

Rural Municipality of The Gap No. 39 Dust Control Application Form

Date of Application: _____

Name of Applicant: _____

Address: _____

Phone Number(s): _____

Yardsite Location: _____

Road Name/Number: _____

The applicant shall confirm the dust control site size with Public Works staff prior to the application of **Dustgard 30% Liquid Magnesium Chloride Dust Suppressant.*

**The rate of application of dust suppressant shall be 2 litres per square meter.*

**The RM of The Gap No. 39's 'Dust Control Policy' is attached for reference.*

I _____ agree to the application of dust suppressant at the above noted location. I understand that the dust suppressant will not completely eliminate dust and that the dust control site may be graded if road conditions deteriorate. I agree to pay the cost of dust control as invoiced by the RM of The Gap No. 39 by December 31 of this year.

Applicant Signature.

Date.