

**RILEY COUNTY ROAD DUST REDUCTION POLICY
REQUEST FOR COVERAGE
2010 APPLICATION DEADLINE: JUNE 30, 2010**

Name: _____ Address: _____

City: _____ Zip: _____ Daytime Telephone No: _____

Evening Telephone No: _____ Township: _____

Maintaining Agency: _____

Location to be Treated: _____

I/We hereby request Riley County arrange for an application of a dust reduction agent to _____ feet of roadway adjacent to my residence at the location described above. I agree to mark the location with flags provided by the county when notified to do so by Riley County, and to maintain these flags until the dust reduction agent is applied.

I/We understand this is a user-fee program and Riley County is only coordinating a service for county residents to make this product available as a convenience to aid in controlling nuisance dust on rock roads. To cover the County's costs, **the 2010 rate for application is \$625 for the first 500 feet, additional coverage may be obtained in 100 foot sections for \$100 each additional 100 foot section.** Riley County requires a minimum of 500 linear feet or \$625 per application.

I/We understand to provide for the maximum effectiveness of the application, the dust reduction agent will generally be applied between May 1st and August 1st, **based solely upon weather conditions, availability of material and scheduling as determined by the County.**

I/We understand there are many variable conditions influencing the effectiveness of the dust reduction agents. They include preparation of the roadway, condition of the roadway, weather conditions, traffic volume and normal maintenance of the roadway among others.

I/We understand the preparation of the roadway by the local government agency responsible for the road's maintenance is necessary for eligibility in the dust reduction program.

I/We understand there are no guarantees as to the effectiveness of this dust reduction program and agree to hold Riley County and/or the Township harmless for failure of this product to effectively control dust. **Neither refunds nor re-treatments shall be made should the dust reduction agent fail to perform to your expectations.**

I/We understand and agree the maintaining agency will attempt to prolong the life of the dust reduction agent by not blading the area routinely during the effective life of the treatment, **but the agencies reserves the right to blade the road or perform any other maintenance at any time it is determined necessary to provide a safe, serviceable public roadway. This includes but is not limited to wash boarding, potholes, washing, loose rock or when the dust control area begins to become ineffective in the fall. Neither refund nor re-treatment will be made for shortened dust reduction life resulting from required maintenance.**

Longer sections are encouraged as they make the remainder of the road easier to maintain. We also encourage neighbors to cooperate in an application where practical. The dust reduction agents utilized will be either Magnesium Chloride or Calcium Chloride, both of which have shown effectiveness in the reduction of dust. Dust reduction applications are intended to provide up to one season of dust reduction and is not considered a long-term solution. If Riley County determines a dust problem exists due to an increase in traffic caused by a County construction project, Riley County will fund and apply a dust reduction agent to the road for the duration of the project.

Riley County will apply the dust reduction agent, and perform all related functions to a Township road provided the Township Board agrees, by signing below, to prepare those sections of roads.

Preparation by the Township shall include performing normal maintenance to these areas such as blading, adding rock, cleaning ditches and etc. prior to the application. The Township further agrees to refrain from blading these areas except as outlined above.

Submit the completed application and payment to: Riley County Public Works Department, 110 Courthouse Plaza, Manhattan, Kansas 66502. Call 785-537-6330 with any questions. No applications will be receive after June 30, 2010.

Signature

Date

Payment Received:

Amount _____

Check No _____ Cash \$ _____

Date _____

By _____

Application Number: _____

To be completed by Township Official when location is on a Township Road:

_____ Township hereby concurs with the application for dust control at the above referenced location and agrees to abide with the provisions stated above.

By: _____

Date: _____

Note: If you mail in your application and payment, please make arrangements to pick up the flags at 6215 Tuttle Creek Blvd.