



Gravel Road Dust Reduction Agreement

Classification Council	Category Public Works	Form No. 2003
Reference Policy PW 2.2 – Gravel Road Dust Reduction		

Applicant Information:

Last Name: First Name:

Mailing Address: _____

Phone #: OR _____

EMAIL / FAX #:

I am/we are requesting the County supply the product and workmanship for application of the following dust suppressant to the road front at:

<i>Legal Land Description</i>	<i>Rural Address</i>	<i>Roll #:</i>
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- Asphalt Emulsion (DL-10) – Medium Application
- Asphalt Emulsion (DL-10) – Heavy Application
- Calcium Chloride Brine (32%) ___ Two (2) Applications ___ Three (3) Applications
- Calcium Chloride Magnesium Hydroxide (MG-30) ___ Two (2) Applications ___ Three (3) Applications
- Medium Curing Asphalt Oil (MC-250)

The County will determine the firm cost for supply & application at this location and communicate it to the Applicant as noted above. Upon receiving the cost, the Applicant will make full payment prior to any work being commenced.

The applicant, upon signing this agreement, agrees to the following terms/conditions:

1. The applicant hereby releases the County from all damages, claims, or injury whatsoever resulting from the use of the above dust reduction substances or applications
2. The County will arrange for a minimum of a 200-meter length of dust reduction to the road in front of residential, farm buildings, and industrial/commercial sites at a cost to be determined by the County.
3. The applicant's fee cost must be prepaid before the dust control is applied.
4. The County may apply additional lengths of dust reduction products, at the request of an Applicant, with the full cost borne by the Applicant.
5. The County reserves the right to rework or remove the dust control applications at its own discretion.
6. Landowners and/or Applicants are not permitted to apply any form of dust reduction to the County roads.
7. Existing oil dust controls will not be repaired and may be removed at the discretion of the County.

Applicant Signature

Date

For Office Use Only:		Receipt # _____
Subtotal: \$ _____	GST: \$ _____	Total Paid: \$ _____
Paid by: <input type="checkbox"/> Cash <input type="checkbox"/> Cheque # _____ <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Debit		