

Marshall County
447 So. Main
Warren, MN 56762
Request for Dust Control Application
218-745-4381 218-745-4570 (fax)

Name: _____

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Address: _____ City/State/Zip _____

Phone: _____ Cell # _____

Location for dust control application

Road Jurisdiction (check one): County _____ Township _____ Other _____

Section (e.g. SE ¼, Sec. 14): _____ Township Name: _____

CSAH/Co. Rd./Town Rd. No. _____ Length _____ feet

Attach township map showing location. Person making application is responsible for giving proper and accurate locations on the map.

Special Requests/Directions: _____

Cost: Resident pays entire cost for dust control treatment as noted in the advertisement. The application **SITE MUST BE FLAGGED** from start to finish by resident.

Road Maintenance Work: The road authority will blade surface prior to chloride application to make sure the road has a smooth surface. The road authority will try to avoid blading through the treated area during the summer months. The road authority has the right to blade the treated area, if in their opinion, the road needs surface maintaining. Such blade work will be done with no notification to the resident. The road authority has sole responsibility to maintain the road as they see fit. This is done so as to provide a safe road for the traveling public.

THIS AREA TO BE FILLED OUT BY MARSHALL COUNTY HIGHWAY DEPARTMENT

Quantity and Cost Calculation:

_____ Length (ft) x _____ Width (ft) ÷ 9 x .3 = gallons x \$1.21

_____ Gallons x _____ Cost/Gallon = _____ Total Cost _____

- The resident applying for dust control shall be responsible for the placement and maintenance of necessary signs and flags designating the outer limits of the area that has been treated with chloride.
- **Please Note:** The effectiveness of the dust control treatment may vary with weather conditions and traffic. The road authority will not be held responsible for the performance of the dust control product. The road authority will not be responsible for any claims arising out of the application of the chloride.
- I have read and understand the Dust Control Policy and agree to the terms.

Signature: _____ Date: _____