



# 2021 MADISON COUNTY APPLICATION FOR DUST SUPPRESSION - LIQUIDOW™ CALCIUM CHLORIDE

| Please complete the information below: |                 |                |
|----------------------------------------|-----------------|----------------|
| <b>Name:</b>                           |                 |                |
| <b>Application Address:</b>            |                 |                |
| <b>Mailing Address:</b>                |                 |                |
| <b>City, ST, Zip</b>                   |                 |                |
| <b>Township/Section</b>                | Township: _____ | Section: _____ |
| <b>Telephone No.</b>                   |                 |                |
| <b>Alternate Ph. No.</b>               |                 |                |
| <b>Email Address:</b>                  |                 |                |

|                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                   |  |  |  |                                                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|--|--|--|----------------------------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| <b>PLEASE COMPLETE THE INFORMATION BELOW &amp; SELECT PAYMENT OPTION:</b><br><i><b>NOTE: Your check will not be deposited, or your credit card charged until the 1st application has been applied.</b></i> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                   |  |  |  |                                                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>\$460.00 for 400' x 20' (sales tax included)</b><br>additional footage may be purchased in 100' increments for \$115.00/100'                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                   |  |  |  |                                                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>ENTER FOOTAGE &amp; AMOUNT:</b>                                                                                                                                                                         | <b>DESIRED FOOTAGE:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>\$ AMOUNT:</b> |  |  |  |                                                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <input type="checkbox"/>                                                                                                                                                                                   | <input type="checkbox"/> CK# _____<br><i>Payable to Jerico Services</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                   |  |  |  |                                                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <i>(Please complete the information below.)</i>                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                   |  |  |  |                                                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>CARDHOLDER'S NAME:</b>                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                   |  |  |  |                                                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>CARDHOLDER'S PHONE NO.</b>                                                                                                                                                                              | (     )     -     -     -     -     -     -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                   |  |  |  |                                                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>CARD NUMBER:</b>                                                                                                                                                                                        | <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"> </td> <td style="border: 1px solid black; width: 20px; height: 20px;"> </td> <td style="border: 1px solid black; width: 20px; height: 20px;"> </td> <td style="border: 1px solid black; width: 20px; height: 20px;"> </td> <td style="border: 1px solid black; width: 20px; height: 20px;"> </td> <td style="border: 1px solid black; width: 20px; height: 20px;"> </td> <td style="border: 1px solid black; width: 20px; height: 20px;"> </td> <td style="border: 1px solid black; width: 20px; height: 20px;"> </td> <td style="border: 1px solid black; width: 20px; height: 20px;"> </td> <td style="border: 1px solid black; width: 20px; height: 20px;"> </td> <td style="border: 1px solid black; width: 20px; height: 20px;"> </td> <td style="border: 1px solid black; width: 20px; height: 20px;"> </td> <td style="border: 1px solid black; width: 20px; height: 20px;"> </td> <td style="border: 1px solid black; width: 20px; height: 20px;"> </td> <td style="border: 1px solid black; width: 20px; height: 20px;"> </td> <td style="border: 1px solid black; width: 20px; height: 20px;"> </td> <td style="border: 1px solid black; width: 20px; height: 20px;"> </td> <td style="border: 1px solid black; width: 20px; height: 20px;"> </td> <td style="border: 1px solid black; width: 20px; height: 20px;"> </td> <td style="border: 1px solid black; width: 20px; height: 20px;"> </td> </tr> </table> |                   |  |  |  |                                                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| <b>EXPIRATION DATE:</b><br>(MMYY)                                                                                                                                                                          | <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"> </td> <td style="border: 1px solid black; width: 20px; height: 20px;"> </td> <td style="border: 1px solid black; width: 20px; height: 20px;"> </td> <td style="border: 1px solid black; width: 20px; height: 20px;"> </td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                   |  |  |  | <b>SECURITY CODE:</b><br>(Located on back of card) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                   |  |  |  |                                                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

Check here if you have indicated any special instructions on the back.

**✂ SIGN-UP DEADLINE:**  
**MAY 21<sup>ST</sup>**

**RETURN APPLICATION & PAYMENT TO:**

Jerico Services  
 P.O. Box 607  
 Indianola, IA 50125-0607

✂ **Flags to mark your spot must be in place by May 21<sup>st</sup> and kept visible until October 1<sup>st</sup>.**

**FLAGS MAY BE PICKED UP AT THESE LOCATIONS:**

- ◆ **Madison County Engineer's Office**  
1105 East Court, Winterset
- ◆ **Heartland Coop**  
106 Main Street, Booneville

We, the undersigned hereby make application to Madison County for permission to apply two applications of **LIQUIDOW™ Calcium Chloride** for the purpose of dust suppression in the described location. The applicant agrees to the following:

1. **SIGN UP DEADLINE IS MAY 21<sup>st</sup>.** For the county to have sufficient time to prepare the roads before the first application, no applications can be accepted after this date. There will be no grace period.
2. To maintain Jerico flags identifying the outer limits of the area to be treated with dust suppression. **Flags must be in place by May 21<sup>st</sup> and must be visible until October 1<sup>st</sup>.** This will inform the blade operator of the location of the treated surface. Failure to keep the flag visible may result in the treated area being bladed. Neither Jerico Services nor Madison County assumes any liability if your flags are not in place.
3. The county reserves the right to lightly blade the treated area if it is deemed necessary for public safety. In the event of rain, the county also reserves the right to blade the treated areas for public safety. Your road will be thoroughly bladed after October 1<sup>st</sup> in preparation for winter.
4. **Please measure your spot as accurately as possible. If your flags are not in place when the application is to be made the dust suppressant will be centered on your residence.**
5. Jerico Services does not guarantee the performance of the product due to factors such as weather, surface preparation or heavy traffic patterns.

I have read the terms of this permit and I agree with them.

Date \_\_\_\_\_ Applicant's Signature \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City St Zip \_\_\_\_\_

MADISON COUNTY  
DUST CONTROL POLICY

Adopted March 12, 2002  
Revised October 2, 2018

1. The resident is granted permission to place Liquidow™ Calcium Chloride on the public roadway for the purposes of Dust Control, the cost of which is to be born by the resident.
2. The resident's contractor shall give sufficient notice to the Office of the Madison County Engineer, prior to the intended application of the Liquidow™ Calcium Chloride in order that the road can be bladed and shaped.
3. The resident is responsible for maintaining a suitable driving surface on the treated section of the road. If the resident fails to fill any potholes or washouts that develop, Madison County will blade the affected area to restore a satisfactory and safe driving surface without notice to the resident. Madison County will not be responsible for reapplying treatment.
4. The resident shall provide the necessary flags and signing during and after treating the surface. The resident is responsible to maintain clearly visible flagging after treatment to aid the motor grader operator in identifying the treated area.
5. This policy is valid for the time period of June 15th to October 1st. Before or after this time period the County will routinely maintain the rock surface by blading.

MADISON COUNTY ENGINEER  
MADISON COUNTY SECONDARY ROAD DEPARTMENT

