

**Annual Permit to Apply Dust Control Treatment  
on Jefferson County Secondary Roads**

Jefferson County Engineer 901 N 8<sup>th</sup> Street Fairfield, Iowa 52556

Phone (641)472-6528 Fax (641)469-3398

Permit No. \_\_\_\_\_

APPLICANT: (please print) \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

PHONE # OF APPLICANT: \_\_\_\_\_

**LOCATION OF DUST CONTROL** (if not same as above)

(E911 address) \_\_\_\_\_

City: \_\_\_\_\_

Township Name: \_\_\_\_\_ Section No.: \_\_\_\_\_

Length of treatment application (in feet): \_\_\_\_\_

Name of contractor applying dust control: \_\_\_\_\_

Approx. date to be applied: \_\_\_\_\_

Type of material:  Calcium Chloride  Lignin Sulfate (tree sap)  Other approved material  
\_\_\_\_\_

**This permit is subject to the following conditions:**

1. The applicant shall obtain this permit a minimum of two weeks in advance of treatment in order to give Jefferson County Road Department sufficient time to blade and shape the road.
2. Only dust treatment approved by the County Engineer shall be used. Calcium Chloride, Lignin Sulfate (tree sap), and oil from an approved source will be accepted.
3. The applicant is responsible for maintaining a suitable driving surface on the dust treated section of road. Failure to fill any potholes that develop will result in the scarifying and or blading of the affected area to restore a safe and satisfactory driving surface. This may be done without notice to the applicant.
4. This permit expires on October 15th of the present year.
5. The undersigned agrees to accept any and all liability in connection with any accident which might result at the time of application of the dust control, or any accident which might occur at a future date as a result of the treated condition of the road, and hereby agrees to indemnify Jefferson County for any liability which might occur as a result of the treated condition of the road in consideration of Jefferson Counties' permission to the undersigned to treat said road.

**I have read and agree to the conditions above.**

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

APPROVED: DATE: \_\_\_\_\_

\_\_\_\_\_  
JEFFERSON COUNTY ENGINEER