PERMIT
FLOYD COUNTY
ROAD CHEMICAL APPLICATION

Check one:
_____ 1 Application
_____ 2 Applications
_____ 3 Applications

CONDITIONS OF PERMIT:
The application and maintenance of chemicals to control dust on crushed rock surfaced roads shall be by permit only and in accordance with the following conditions:

1. **THIS PERMIT IS VALID FROM MAY 1, 2009 TO THE 4TH WEEK IN OCTOBER, 2009 SO AREAS CAN BE WORKED AFTER AND PRIOR TO WINTER.**
2. **THE COUNTY RESERVES THE RIGHT TO REWORK THE TREATED AREAS AND MAINTAIN THEM AS LOOSE GRANULAR SURFACES IF THE OWNER FAILS TO MAINTAIN THE AREA IN A CONDITION ACCEPTABLE TO THE COUNTY.**
3. Road chemical may be applied by the owner or an approved contractor for the owner. IF OWNER APPLIES DUST CONTROL, THEY SHALL NOTIFY THE ROAD FOREMAN OF THE DATE DUST CONTROL HAS BEEN APPLIED.
4. If new rock resurfacing is applied, the dust control material may not be applied for 30 days.
5. The only materials approved for use on the roads are calcium chloride, magnesium chloride, crude glycerin (soybean oil), and lignin sulfonate. Used motor oil is not approved.
6. The owner shall maintain the treated area and repair any roughness that may develop.
7. Landowners wanting to place dust control prior to contract rock hauling does so at the landowner's own risk. Any costs associated with re-application of dust control materials after contract hauling is done, shall be at the landowner's expense.

OWNER: _____ Phone: _____

ADDRESS: _____ Township: _____

LOCATION: _____ foot length of road in front of a residence in _____, _____, _____
Sec Twp Range

MATERIAL TO BE USED: _____

Owner Acknowledgement: My signature signifies I have read and understand all of the stipulations of this permit.

Signature of Owner or Agent/Date: _____

Permit Approved/Date: _____

DUST CONTROL WAIVER

I, the undersigned, hereby request that dust control material be applied to the road as requested in the attached permit as soon as possible after rock resurfacing. This relieves the liability of the applicator for any possible decrease in dust control effectiveness. (see #4 above)

_____
Signature of Owner or Agen

Date_____

Copy: Owner
Dust Control Applicator
Floyd County Engineer's Office

Woody's Dust Control
106 Hampton Street, P.O. Box 172
Rudd, IA 50471
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Authorized Distributor