

STAR LAKE TOWNSHIP DUST CONTROL APPLICATION REQUEST

(1/1/18)

TO: Star Lake Township Board of Supervisors

Date: _____

SUBJECT: Request for Dust Control Application

It is hereby requested that a Dust Control Agent be applied to _____ St./Ave./Rd./Ln./Dr..

The application area is for _____ feet beginning at _____, and ending at _____. Specific 911 address #'s or street intersections are recommended. (See Township Dust Control Policy, Section 1, para. d. sub. 3 for specific guidelines regarding dust control application.)

The residents making this request have appointed _____ as the Resident Point of Contact (POC). The POC can be reached at this email/phone # _____ for coordination purposes.

It is understood that all requests for Dust Control Application must be received by **April 1st** of the calendar year for which the request is being made. The Town Board will then obtain contractor quotes & communicate the total cost of the application back to the POC. *It is further understood that full payment for the Dust Control Application must be received by the Township Clerk by no later than **May 1st**.* No applications will be started without full payment made.

While Star Lake Township is coordinating the Dust Control Application, it is understood that the residents requesting the Dust Control are bearing the full cost of the Dust Control application. The township will insure the road surface is properly prepared for the application, as well as handle contract negotiations for best volume pricing. *The township will also require that areas to be treated with a dust control agent must be a MINIMUM of 500 feet long.*

The POC is responsible for flagging the specific start and stop points of the application area. Flags may be obtained from any Town Supervisor. The Township makes no warranty of Dust Control effectiveness, as product efficacy may be affected by soil conditions, weather conditions, traffic density, etc.. It is estimated that the Dust Control Application should effectively perform from 150 to 200 days depending upon those conditions outlined above.

Submitted By: _____ Resident Point of Contact

Email/phone _____, mailing address: _____.

Mail to: Star Lake Township, 39840 Star Hills Drive, Dent, MN 56528