

YELLOW MEDICINE COUNTY DUST CONTROL POLICY

Purpose

The purpose of this policy is to establish criteria and procedures for application of liquid calcium chloride on aggregate surfaced County and Township roads within Yellow Medicine County.

Criteria

Eligible aggregate surfaced roads to be included in the Yellow Medicine County dust control program are:

- County Roads, County State Aid Roads
- Township Roads where the respective township officers have agreed to be included with this policy.
- Roads under other jurisdictions may be included if that jurisdiction and the County Engineer approves. (i.e. towns and private roads).

Request for Dust Control

- All requests for dust control, as part of this program, will be made through the Yellow Medicine County Highway Department. All requests must be made prior to the cutoff date listed in the advertisement for dust control. This advertisement will be published in the local newspapers early each spring. Requests made after the cutoff date will be included in next year's dust control program.
- People making a request must fill out this "Application for Dust Control" form and make pre-payment for the entire cost.

Dust Control Procedure

- Roads will be treated **18 feet wide** by length requested.
- The road authority shall try to blade surface prior to chloride application to make sure the road has a smooth surface.
- The road authority has the right to blade the treated area, if in their opinion, the road needs surface maintenance. 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.
- Dust control work will be performed between May 15th and June 15th each year based upon weather conditions, availability of materials, and scheduling as determined by the County.

NOTE: This is a prepaid application. Payments must be received by May 1, 2024. ORDERS WILL NOT BE ACCEPTED BEYOND THIS DATE.

Detach and mail lower portion with payment, to address shown above

2024 YELLOW MEDICINE COUNTY APPLICATION FOR DUST CONTROL

Name: Phone #:	Street address where you want the dust control placed:	Length of dust control desired: _____ Feet
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- The resident applying for dust control shall be responsible for the placement of necessary flags designating the outer limits of the area to be treated with chloride. The County will verify these locations and lengths.
- 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 liquid calcium chloride product.
- I have read and understand the Dust Control Policy and agree to the terms.

Signature: _____ Date: _____

_____ Feet	x	\$1.07 per Ft <small>(18 ft wide)</small>	=	\$ _____
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Make your check payable to the Yellow Medicine County Highway Department