

# CHICKASAW COUNTY DUST CONTROL PERMIT

\_\_\_\_ One Application  
\_\_\_\_ Two Applications

Permit No. 2022 - _____
Division - _____
Operator Area - _____
Office Use Only

APPLICANT : \_\_\_\_\_

PHONE # : \_\_\_\_\_ EMAIL : \_\_\_\_\_

ADDRESS : \_\_\_\_\_ CITY: \_\_\_\_\_

ZIP CODE : \_\_\_\_\_ LOCATION : A \_\_\_\_\_ foot length of road in front of a residence in

SECTION : \_\_\_\_\_ , TOWNSHIP : \_\_\_\_\_ .

**Instructions for application (Example: Start 300 feet south of driveway, go north 400')**

Instructions for application : \_\_\_\_\_

Work to be done by : [DEANO'S ROAD DUST CONTROL](#)

Material to be used : [DEANO'S DUSTROYER](#)



## 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. Road chemicals may be applied by the owner or an approved contractor for the owner. IF OWNER APPLIES THEIR OWN DUST CONTROL, OWNER SHALL NOTIFY THE COUNTY (641-394-2321) WHEN THE DUST CONTROL MATERIAL HAS BEEN APPLIED.
2. The only materials approved for use on the roads are calcium chloride, magnesium chloride, crude glycerin, and lignin sulfonate. All products must be approved dust control suppressants with appropriate documentation.  
**Used motor oil is not approved.**
3. The owner shall maintain the treated area and repair any roughness that may develop.
4. **The County reserves the right to rework the treated areas and maintain them as loose granular surfaces if the owner fails to maintain the are in a condition acceptable to the County.**
5. This permit is valid from May 1, 2022 to October 15, 2022 so areas can be worked after and prior to winter.
6. 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.
7. **PLEASE NOTE THAT AS OF JANUARY 1ST, 2017, CHICKASAW COUNTY WILL NOT BE MEASURING NOR STAKING ANY DUST CONTROL AREAS.**

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

Signature of Owner : \_\_\_\_\_ Date : \_\_\_\_\_

Payment method:  Check (# \_\_\_\_\_) OR  
 Credit/ Debit (Confirmation # \_\_\_\_\_)

Please return Completed Permit/ Payment to:  
**DEANO'S ROAD DUST CONTROL**  
**14711 210th Street**  
**Mason City, IA 50401**

_____ Date Office Use Only
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