

APPLICATION FOR DUST CONTROL

PLEASE READ AND ABIDE BY THE APPANOOSE COUNTY DUST CONTROL POLICY LISTED BELOW. THE APPLICANT SHALL:

- 1) Have area to be treated flagged with two (2) stakes. These are available for you to pick up at the county shop at 1200 Hwy 2 West, Centerville IA. Applicants will maintain the stakes provided to mark the dust control area. Stakes must be placed on the traffic side of the road, one on each end. Stakes must be erect and visible at all times. Replacement stakes are available at the County Shop (address above).
- 2) Be responsible for maintaining the dust control area by filling any holes that may develop as soon as possible.
- 3) Understand that after October 1st of each year, dust control areas are routinely bladed as normal preparation for winter. Dust control areas may also be maintained at any time deemed necessary for the safety of travelers on the public road. Appanoose County will not be responsible for the loss of effectiveness of the dust control treatment.
- 4) Be responsible to notify Appanoose County of any problems that develop in the dust control area, in which situation the road will be maintained as seen fit by Appanoose County.
- 5) Assume full responsibility for any and all liability resulting from the dust control material placed upon the public highway.
- 6) Understand that by purchasing the dust control service, the applicant agrees to abide by the conditions stated in this document.

APPANOOSE COUNTY SHALL:

- 1) Determine if the roadway to receive the initial and any subsequent dust control applications needs maintenance after permitting the site to be treated and after agreeing on the spray date.
- 2) Not be required to notify applicants when maintenance is required to be performed to a dust control area before October 1st, unless it is due to unforeseen construction situations. Neglect by the applicant to maintain the road shall be considered a breach of contract. See #3 above.

NO APPLICATIONS WILL BE ACCEPTED AFTER DEADLINE DATE, NO EXCEPTIONS

-----**(DO NOT REMOVE THIS SECTION)**-----

APPLICANT (PLEASE PRINT) _____ DATE _____

E911 STREET OR ROAD ADDRESS _____

CITY _____ HOME PHONE _____ WORK PHONE _____

LOCATION: TOWNSHIP _____ SECTION _____

NUMBER OF APPLICATIONS DESIRED _____ FOOTAGE _____

EXPLAIN WHERE DUST CONTROL IS TO BE APPLIED _____

