 6:00 p.m. in the multi-purpose room. Craft stations will be set-up and refreshments provided.

The new little libraries are here... the maintenance department install them this spring at 13th & Q and the library rain garden. The little library at Neptune Circle is still in good shape and will be replaced when/if it needs to be.

Theresa CE in January 2019

ILOC 2019 – Libraries at the Center of Community Life 9:00 a.m.to 3:00 p.m. January 17, 2019

SLP: Teen Manual January 28, 2019

SLP: Adult Manual January 29, 2019

Unfinished Business:
Budget - No update.

New Business:

Cleaning Service – Looked over bids received from ServiceMaster, NightHawk, Andre's Pro Clean and Cleaning from Paris. Bonnie made the motion to accept the bid from Andre's Pro Clean. Victor seconded. Motion passed. Will request a contract to be signed at the March 25, 2019 Library Board meeting for cleaning to start April 2019.

Multi-Purpose Room – looked over bids to remove old flooring and install new. Bids ran from \$8,300.00 to 11,000.00. No plan at this time to redo multi-purpose room but have a general idea on cost for future reference.

City-wide Garage Sale – Discussion on offering tables for \$10.00 in the multi-purpose room for garage sale participants.

Viki made the motion to adjourn. Patti seconded. Meeting adjourned 6:45 p.m.

Submitted
Viki Hawkins, Secretary
February 26, 2019

Jackie Stender

From: Phill Newton
Sent: Friday, March 15, 2019 1:04 PM
To: Jackie Stender
Cc: Aaron Grell; Frank Cocoran; Frank Corcoran; Jackie Stender; Jackie Wahl; Jason Gundersen; Lisa Ruehle; Pat Paterson; Pat Paterson; Ronald Cumberledge; Ron Cumberledge (rcumberledge@cox.net)
Subject: RE: : Liquor License Submitted to Local Authority

Jackie and City Council,

Got it done, just went over there on the short notice but they were really cool about it. It is in great shape. I found some emergency lights going bad so he is going to get them today or Monday and fix them. Ill go back next week and check. At this time I would absalutely recommend approval of their liquour license renewal.

Phillip J. Newton
Fire Department & Safety Coordinator

Carter Lake, Iowa Fire Department
950 Locust Street
Carter Lake, Iowa 51510
clfire@carterlake-ia.gov
Station # 712-347-5900
Cell# 402-657-8976

From: Jackie Stender <jackie.stender@carterlake-ia.gov>
Sent: Friday, March 15, 2019 11:05 AM
To: City of Carter Lake Inspector <inspector@carterlake-ia.gov>; Phill Newton <phill.newton@carterlake-ia.gov>; Chief Kannedy <chief.kannedy@clpd.carterlake-ia.gov>
Subject: : Liquor License Submitted to Local Authority

I know this is last minute, but they finally got everything in place for liquor license. Please check and send email of approval for Monday night meeting

From: Licensing@IowaABD.com [<mailto:Licensing@IowaABD.com>]
Sent: Saturday, March 09, 2019 1:34 AM
To: Jackie Stender <jackie.stender@carterlake-ia.gov>
Cc: Licensing@IowaABD.com
Subject: Liquor License Submitted to Local Authority

Insurance coverage/bond certification has been completed for the following application(s). The application(s) is awaiting local authority review. After local authority approval, the application will be submitted to the Iowa Alcoholic Beverages Division for review.

License #	License Status	Business Name
BW0093130	Submitted to Local Authority	Best Western Plus Omaha Airport Inn (2510 Abbott Plaza Carter Lake IA 51510)

Please do not respond to this email.

To check the status of your application follow these steps:

1. Click <https://elicensing.iowaabd.com>
2. Log in to your eLicensing account
3. After reading the 'Beginning April 1st' statement, click ok
4. Click the View Completed Applications link to see your status

Jackie Stender

From: Phill Newton
Sent: Thursday, March 14, 2019 12:31 PM
To: Aaron Grell; Frank Cocoran; Frank Corcoran; Jackie Stender; Jackie Wahl; Jason Gundersen; Lisa Ruehle; Pat Paterson; Pat Paterson; Ronald Cumberledge; Ron Cumberlidge (rcumberledge@cox.net)
Subject: inspection

Dollar general was inspected a few weeks ago and at this time I would recommend liquor license renewal for them. I was actually impressed with the clutter and cleanliness improvement and the effort he is trying to keep it as nice as possible.

Phillip J. Newton
Fire Department & Safety Coordinator

Carter Lake, Iowa Fire Department
950 Locust Street
Carter Lake, Iowa 51510
clfire@carterlake-ia.gov
Station # 712-347-5900
Cell# 402-657-8976

APPLICATION FOR SOLID WASTE COLLECTOR'S PERMIT

Name: A-1 Containers & Hauling

Address: 1806 N. 13th Street, Omaha, NE 68110



A. Type of Business: (check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> Publicly Traded Corporation |
| <input type="checkbox"/> General Partnership | <input type="checkbox"/> Limited Liability Company |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Non-Profit Association |
| <input checked="" type="checkbox"/> Privately-Held Corporation | <input type="checkbox"/> Municipality |

B. List all Persons having financial interest or control in the business. List all partners, officers, directors, and shareholders owning 10% or more stock. Sole proprietors shall also include their spouse even if the spouse owns 0% interest. If not married, write "No Spouse".

Name	Complete Home Address (Include City, State, & Zip)	Percent of Ownership
John Fitch	19413 Jesup Ave ^{Pacific SeT} IA 51561	50%
Christine Fitch	same	50%

You must show 100% ownership of the business. Failure to list all interested parties is unlawful and constitutes grounds for denial or revocation of the permit. (Attach additional sheets, if necessary.)

C. Equipment- Please list the complete number and type of collection, transportation equipment that will be used.

Number of Vehicles	Type of Collection	Transportation Equipment to be used
5	Roll-off Container C+D	Med Duty Truck and Roll-off Containers

D. Please give a complete description of the frequency, routes, and method of collection and transportation that will be used. (attach additional sheets, if necessary.)

All drops of roll-off containers are on a per customer request for drops and pick-ups with a 60-week limit for keeping the container

E. Please give a statement as to the precise location and method of disposal or the processing facilities to be used. (Attach additional sheets, if necessary.)

disposal is at A-1 Transfer
1806 N. 13th
Omaha, Ne. 68110

You must provide the City of Carter Lake a copy of liability insurance coverage, covering all operations of the applicant pertaining to such business and all equipment and vehicles to be operated in the conduct thereof in the following minimum amounts:

Bodily Injury: \$100,000 per person.
\$300,000 per occurrence.

Property Damage: \$50,000

An Annual Permit Fee of \$100.00 shall accompany the application.

Christina Fitch
Signature of Applicant

3-4-19
Date

Please mark **one** to let us know if you do business in Carter Lake, IA.

Yes No



A-1CONT-01

LIZ

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03/12/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
Quinn Insurance Inc
11815 M Street, Suite 200
Omaha, NE 68137

CONTACT NAME: Elizabeth Zikas
PHONE (A/C, No, Ext): (402) 894-7483 **FAX (A/C, No):**
E-MAIL ADDRESS: Izikas@quinninsurance.com

INSURED
A-1 Containers Scrap Metal
2441 County Road 29
Kennard, NE 68034

INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A:	Scottsdale Insurance Company	41297
INSURER B:	Columbia Insurance Company	27812
INSURER C:	American Interstate Insurance	31895
INSURER D:		
INSURER E:		
INSURER F:		

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			CPS2659226	03/12/2018	03/12/2019	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Per occurrence)	\$ 100,000
B	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			CAPNE0000592570	03/12/2018	03/12/2019	COMBINED SINGLE LIMIT (Per accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB OCCUR CLAIMS-MADE DED RETENTION \$						BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
C	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	AVWCNE2581272018	03/12/2018	03/12/2019	EACH OCCURRENCE	\$
							AGGREGATE	\$
							PER STATUTE	OTH-ER
							E.L. EACH ACCIDENT	\$ 100,000
							E.L. DISEASE - EA EMPLOYEE	\$ 100,000
							E.L. DISEASE - POLICY LIMIT	\$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

City of Carter Lake Iowa
Fax # 712-347-5454
950 Locust Street
Carter Lake, IA 51510

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

APPLICATION FOR SOLID WASTE COLLECTOR'S PERMIT

Name: Abe's Trash Service, Inc.

Address: 8123 Christensen Lane, Omaha, NE 68122



A. Type of Business: (check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> Publicly Traded Corporation |
| <input type="checkbox"/> General Partnership | <input type="checkbox"/> Limited Liability Company |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Non-Profit Association |
| <input checked="" type="checkbox"/> Privately-Held Corporation | <input type="checkbox"/> Municipality |

B. List all Persons having financial interest or control in the business. List all partners, officers, directors, and shareholders owning 10% or more stock. Sole proprietors shall also include their spouse even if the spouse owns 0% interest. If not married, write "No Spouse".

Name	Complete Home Address (Include City, State, & Zip)	Percent of Ownership
John Christensen	8123 Christensen Ln.	50%
Peggy Christensen	Omaha, NE 68122	50%

You must show 100% ownership of the business. Failure to list all interested parties is unlawful and constitutes grounds for denial or revocation of the permit. (Attach additional sheets, if necessary.)

C. Equipment- Please list the complete number and type of collection, transportation equipment that will be used.

Number of Vehicles	Type of Collection	Transportation Equipment to be used
5	Commercial	Front-load
15	Construction	Roll-off

D. Please give a complete description of the frequency, routes, and method of collection and transportation that will be used. (attach additional sheets, if necessary.)

Commercial - 2-8 yd. dumpsters emptied 1-6 times/week.
Roll-off - 12-40 yd. dumpsters, used on a temp. basis.

E. Please give a statement as to the precise location and method of disposal or the processing facilities to be used. (Attach additional sheets, if necessary.)

Douglas Co. Landfill

You must provide the City of Carter Lake a copy of liability insurance coverage, covering all operations of the applicant pertaining to such business and all equipment and vehicles to be operated in the conduct thereof in the following minimum amounts:

Bodily Injury: \$100,000 per person.
\$300,000 per occurrence.
Property Damage: \$50,000

* This was sent directly to your office from Farm Bureau.

An Annual Permit Fee of \$100.00 shall accompany the application.

Shawn Klapp
Signature of Applicant

2-20-19
Date

Please mark **one** to let us know if you do business in Carter Lake, IA.

Yes No



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
02/18/19

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Don Christensen c/o FBL Financial Group Inc. 2065 N 120th Street Omaha, NE 68164-3401	CONTACT NAME: Don Christensen PHONE (A/C, No, Ext): (402) 493-5900 E-MAIL ADDRESS: FAX (A/C, No):
INSURED ABES TRASH SERVICE INC 8123 CHRISTENSEN LN OMAHA, NE 68122-5069	INSURER(S) AFFORDING COVERAGE INSURER A: Farm Bureau Property & Casualty Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
	NAIC # 13773

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD / WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	<input type="checkbox"/> <input type="checkbox"/>	CPP0003870	03/01/2019	03/01/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/POP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	<input type="checkbox"/> <input type="checkbox"/>	CPP0003870	03/01/2019	03/01/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000	<input type="checkbox"/> <input type="checkbox"/>	CU 0000189	03/01/2019	03/01/2020	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A <input type="checkbox"/>				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

City of Carter Lake
Email: clerk.assistant@carterlake-ia.gov

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Sammy Shaw



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2/26/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

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PRODUCER The Harry A. Koch Co. P.O. Box 45279 Omaha NE 68145		CONTACT NAME: PHONE (A/C, No, Ext): 402-861-7000 E-MAIL ADDRESS: FAX (A/C, No):	
INSURED Abe's Trash Service, Inc. 8123 Christensen Lane Omaha NE 68122		INSURER(S) AFFORDING COVERAGE INSURER A: Accident Fund General Insurance Co INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	
ABE70970		NAIC # 12304	

COVERAGES

CERTIFICATE NUMBER: 2038514943

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y / <input type="checkbox"/> N / A	WCS7500496	3/1/2019	3/1/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

City of Carter Lake
 950 Locust St
 Carter Lake IA 51510

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

APPLICATION FOR SOLID WASTE COLLECTOR'S PERMIT

Name: Nastase Containers

Address: 7610 N. 96th Street, Omaha, NE 68122



A. Type of Business: (check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> Publicly Traded Corporation |
| <input type="checkbox"/> General Partnership | <input type="checkbox"/> Limited Liability Company |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Non-Profit Association |
| <input checked="" type="checkbox"/> Privately-Held Corporation | <input type="checkbox"/> Municipality |

B. List all Persons having financial interest or control in the business. List all partners, officers, directors, and shareholders owning 10% or more stock. Sole proprietors shall also include their spouse even if the spouse owns 0% interest. If not married, write "No Spouse".

Name	Complete Home Address (Include City, State, & Zip)	Percent of Ownership
Andrew Nastase	21246 Arbor Ct, Elkhorn NE 68022	51
Carol Nastase	"	49

You must show 100% ownership of the business. Failure to list all interested parties is unlawful and constitutes grounds for denial or revocation of the permit. (Attach additional sheets, if necessary.)

C. Equipment- Please list the complete number and type of collection, transportation equipment that will be used.

Number of Vehicles	Type of Collection	Transportation Equipment to be used
2 > we only run 1 - 2nd truck is used if there is a breakdown	comm. debris from remodels/demos + residential remodels + demos	Freightliner w/ hook Debris is hauled in 15 or 20yd boxes

D. Please give a complete description of the frequency, routes, and method of collection and transportation that will be used. (attach additional sheets, if necessary.)

On call basis w/contractors — not at all for now. Service is shut down
No longer running our business (90% shut down) as before only ran for ourselves

E. Please give a statement as to the precise location and method of disposal or the processing facilities to be used. (Attach additional sheets, if necessary.)

Pheasant Pointe Landfill
13505 No. 216
Bennington, NE 68007

You must provide the City of Carter Lake a copy of liability insurance coverage, covering all operations of the applicant pertaining to such business and all equipment and vehicles to be operated in the conduct thereof in the following minimum amounts:

Bodily Injury: \$100,000 per person.
\$300,000 per occurrence.

Property Damage: \$50,000

An Annual Permit Fee of \$100.00 shall accompany the application.


Signature of Applicant

3/13/19
Date

Please mark **one** to let us know if you do business in Carter Lake, IA.

Yes* No

*Not running dumpster service as in the past. That may change but not any time soon (when we were running @ 100% - maybe was in Carter Lake)



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/13/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

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PRODUCER The Harry A. Koch Co. P.O. Box 45279 Omaha NE 68145-0279	CONTACT NAME: PHONE (A/C No, Ext): 402-861-7000		FAX (A/C No):
	E-MAIL ADDRESS: april.chaney@hakco.com		
INSURED Nastase Roofing Inc. 7610 N 96th St#1 Omaha NE 68112	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Acuity		
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		

COVERAGES

CERTIFICATE NUMBER: 625401355

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> 1000 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:	Y Y	ZA0362	5/1/2018	5/1/2019	EACH OCCURRENCE	\$ 1000000
						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 250000
						MED EXP (Any one person)	\$ 10000
						PERSONAL & ADV INJURY	\$ 1000000
						GENERAL AGGREGATE	\$ 3000000
						PRODUCTS - COMP/OP AGG	\$ 3000000
							\$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	Y Y	ZA0362	5/1/2018	5/1/2019	COMBINED SINGLE LIMIT (Ea accident)	\$ 1000000
						BODILY INJURY (Per person)	\$
						BODILY INJURY (Per accident)	\$
						PROPERTY DAMAGE (Per accident)	\$
							\$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0	Y Y	ZA0362	5/1/2018	5/1/2019	EACH OCCURRENCE	\$ 5000000
						AGGREGATE	\$ 5000000
							\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N N/A	ZA0362	5/1/2018	5/1/2019	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	
						E.L. EACH ACCIDENT	\$ 500000
						E.L. DISEASE - EA EMPLOYEE	\$ 500000
						E.L. DISEASE - POLICY LIMIT	\$ 500000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER**CANCELLATION**

City of Carter Lake
 950 Locust St.
 Carter Lake IA 51510

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

APPLICATION FOR SOLID WASTE COLLECTOR'S PERMIT

Name: Papillion Sanitation/Waste Connections

Address: 10810 S. 144th Street, Omaha, NE 68138



A. Type of Business: (check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Sole Proprietorship | <input checked="" type="checkbox"/> Publicly Traded Corporation |
| <input type="checkbox"/> General Partnership | <input type="checkbox"/> Limited Liability Company |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Non-Profit Association |
| <input type="checkbox"/> Privately-Held Corporation | <input type="checkbox"/> Municipality |

B. List all Persons having financial interest or control in the business. List all partners, officers, directors, and shareholders owning 10% or more stock. Sole proprietors shall also include their spouse even if the spouse owns 0% interest. If not married, write "No Spouse".

Name	Complete Home Address (Include City, State, & Zip)	Percent of Ownership
See Attachment		

You must show 100% ownership of the business. Failure to list all interested parties is unlawful and constitutes grounds for denial or revocation of the permit. (Attach additional sheets, if necessary.)

C. Equipment- Please list the complete number and type of collection, transportation equipment that will be used.

Number of Vehicles	Type of Collection	Transportation Equipment to be used
4	Solid Waste Removal	Garbage Trucks

D. Please give a complete description of the frequency, routes, and method of collection and transportation that will be used. (attach additional sheets, if necessary.)

Commercial Routes 1yd 1 X a week
2-Byds 1 X a week
ROLLOFF

E. Please give a statement as to the precise location and method of disposal or the processing facilities to be used. (Attach additional sheets, if necessary.)

Commercial/Rolloff dump either at
River City Transfer Station, Douglas Co. Landfill
or Sarpy County Transfer Station

You must provide the City of Carter Lake a copy of liability insurance coverage, covering all operations of the applicant pertaining to such business and all equipment and vehicles to be operated in the conduct thereof in the following minimum amounts:

Bodily Injury: \$100,000 per person.
\$300,000 per occurrence.

Property Damage: \$50,000

An Annual Permit Fee of \$100.00 shall accompany the application.

Kim Luick
Signature of Applicant

3/7/19
Date

Please mark **one** to let us know if you do business in Carter Lake, IA.

Yes

No

Finance Home Watchlists My Portfolio Screeners Markets Industries Videos Reporters

Waste Connections, Inc. (WCN)

NYSE - Nasdaq Real Time Price. Currency in USD

☆ Add to watchlist

Quote Lookup

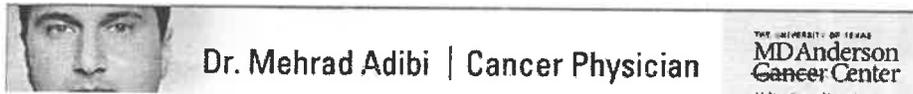
84.38 +0.15 (+0.18 %)

As of 10:28AM EST. Market open.

Buy

Sell

Summary Chart Conversations Statistics Historical Data Profile Financials Analysis Options **Holders** Sustainability



Major Holders | **Insider Roster** | Insider Transactions

Insider Roster

Individual or Entity	Most Recent Transaction	Date	Shares Owned as of Transaction Date
BLACK MATTHEW STEPHEN Officer	Conversion of Exercise of derivative security	Feb 21, 2019	27,063
CHAMBLISS DARRELL W Chief Operating Officer	Conversion of Exercise of derivative security	Feb 21, 2019	109,100
EDDIE DAVID Officer	Conversion of Exercise of derivative security	Feb 21, 2019	41,957
HALL DAVID M Officer	Conversion of Exercise of derivative security	Feb 21, 2019	9,900
HANSEN ERIC O Chief Technology Officer	Conversion of Exercise of derivative security	Feb 21, 2019	10,644
JACKMAN WORTHING F President	Conversion of Exercise of derivative security	Feb 21, 2019	118,071
LITTLE JAMES MICHAEL Officer	Conversion of Exercise of derivative security	Feb 21, 2019	37,498
MITTELSTAEDT RONALD JAMES Chief Executive Officer	Conversion of Exercise of derivative security	Feb 21, 2019	139,120
SHEA PATRICK JAMES General Counsel	Conversion of Exercise of derivative security	Feb 21, 2019	37,879
WHITNEY MARY ANNE G Chief Financial Officer	Conversion of Exercise of derivative security	Feb 21, 2019	38,955

*Insider roster data is derived solely from the last 24 months of Form 3 & Form 4 SEC filings.

People Also Watch

Symbol	Last Price	Change	% Change
RSG Republic Services, Inc.	78.24	+0.17	+0.22%
CWST Casella Waste Systems, Inc.	33.69	+0.08	+0.25%
SRCL Stericycle, Inc.	47.84	-0.97	-1.99%
CLH Clean Harbors, Inc.	66.51	-0.40	-0.59%
ECOL US Ecology, Inc.	58.69	-0.27	-0.45%

Yahoo Small Business

Data Disclaimer Help Suggestions
Privacy (Updated) About Our Ads Terms (Updated)



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CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
02/18/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Aon Risk Services Southwest, Inc. Houston TX office 5555 San Felipe Suite 1500 Houston TX 77056 USA	CONTACT NAME: _____	
	PHONE (A/C. No. Ext): (866) 283-7122	FAX (A/C. No.): (800) 363-0105
E-MAIL ADDRESS: _____		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURED Waste Connections of Nebraska, Inc. 3 Waterway Square Place, suite 110 The Woodlands TX 77380 USA	INSURER A: ACE American Insurance Company	22667
	INSURER B: Indemnity Insurance Co of North America	43575
	INSURER C: ACE Fire Underwriters Insurance Co.	20702
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES

CERTIFICATE NUMBER: 570075086749

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

Limits shown are as requested

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER: _____			HD0G/1094777	08/01/2018	08/01/2019	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) Excluded PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$5,000,000 PRODUCTS - COMP/OP AGG \$2,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY			ISA H25159159	08/01/2018	08/01/2019	COMBINED SINGLE LIMIT (Ea accident) \$5,000,000 BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION						EACH OCCURRENCE AGGREGATE
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			WLR65226303	08/01/2018	08/01/2019	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER
C	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A			AOS SCFC65431622 WI	08/01/2018	08/01/2019	E.L. EACH ACCIDENT \$1,500,000 E.L. DISEASE-EA EMPLOYEE \$1,500,000 E.L. DISEASE-POLICY LIMIT \$1,500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER**CANCELLATION**

City of Carter Lake
 950 Locust Street
 Carter Lake IA 51510 USA

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Aon Risk Services Southwest, Inc.

Holder Identifier :

Certificate No : 570075086749

APPLICATION FOR SOLID WASTE COLLECTOR'S PERMIT

Name: Premier Waste Solution

Address: 10203 S. 152nd Street, Omaha, NE 68138



A. Type of Business: (check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> Publicly Traded Corporation |
| <input type="checkbox"/> General Partnership | <input checked="" type="checkbox"/> Limited Liability Company |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Non-Profit Association |
| <input type="checkbox"/> Privately-Held Corporation | <input type="checkbox"/> Municipality |

B. List all Persons having financial interest or control in the business. List all partners, officers, directors, and shareholders owning 10% or more stock. Sole proprietors shall also include their spouse even if the spouse owns 0% interest. If not married, write "No Spouse".

Name	Complete Home Address (Include City, State, & Zip)	Percent of Ownership
<i>Mike Shrader</i>	<i>1380 Percheron, Dr. Ragle, NE 68347</i>	<i>25%</i>
<i>Dan Shrader</i>	<i>7705 N. 176th St Waverly, NE 684</i>	<i>25%</i>
<i>Mark Shrader</i>	<i>921 Killamoy Dr Papillion, NE 68046</i>	<i>25%</i>
<i>Daren Shrader</i>	<i>5815 Spangler Loop Lady Lake, FL 32159</i>	<i>25%</i>

You must show 100% ownership of the business. Failure to list all interested parties is unlawful and constitutes grounds for denial or revocation of the permit. (Attach additional sheets, if necessary.)

C. Equipment- Please list the complete number and type of collection, transportation equipment that will be used.

Number of Vehicles	Type of Collection	Transportation Equipment to be used
<i>2</i>	<i>commercial</i>	<i>Front + Rear load</i>

D. Please give a complete description of the frequency, routes, and method of collection and transportation that will be used. (attach additional sheets, if necessary.)

1-6 times per week

E. Please give a statement as to the precise location and method of disposal or the processing facilities to be used. (Attach additional sheets, if necessary.)

Pheasant port landfill
Iowa waste landfill

You must provide the City of Carter Lake a copy of liability insurance coverage, covering all operations of the applicant pertaining to such business and all equipment and vehicles to be operated in the conduct thereof in the following minimum amounts:

Bodily Injury: \$100,000 per person.
 \$300,000 per occurrence.

Property Damage: \$50,000

An Annual Permit Fee of \$100.00 shall accompany the application.


Signature of Applicant

2-28-19
Date

Please mark **one** to let us know if you do business in Carter Lake, IA.



Yes



No

APPLICATION FOR SOLID WASTE COLLECTOR'S PERMIT

Name: Waste Management

Address: 13505 N. 216th Street, Bennington, NE 68007



A. Type of Business: (check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Sole Proprietorship | <input checked="" type="checkbox"/> <u>Publicly Traded Corporation</u> |
| <input type="checkbox"/> General Partnership | <input type="checkbox"/> Limited Liability Company |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Non-Profit Association |
| <input type="checkbox"/> Privately-Held Corporation | <input type="checkbox"/> Municipality |

B. List all Persons having financial interest or control in the business. List all partners, officers, directors, and shareholders owning 10% or more stock. Sole proprietors shall also include their spouse even if the spouse owns 0% interest. If not married, write "No Spouse".

Name	Complete Home Address (Include City, State, & Zip)	Percent of Ownership
/		

You must show 100% ownership of the business. Failure to list all interested parties is unlawful and constitutes grounds for denial or revocation of the permit. (Attach additional sheets, if necessary.)

C. Equipment- Please list the complete number and type of collection, transportation equipment that will be used.

Number of Vehicles	Type of Collection	Transportation Equipment to be used
10	Trash	Roll-off Trucks Frontload/Rear Load
1	Recycle	Frontload Truck

D. Please give a complete description of the frequency, routes, and method of collection and transportation that will be used. (attach additional sheets, if necessary.)

Pickup Monday Through Saturday
Frontload - new load + Rolloff Trucks

E. Please give a statement as to the precise location and method of disposal or the processing facilities to be used. (Attach additional sheets, if necessary.)

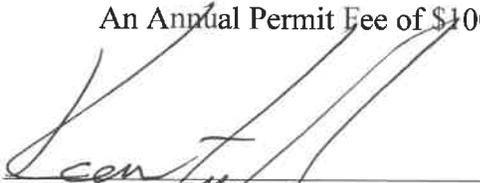
Trash comes to Pleasant Point Landfill 13505 N 216th St Beaverington NE
Recycle goes to First Star Fiber 12330 I St Omaha

You must provide the City of Carter Lake a copy of liability insurance coverage, covering all operations of the applicant pertaining to such business and all equipment and vehicles to be operated in the conduct thereof in the following minimum amounts:

Bodily Injury: \$100,000 per person.
\$300,000 per occurrence.

Property Damage: \$50,000

An Annual Permit Fee of \$100.00 shall accompany the application.


Signature of Applicant

3-4-19
Date

Please mark **one** to let us know if you do business in Carter Lake, IA.

Yes No



CERTIFICATE OF LIABILITY INSURANCE

1/1/2020

DATE (MM/DD/YYYY)
12/4/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER LOCKTON COMPANIES 3657 BRIARPARK DRIVE, SUITE 700 HOUSTON TX 77042 866-260-3538	CONTACT NAME:	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
E-MAIL ADDRESS:		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: ACE American Insurance Company		22667
INSURER B: Indemnity Insurance Co of North America		43575
INSURER C: ACE Fire Underwriters Insurance Company		20702
INSURER D:		
INSURER E:		
INSURER F:		

COVERAGES NEBENNIN **CERTIFICATE NUMBER: 15356542** **REVISION NUMBER: XXXXXXXX**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> XCU INCLUDED <input checked="" type="checkbox"/> ISO FORM CG00010413 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:	Y	Y	HDO G71212993	1/1/2019	1/1/2020	EACH OCCURRENCE \$ 5,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 5,000,000 MED EXP (Any one person) \$ XXXXXXXX PERSONAL & ADV INJURY \$ 5,000,000 GENERAL AGGREGATE \$ 6,000,000 PRODUCTS - COM/OP AGG \$ 6,000,000 \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> MCS-90	Y	Y	MMT H2527863A	1/1/2019	1/1/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ XXXXXXXX BODILY INJURY (Per accident) \$ XXXXXXXX PROPERTY DAMAGE (Per accident) \$ XXXXXXXX \$ XXXXXXXX
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$	Y	Y	XOO G27929242 004	1/1/2019	1/1/2020	EACH OCCURRENCE \$ 15,000,000 AGGREGATE \$ 15,000,000 \$ XXXXXXXX
B A C	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	WLR C65435846 (AOS) WLR C65435809 (AZ,CA & MA) SCF C65435883 (WI)	1/1/2019 1/1/2019 1/1/2019	1/1/2020 1/1/2020 1/1/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 3,000,000 E.L. DISEASE - EA EMPLOYEE \$ 3,000,000 E.L. DISEASE - POLICY LIMIT \$ 3,000,000
A	EXCESS AUTO LIABILITY	Y	Y	XSA H25278598	1/1/2019	1/1/2020	COMBINED SINGLE LIMIT \$9,000,000 (EACH ACCIDENT)

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 BLANKET WAIVER OF SUBROGATION IS GRANTED IN FAVOR OF CERTIFICATE HOLDER ON ALL POLICIES WHERE AND TO THE EXTENT REQUIRED BY WRITTEN CONTRACT WHERE PERMISSIBLE BY LAW. CERTIFICATE HOLDER IS NAMED AS AN ADDITIONAL INSURED (EXCEPT FOR WORKERS' COMP/EL) WHERE AND TO THE EXTENT REQUIRED BY WRITTEN CONTRACT.

CERTIFICATE HOLDER**CANCELLATION**

15356542

CITY OF CARTER LAKE
950 LOCUST ST
CARTER LAKE IA 51510

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE



CERTIFICATE OF LIABILITY INSURANCE

1/1/2020

DATE (MM/DD/YYYY)

12/4/2018

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PRODUCER LOCKTON COMPANIES 3657 BRIARPARK DRIVE, SUITE 700 HOUSTON TX 77042 866-260-3538	CONTACT NAME:	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
	E-MAIL ADDRESS:	
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURED 1300299 WASTE MANAGEMENT HOLDINGS, INC. & ALL AFFILIATED, RELATED & SUBSIDIARY COMPANIES INCLUDING: WASTE MANAGEMENT OF NEBRASKA 13505 NORTH 216TH STREET BENNINGTON NE 68005	INSURER A : ACE American Insurance Company	22667
	INSURER B : Indemnity Insurance Co of North America	43575
	INSURER C : ACE Fire Underwriters Insurance Company	20702
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES NEBENNIN **CERTIFICATE NUMBER: 15356542** **REVISION NUMBER: XXXXXXXX**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> XCU INCLUDED <input checked="" type="checkbox"/> ISO FORM CG00010413 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC <input type="checkbox"/> OTHER:	Y	Y	HDO G71212993	1/1/2019	1/1/2020	EACH OCCURRENCE \$ 5,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 5,000,000 MED EXP (Any one person) \$ XXXXXXXX PERSONAL & ADV INJURY \$ 5,000,000 GENERAL AGGREGATE \$ 6,000,000 PRODUCTS - COMP/OP AGG \$ 6,000,000 \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> MCS-90	Y	Y	MMT H2527863A	1/1/2019	1/1/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ XXXXXXXX BODILY INJURY (Per accident) \$ XXXXXXXX PROPERTY DAMAGE (Per accident) \$ XXXXXXXX \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$	Y	Y	XOO G27929242 004	1/1/2019	1/1/2020	EACH OCCURRENCE \$ 15,000,000 AGGREGATE \$ 15,000,000 \$ XXXXXXXX
B A C	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	WLR C65435846 (AOS) WLR C65435809 (CA & MA) SCF C65435883 (WT)	1/1/2019 1/1/2019 1/1/2019	1/1/2020 1/1/2020 1/1/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 3,000,000 E.L. DISEASE - EA EMPLOYEE \$ 3,000,000 E.L. DISEASE - POLICY LIMIT \$ 3,000,000
A	EXCESS AUTO LIABILITY	Y	Y	XSA H25278598	1/1/2019	1/1/2020	COMBINED SINGLE LIMIT \$9,000,000 (EACH ACCIDENT)

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 BLANKET WAIVER OF SUBROGATION IS GRANTED IN FAVOR OF CERTIFICATE HOLDER ON ALL POLICIES WHERE AND TO THE EXTENT REQUIRED BY WRITTEN CONTRACT WHERE PERMISSIBLE BY LAW. CERTIFICATE HOLDER IS NAMED AS AN ADDITIONAL INSURED (EXCEPT FOR WORKERS' COMP/EL) WHERE AND TO THE EXTENT REQUIRED BY WRITTEN CONTRACT.

CERTIFICATE HOLDER**CANCELLATION**

15356542

CITY OF CARTER LAKE
950 LOCUST ST
CARTER LAKE IA 51510

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

AGREEMENT FOR GARBAGE HAULING AND DISPOSAL

THIS AGREEMENT is made and entered into on the 1st day of May, 2016 by and between the City of Carter Lake, Iowa, a municipal corporation, hereinafter referred to as "Municipality" and Red River Waste Solutions, hereinafter referred to as "Hauler".

WHEREAS, the Municipality is authorized, pursuant to the Integrated Solid Waste Management Act, to contract with any person to provide any service, facility, or system required by the Integrated Solid Waste Management Act; and

WHEREAS, the Municipality has determined that it is in the best interest of its taxpayers to contract for collection, transportation, transfer and disposal of solid waste generated within its corporate limits; and

WHEREAS, THE Hauler has offered to provide such services within the corporate limits for agreed-upon rates as herein provided; and

WHEREAS, said offer is conditioned upon the fact that this Agreement will grant the Hauler exclusive rights to provide such service within the corporate limits of the Municipality.

NOW, THEREFORE, in consideration of the mutual covenants contained herein, the parties do agree as follows:

1. Scope and Description of Right. To the extent permitted, Hauler shall have the exclusive right during the term of this Agreement to collect and haul for hire over the streets and alleys of the Municipality all garbage collected from public and private customers located within the corporate limits of the Municipality. "Garbage", as used herein, shall be interpreted to mean and include all waste, animal and vegetable matter, rubbish, trash, debris, tin cans, aluminum, construction and demolition debris, paper and other waste materials generally, including articles ordinarily and customarily hauled away and dumped. Garbage shall also include any yard waste, which includes grass, leaves or branches.
2. Services Provided: For every customer requesting service under this Agreement, Hauler shall provide the following:
 - a. Weekly residential curbside service for garbage and yard waste as herein defined.
 - b. Weekly residential curbside service for recycling as herein defined.

Garbage shall be placed, by each residential and commercial customer, no more than 6 feet from the street. Said garbage will be picked up by Hauler from the street. In some cases, the Hauler may pick up garbage from an alley; however, alley collection shall be determined by the Hauler. Back door pickup will be considered as an alternative for residents with proven medical history that prevents them from participating in curbside service. Special provisions shall be made for back door pickup.

Pick-up of refuse shall be on a specified day, on a weekly basis, as determined by Hauler, conditioned upon no adverse weather conditions or other impairments. However, if pick-up is delayed or impaired then the same shall resume on the following day or as soon as conditions reasonably permit. The time

of pick-up or collection shall be between sunrise to sunset, or during other acceptable hours as determined by the Hauler and Municipality.

The Hauler shall be required to take only that garbage and rubbish which is placed in containers and which shall number no more than five (5) -35 gallon refuse containers for a single residence. The Hauler is not required to pick up garbage or rubbish which is not in a proper container or to clean the garbage or rubbish from the ground or paving if the container has been turned over, tipped over, or set on its side by any person or thing other than the Hauler.

The Hauler shall render Christmas tree pickup service to all single family dwellings in the Municipality on the first Saturday after the first of January each year during the term of this agreement. Said trees shall be placed by the residents at curbside.

The Hauler will furnish all persons and equipment for the spring and fall clean ups, and the Municipality will pay the landfill or dump fees for the disposal of said material collected during the spring and fall cleanups. The same materials will be picked up and removed as are set forth in this agreement. The Hauler specifically states it will not pickup *paint or any type of liquid, concrete, demolition, remodeling debris, automotive parts, dirt, or any commercial type items*. All materials to be picked up on the dates mutually agreed upon by and between the Municipality and the Hauler will be placed at the curbside of the street by the residents.

The Hauler shall make service available to all commercial establishments with the Municipality. Rates for commercial establishments shall be set from time to time by agreement between the Hauler and individual commercial establishments, and such rates shall be commercially reasonable rates for such service in the Omaha-Council Bluffs area.

3. Destination of Garbage. Hauler agrees to deposit all garbage collected at a Subtitle D or state equivalent landfill, transfer station or recycling center licensed by the State of Iowa. Hauler will honor the disposal service agreement between the Municipality and its landfill provider(s) during the time that such agreement is in effect.

4. Rates: Franchise Fee.

- a. Hauler is authorized to charge the following rates for services provided under this contract:
Residential rates \$ 8.94/per residence per month.

Such rates have been determined by the City Council to be just and reasonable.

- b. Municipality and Hauler shall jointly determine which customers are commercial and which are residential and, in the event of disagreement, Municipality shall have the final decision as to which customers are residential and which are commercial. Hauler shall be required to furnish garbage collection service to any person or organization, public or private, within the corporate limits of the Municipality requesting such service.

5. Rate Increases: The rates set forth in subparagraph 4 above shall not be increased for the first one (1) year of this contract. Thereafter, Hauler may, increase rates by a maximum of 2% for each year thereafter that this contract is in effect.

6. Indemnification and Insurance. Hauler hereby agrees to defend, indemnify and hold harmless the Municipality, and its officers, employees and agents from any and all claims, costs, damages, expenses (including attorneys fees) and other losses that may result from personal injury, including death, or property damage arising out of or resulting from any act or mission of the Hauler in the performance of this contract. Hauler shall also defend, indemnify, and hold harmless the Municipality from fines or damages arising out of any violation of the Comprehensive Environmental Response and Liability Act, the Resource Conservation and Recovery Act, or similar environmental law by Hauler in the performance of this Agreement.

Hauler shall procure and maintain, at its sole expense during the term of this contract, insurance as hereinafter enumerated.

Hauler shall at a minimum maintain the following insurance during the term of the contract.

a. WORKERS' COMPENSATION AND EMPLOYERS LIABILITY INSURANCE.

Hauler agrees to comply with workers' compensation laws of the state where any portion of the work is performed and maintain a workers' compensation and employer's liability policy. This policy shall be endorsed to provide: all state coverage, voluntary compensation coverage, and occupational disease. If any portion of the work is to be performed on or near navigable waters, the policy shall include coverage under the United States Longshoremen's and Harbor Workers' Act and Jones Act.

Workers Compensation	Statutory
Employers Liability	\$1,000,000 Each Accident \$1,000,000 Disease – Each Person

b. COMMERCIAL GENERAL LIABILITY INSURANCE.

Commercial General Liability Insurance, endorsed to provide coverage for:

General Aggregate (Other than Products/Completed Operations)	\$2,000,000
Products/Completed Operations Aggregate	\$2,000,000
Personal and Advertising Injury	\$1,000,000
Each Occurrence	\$1,000,000
Fire Damage	\$ 100,000
Medical Expenses (Any One Person)	\$ 10,000

c. COMPREHENSIVE AUTOMOBILE LIABILITY INSURANCE.

Comprehensive Automobile Liability Insurance which shall include coverage for all owned, non-owned, and hired vehicles.

Automobile Liability \$1,000, 000 Combined Single Limit

d. EXCESS UMBRELLA LIABILITY INSURANCE.

Bodily Injury and \$5,000,000 Combined Single Limit
Property Damage Each Occurrence

Hauler shall submit to the Municipality, at the time Hauler executes this contract, a certificate of insurance, in a form satisfactory to Municipality, evidencing that coverage of the type and limits set forth herein are in effect, and providing that no cancellation or material changes in the policies shall become effective except on thirty (30) days advance written notice thereof to Municipality. All policies of insurance, except workers compensation coverage, shall include the Municipality as an additional insured.

8. Independent Contractor. It is agreed that Municipality is only interested in the results obtained and that Hauler shall perform all services required under this contract as an independent contractor. Hauler is, for all purposes arising out of this Agreement, an independent contractor and none of its officers, agents, or employees shall be deemed to be employees of the Municipality.

9. Assignment and Delegation. Hauler shall have the authority to assign its rights or delegate its responsibilities under the contract to other duly licensed collections with the consent of the governing board of the Municipality; provided, however, the Hauler shall be responsible for the services furnished by any assignee or delegate, and for proper disposal of the garbage hauled from the Municipality, and shall indemnify and hold the Municipality harmless from any liability caused by assignee or delegate.

10. Contracting with Other Municipalities. Nothing herein contained shall prevent the Hauler from contracting with other municipalities provided that contracting with any other municipalities by the Hauler does not affect the performance and ability of the Hauler to comply in full with the Agreement.

11. Commencement of Service. Hauler hereby agrees that it will commence to furnish service in the Municipality beginning May 1, 2016, which date shall be the anniversary date of the Agreement. Hauler shall furnish service in the entire corporate limits of Municipality during the term of this Agreement.

12. Litter or Spillage. Any litter or spillage caused by Hauler during pick-up by moving properly prepared refuse from curb to dumpster to truck shall be Hauler's responsibility to remove.

13. Resolution of Disputes. Hauler agrees to attempt to resolve any disputes in garbage disposal service with the customer and if said disputes cannot be resolved, to contact the Municipality in an attempt to resolve such disputes.

14. Compliance with Law. Hauler agrees to comply and fulfill any and all federal, state, and local responsibilities for integrated solid waste management on behalf of the City, including any filings required by the Iowa Department of Environmental Quality or any other federal, state, or local agency.

15. Fair Employment Practices. Neither Hauler nor any of its subcontractors shall discriminate against any employee or applicant for employment to be employed in the performance of this contract with respect to hire, tenure terms, conditions or privileges of employment because of race, color, religion, sex, disability or natural origin.

16. Term. The term of this Agreement shall be three (3) years from the date of the commencement of service. This Agreement shall thereafter be automatically renewed on the same terms and conditions for an additional (3) three-year term, unless either of the parties hereto notifies the other in writing at least ninety (90) days prior to the anniversary date of its intention not to renew.

17. Termination for Default. Municipality may terminate this contract upon the occurrence of any one or more of the following events:

- a. If Hauler commences a voluntary case under any chapter of the bankruptcy code (Title 11, United States Code) as now or hereinafter in effect, or if Hauler takes any equivalent or similar action by filing a petition or otherwise under any other federal or state law in effect at such time relating to the bankruptcy or insolvency;
- b. If a petition is filed against Hauler under any chapter of the bankruptcy code as now or hereinafter in effect at the time of filing, or if any creditor is granted relief against Hauler under any other federal or state law in effect at the time relating to bankruptcy or insolvency;
- c. If Hauler makes a general assignment for the benefit of creditors;
- d. If a trustee, receiver, custodian, or agent of Hauler is appointed under applicable law or under contract, whose appointment or authority to take charge of property of Hauler is for the purpose of enforcing a lien against such property for the purpose of general administration of such property for the benefit of Hauler's creditors;
- e. If Hauler admits in writing an inability to pay its debts, generally as they become due;
- f. If Hauler is in default of any of the covenants, terms, or provisions of this contract or if Hauler fails to perform the services required hereunder in accordance with the contract;
- g. If Hauler refuses to comply with laws and regulations of any public body having jurisdiction over the services to be provided under this contract;
- h. If Hauler otherwise violates in any substantial way any material provisions of this contract.

Municipality shall give notice in writing to Hauler at least sixty (60) days before the date of termination and, if during said, sixty (60) day period Hauler shall cure the default or failure, the contract shall not be terminated; otherwise, the contract shall terminate and be at an end. Such cancellation shall not,

however, prejudice any other right of Municipality against Hauler arising out of this contract or otherwise.

18. Failure to Comply with Pickup. In the event there is any failure on the part of the Hauler to collect the garbage or refuse at any household unit at the regular pick up time during the week, the Hauler, upon given notice by the City Clerk, shall within twenty-four (24) hours make a garbage and rubbish pickup at said residence as to cure the Hauler's default. In the event the Hauler fails to cure his said default with twenty four (24) hours of the oral or written notice from the City Clerk as provided above, the Hauler shall default to the Municipality the amount of \$50.00 (fifty dollars) for each failure , which amount may be deducted by the City Treasurer from the next monthly payment by the Municipality to the Hauler. Written compliance will be maintained by the City Clerk and also by the Hauler for any such instances.

19. Failure of Hauler to Perform. In the event there is any failure on the part of the Hauler to substantially or wholly collect and dispose of the garbage and refuse and other materials herein provided to be collected and disposed of by the Hauler, which failure shall continue for a period of more than five (5) days, the Municipality may then, upon resolution by the City Council, employ such means as it may deem advisable and appropriate to continue work; and the cost of labor, materials and equipment necessary for such work shall be paid by the Municipality out of money due or to become due the Hauler under and by virtue of this Contract for the work and services herein specified, and the Hauler shall be liable for any other costs and expenses incurred by the Municipality.

Should the Municipality's cost for continuing the operation exceed the amount due the Hauler, then the Municipality shall have the right to collect the amount due from the Hauler.

If the Hauler fails to begin work at the time specified or fails to perform work with sufficient number of workers and sufficient and adequate equipment to insure the proper and substantial performance of work, or performs the work unsuitably, or discontinues the prosecution of the work, or any portion thereof, or for any other cause whatsoever and the City Council gives notice of such default, and the Hauler or his surety fails to secure such default within two (2) days after such notice, the City Council may then declare the Contract canceled and the Hauler's faithful performance bond will be forfeited.

20. Default of Contract. Violation or default of the terms of this Contract shall constitute a breach of Agreement. The Municipality agrees that it will, as soon as possible after such a breach occurs, make an effort to obtain for the Municipality for the remaining period of the Contract, a substitute Contract by calling for bids as provided by law and accepting the bid of the lowest bidder to perform as the Hauler is required in this Contract. Hauler shall be liable and the City shall have the right to withhold payment due Hauler. Further, Hauler shall be liable and the Municipality shall have to right to withhold from any payment due Hauler and to collect from Hauler any sums, costs, or expenses for which the Hauler may be liable.

21. Binding Provisions. This Agreement shall be binding upon the legal representative successors or assigns of the parties hereto.

IN WITNESS WHEREOF, the parties have executed this Agreement on the day and year first written above.

City of Carter Lake, Iowa

A Municipal Corporation

By:



Mayor

ATTEST:

(SEAL)



Clerk



Weldon James Smith

Red River Waste Solutions

602 Railroad Avenue, Glenwood, IA 51534

712-527-5910

danny@rrws.com

dk@rrws.com

Addendum to an Existing Contract

This document is in reference to a contract agreement dated May 1st, 2016 between the following parties that are named below in this document.

May it be known that the undersigned parties, for good consideration, do hereby agree to make the following changes and / or additions that are outlined below. These additions shall be made valid as if they are included in the original stated contract.

Stated Contract for: Agreement for garbage hauling and disposal

Red River has decided to offer city residents additional furniture and appliance pick-ups. The residents will work out the price, payment, and scheduling directly with Red River.

The city acknowledges that Red River will collect these items in the same trucks that pick up the city trash. Therefore, the items will be disposed of with the regular trash which the city pays to the disposal site directly. The city acknowledges that the city will be paying the additional disposal fee at the landfill they are in contract with based on the weight of the additional items collected in this process.

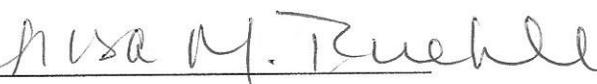
No other terms or conditions of the above mentioned contract shall be negated or changed as a result of this here stated addendum.

Signature 

Print Name Gerald Waltrip Date 8/30/16

Signature 

Print Name Jackie Stender Date 8/30/16

Witness #1) 

ASSIGNMENT, ACCEPTANCE AND APPROVAL OF AGREEMENT

Whereas, Red River Waste Solutions, LP, a Texas limited partnership, (Assigning Contractor) and the City of Carter Lake, Iowa (City) are parties to that certain Agreement for Garbage Hauling and Disposal dated as of May 1, 2016, as amended (Agreement) pursuant to which Assigning Contractor performs certain services related to the collection of solid waste for City. The Agreement is attached hereto and by this reference made a part of this Assignment, Acceptance and Approval of Agreement (the "Assignment"); and

Whereas, LCRD Hauling of INM, LLC, a Delaware limited liability company, (Accepting Contractor) and Assigning Contractor are parties to that certain Asset Purchase Agreement dated February 28, 2019 (Purchase Agreement), pursuant to which, at closing, Assigning Contractor will transfer and assign all of its assets related to its solid waste and recycling hauling business in western Iowa and eastern Nebraska, including the Agreement, to Accepting Contractor; and

Whereas, the City approves of the assignment of the Agreement to Accepting Contractor.

Now therefore it is hereby agreed to as follows:

1. That effective at 12:01 a.m. on the Closing Date (as defined in the Purchase Agreement) (the Effective Time), Assigning Contractor will assign all of the benefits, duties and obligations set out in the Agreement to Accepting Contractor, except that Assigning Contractor shall retain all liabilities under the Agreement accruing prior to the Effective Time.
2. That effective at the Effective Time, the Accepting Contractor will assume all of the benefits, duties and obligations of Assigning Contractor, set out in the Agreement after the Effective Time, and Assigning Contractor shall retain all liabilities under the Agreement accruing prior to the Effective Time.
3. The City approves of this Assignment and, effective at the Effective Time, shall be bound to Accepting Contractor the same duties, obligations and benefits set out in the Agreement, that it was bound to the Assigning Contractor.
4. Solely as between Assigning Contractor and Accepting Contractor, nothing in this Assignment is intended to supersede, modify, limit, expand or amend any of the rights or obligations of Assigning Contractor and Accepting Contractor under the Purchase Agreement and in the event of any conflict between the terms of the Purchase Agreement and the terms of this Assignment, the terms of the Purchase Agreement shall prevail.
5. This Assignment may be executed in any number of counterparts each of which when executed shall constitute an original, but all of which taken together shall constitute one and the same instrument. A signed copy of this Assignment delivered by facsimile, e-mail or scanned copies or other means of electronic transmission shall be deemed to have the same legal effect as delivery of an original signed copy of this Assignment.

In witness of this Assignment and as authorized representative of our respective parties, we have affixed our signatures below.

ASSIGNING CONTRACTOR:

Red River Waste Solutions, LP

By: Red River Waste Solutions GP, LLC,
its General Partner

By: _____
James A. Smith, CEO

ACCEPTING CONTRACTOR:

LCRD Hauling of INM, LLC,

By: _____
Jeff Kendall, CEO

City of Carter Lake, Iowa

**CITY OF CARTER LAKE
APPLICATION FOR CITY COUNCIL AGENDA**

Name: Crystal Mapeck
Address: 4104 North 13th
Carter Lake IA 51510
Phone: 402-850-0248
Meeting Date Requested: City council meeting on Monday

Scotty @lark sr
Mail request to:
City Clerk
950 Locust Street
Carter Lake, IA 51510

Or Fax to: 712-347-5454

Or Email to:
Jackie.Stender@carterlake-ia.gov

Agenda Item Request (please give a detailed description of the request):

I am wanting to talk about the Sewage back up that happen in my house on March 0th around 11am or so. I had no water running in my house and it came shooting out. I was told by city workers there was blockage and they would shut pumps off clear it then turn back on. I talked to them multiple times, they had to shut Pump off multiple times to clear there Blockage. I would like to talk about this. Thank you

City Council Meetings are held the first and third Monday of each month. The City Clerk must receive agenda requests by 12:00 PM on the Wednesday prior to the meeting.

Signature: Cy Mapeck **Date:** _____

For Office Use Only:
Date received in Clerk's office: _____
Received by: _____

CHAPTER 55
NUISANCE ABATEMENT PROCEDURE
PROPOSED
02/18/2019

Chapter 55. Nuisance Abatement Procedure
Chapter 55.02 Nuisances Enumerated

26. Maintenance of any partially or otherwise incomplete structures or abandoned property including, but not limited to fences, parking garages, commercial and residential buildings,

ADD:

and any and all unused building materials or equipment remaining on any real property in Carter Lake for any period longer than thirty (30) days or within seven (7) of the expiration of any properly issued building permit or any extension thereof which said items have not been removed by either the owner of the real property or holder of the permit.

Jackie Stender

From: Jackie Wahl <jacleen4849@gmail.com>
Sent: Tuesday, March 12, 2019 8:06 PM
To: Jackie Stender
Subject: Re: Council Meeting next week
Attachments: CL Fireworks Poster 1.pdf; CL Fireworks Poster 2.pdf

Make the changes to the wording in the Fireworks Ordinance.

Possible changes:

1. Change from Noon to 11 p.m. everyday to Fireworks may be discharged on these days during the permitted hours of 12 noon - 10 p.m. except for the Saturdays and July 4 from 9 a.m. - 11 p.m.
2. Change "No individual shall discharge fireworks within 75 feet of another person or within 30 feet of a structure." to No individual shall discharge fireworks within 30 feet of another person or within 30 feet of a structure (or make it 20 feet which is more reasonable considering the size of most yards.)

I'll finalize the posters if we get them approved.

On Tue, Mar 12, 2019 at 4:53 PM Jackie Stender <jackie.stender@carterlake-ia.gov> wrote:

Meeting next week

Anything to add to agenda?

I need all department head reports before 9am Friday morning.

Jackie Stender

City Clerk

City of Carter Lake

950 Locust St., Carter Lake, IA 51510

(712) 347-6320 (office)

www.cityofcarterlake.com

July 1st	July 4th	Last Day to Light	# of days to discharge
Friday	Monday	Monday July 4th	4
Saturday	Tuesday	Tuesday July 4th	4
Sunday	Wednesday	Saturday July 7th	7
Monday	Thursday	Saturday July 6th	6
Tuesday	Friday	Saturday July 5th	5
Wednesday	Saturday	Saturday July 4th	4
Thursday	Sunday	Sunday July 4th	4

Every year has a weekend and a Friday or Saturday or both
Always starts on July 1

RESOLUTION NO. _____

WHEREAS, the City of Carter Lake, Iowa has adopted ordinances allowing for charges for weed removal; and

WHEREAS, the ordinances allow for recovering costs for the services plus administrative fees as set out by ordinance; and

WHEREAS, it has been determined that tax liens will be assessed against the property that has received the services, in the event the property owners fail to pay for said services and administrative fees; and

WHEREAS, services have been provided to the properties listed and bills have been render to the property owner; and

WHEREAS, the bills remain outstanding;

NOW THEREFORE BE IT RESOLVED that liens be assessed against the properties listed for the amounts determined

(SEE ATTACHMENT)

BE IT FURTHER RESOLVED that the outstanding amounts be liened and collectible as follows:

\$150 or less – current tax collection (1year to pay) – no interest

\$151 to \$500 – spread out over 3 years – 5% interest

\$501 to \$1500 – spread out over 5 years – 7% interest

\$1501 and above – spread out over 10 years – 9% interest

Passed and approved this 18th day of March 2019.

Ronald Cumberledge, Mayor

ATTEST:

Jackie Stender, City Clerk

LIENS - March 2019

Weeds

<u>Inv #</u>	<u>Property</u>	<u>Amount</u>
2901	1205 Janbrook Blvd	225.00
2904	1501 Cachelin Dr	275.00
2906	97 Carter Lake Club	225.00
2908	1501 Cachelin Dr	375.00
3195	1313 Hiatt St	150.00
3196	97 Carter Lake Club	425.00
3199	1520 Ave P	150.00
3487	1110 Lindwood Dr	175.00
3490	1218 Mayper Dr	150.00
3491	1205 Janbrook Blvd	150.00
3493	1502 Walker Dt	150.00
3496	1110 Lindwood Dr	150.00
3499	1501 Cachelin Dr	175.00
3500	1305 Lindwood Dr	150.00
3503	1205 Janbrook Blvd	150.00
3505	1501 Cachelin Dr	225.00
3508	3904 N 13th St	150.00
3511	1110 Lindwood Dr	150.00
3512	1502 WalkerSt	150.00
3514	Ave H & Abbott	300.00
3551	4330 N 14th St	175.00
		\$ 4,225.00

RESOLUTION NO. _____

WHEREAS, the City of Carter Lake, Iowa has adopted ordinances allowing for charges for weed removal; and

WHEREAS, the ordinances allow for recovering costs for the services plus administrative fees as set out by ordinance; and

WHEREAS, it has been determined that some of the outstanding balances are un-collectible and that liens cannot be assessed against property that has received the services; and

NOW THEREFORE BE IT RESOLVED that the following amounts be written off as un-collectable:

(SEE ATTACHMENT)

Passed and approved this 18th day of March 2019.

Ronald Cumberledge, Mayor

ATTEST:

Jackie Stender, City Clerk

Invoices to write off - March 2019

WEEDS

<u>Inv #</u>	<u>Property</u>	<u>Service Date</u>	<u>Amount</u>	
2596	1401 Holiday Dr	09/02/15	175.00	Deceased
2898	1401 Holiday Dr	06/01/16	175.00	Deceased
2903	1401 Holiday Dr	08/23/16	175.00	Deceased
2590	1330 Mayper Dr	09/22/15	150.00	Sold
3502	1501 Ave N	05/25/18	150.00	Sold
		TOTAL	825.00	

RESOLUTION NO. _____

WHEREAS, the City of Carter Lake, Iowa has adopted ordinances allowing for charges for water, sewer and garbage utilities; and

WHEREAS, the ordinances allow for recovering costs for the services plus administrative fees as set out by ordinance; and

WHEREAS, it has been determined that tax liens will be assessed against the property that has received the services, in the event the property owners fail to pay for said services and administrative fees; and

WHEREAS, services have been provided to the properties listed and bills have been rendered to the property owner; and

WHEREAS, the bills remain outstanding;

NOW THEREFORE BE IT RESOLVED that liens be assessed against the properties listed for the amounts determined

(SEE ATTACHMENT)

BE IT FURTHER RESOLVED that the outstanding amounts be liened and collectible as follows:

\$150 or less – current tax collection (1 year to pay) – no interest

\$151 to \$500 – spread out over 3 years – 5% interest

\$501 to \$1500 – spread out over 5 years – 7% interest

\$1501 and above – spread out over 10 years – 9% interest

Passed and approved this 18th day of March, 2019.

Ron Cumberledge, Mayor

ATTEST:

Jackie Stender, City Clerk

WATER LIENS - March 2019

05-411250-07	1111 Hiatt St	120.66
05-413300-02	3715 N 9th St	346.92

RESOLUTION NO. _____

WHEREAS, the City of Carter Lake, Iowa has adopted ordinances allowing for charges for water, sewer, and garbage utilities; and

WHEREAS, the ordinances allow for recovering costs for the services plus administrative fees as set out by ordinance; and

WHEREAS, it has been determined that some of the outstanding balances are uncollectible and that liens cannot be assessed against property that has received the services; and

NOW THEREFORE BE IT RESOLVED that the following amounts be written off as un-collectable:

(SEE ATTACHMENT)

Passed and approved this 18th day of March 2019.

Ronald Cumberledge, Mayor

ATTEST:

Jackie Stender, City Clerk

Utility bills to write off - March 2019

<u>Acct #</u>	<u>Property</u>	<u>Amount</u>	
05-206450-07	1314 Janbrook Blvd	0.45	12/15/16
05-302400-01	66 Carter Lake Club	1.52	09/06/17
05-317800-02	1340 Hiatt St	8.75	09/14/15
05-402050-06	1213 Ave P	10.25	01/08/18
	TOTAL	20.97	