

**POWESHIEK COUNTY
PERMIT FOR
SELF-APPLICATION OF DUST CONTROL**

Name: _____

Mailing Address: _____

Type of dust control: _____

Length: _____

Township: _____

Section: _____

If the above address is different from the location you want to apply the dust control, please list the address of the location below.

Location Address: _____

Township: _____

Section: _____

One purpose of this permit is to give the Poweshiek County Highway Department two weeks advance notice so that we can prepare the roadway for dust control. Preparations may include placing rock and/or blading the road. The permit applicant is responsible for the payment, application and maintenance of the dust control. If an asphaltic material is used it shall be covered with a chip seal immediately after placement. "Fresh Oil" signs shall be placed during the time period when the dust control product can be picked up by car tires. The applicant is responsible for any damage to vehicles caused by the dust control. The dust control location shall be marked with four 12" x 12" orange flags at all corners at the end of the dust control area.

The other purpose of this permit is to ensure that the roadway is maintained. Iowa law specifies that the purpose of a public highway is to serve the traveling public. The permit applicant is responsible for keeping the road free of chuckholes by filling them as soon as they develop. Poweshiek County reserves the right to scarify the road if the county feels that proper maintenance has not been applied. Poweshiek County also reserves the right to scarify and blade the road thoroughly after October 15th without notice so as to prepare for winter. Your signature below indicates that you understand the conditions of this permit.

Applicant Signature: _____

Date: _____

County Engineer Approval: _____

Date: _____