



**2023 DECATUR COUNTY APPLICATION FOR DUST CONTROL  
USING LIQUIDOW™ CALCIUM CHLORIDE**

	Complete the information below:		Indicate any changes:
Name:			
Application Address:			
Mailing Address:			
City, ST, Zip:			
Township/Section	Township:	Section:	
Telephone No.:			
Alternate Ph. No.:			
Email Address:			

PLEASE COMPLETE THE INFORMATION BELOW & SELECT PAYMENT OPTION: <i>NOTE: Your check will not be deposited, nor your credit card charged, until the 1st application has been applied.</i>		
<b>\$616.00 for 400' x 20' (sales tax included):</b> Additional footage may be purchased in 100' increments for \$154.00/100' Price includes <b>two</b> applications of dust suppression.		
ENTER FOOTAGE & AMOUNT:	FOOTAGE:	\$ AMOUNT:
<input type="checkbox"/> AMERICAN EXPRESS <input type="checkbox"/> MASTERCARD <input type="checkbox"/> VISA <input type="checkbox"/> DISCOVER		<input type="checkbox"/> Check # _____ <i>Payable to Jerico Services</i>
CARDHOLDER'S NAME:		
CARDHOLDER'S PHONE NO.:	(    )    -    -    -    -	
CARD NUMBER:	<div style="border-bottom: 1px solid black; width: 100%; display: flex; justify-content: space-between;"> <div style="width: 25%;"></div> <div style="width: 25%;"></div> <div style="width: 25%;"></div> <div style="width: 25%;"></div> </div>	
EXPIRATION DATE: (MMYY)	SECURITY CODE:	

<input checked="" type="checkbox"/>	<b><del>SIGN-UP DEADLINE:</del></b> <b>APRIL 28<sup>TH</sup></b>
<input type="checkbox"/>	<u>Complete the following:</u> <input type="checkbox"/> Jerico Services application with payment. <input type="checkbox"/> Decatur County's permit. <i>(Jerico Services will forward to Decatur County Engineer's office.)</i>
<input type="checkbox"/>	<u>Return BOTH of the above to:</u> Jerico Services P. O. Box 607 Indianola, IA 50125-0607
<input type="checkbox"/>	<i>Flags must be in place by</i> <b>May 1<sup>st</sup> and kept visible until</b> <b>October 1<sup>st</sup>.</b>  <u>FLAG PICK UP LOCATION:</u> Decatur County Engineer's Office 1306 S. Main Street

Check here if you have indicated special instructions on the back of this application.

I, the undersigned, hereby make application to Decatur County for permission to apply **two applications** of **Liquidow™ Calcium Chloride** in the described location.

The Applicant agrees to the following:

- DEADLINE FOR SIGN-UP IS April 28<sup>th</sup>.** A late fee of \$50.00 will be assessed for applications received after April 28<sup>th</sup>. Applications received after May 15<sup>th</sup> will be added to the list for **second treatment only**.
- To maintain Jerico Services flags identifying the outer limits of the area to be treated. **Flags must be on both sides of the road by April 28<sup>th</sup> and kept visible until October 1<sup>st</sup>.** Flags not only identify for our drivers specifically where you want the treatment, they also serve as a reminder for the blade operator of the treated area. Failure to identify the treated area may result in your dust control being bladed through. Neither the county nor Jerico Services assumes any liability if your flags are not in place.
- The county is still responsible for the maintenance of the road and reserves the right to blade the treated area if is deemed necessary for public safety. Your road will be bladed, as required, after October 1<sup>st</sup> in preparation for winter.
- LIQUIDOW™ Calcium Chloride** is a very effective dust suppression product, however 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 and agree to the terms of this permit.

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

Jerico Services ♦ P. O. Box 607 ♦ Indianola, IA 50125 ♦ (515) 961-6207 ♦ Fax (515) 961-8041 ♦ Email: [jsi.dustcontrol@jericoservices.com](mailto:jsi.dustcontrol@jericoservices.com)

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# Dust Control Permit Application

OFFICE OF THE  
DECATUR COUNTY ENGINEER

1306 S. Main St.  
Leon, Iowa 50144

PERMIT NUMBER: \_\_\_\_\_

DATE: \_\_\_\_\_

TO THE APPLICANT: Please fill out and turn in this permit application and any applicable fees to the contractor who is applying your dust control. Your contractor will then forward this form to the Decatur County Secondary Road Department for review and approval.

## Application:

Name of Applicant: \_\_\_\_\_  
(Print)

Applicant Mailing Address:

(E911 Street Address) \_\_\_\_\_

(City) \_\_\_\_\_

Applicant Phone Number: \_\_\_\_\_  
(Home) (Cell)

Location of Dust Control, if different from mailing address:

(E911 Street Address) \_\_\_\_\_

(City) \_\_\_\_\_

Length of application to be applied \_\_\_\_\_

Name of contractor providing service: Jerico Services, Indianola, IA - Liquidow™ Calcium Chloride

Number of applications: \_\_\_\_\_

I, applicant, have contracted with the above-mentioned contractor to apply a dust control product to a Decatur County road. I have read the Decatur County Dust Control Policy and I am aware that the County may, at any time deemed necessary, blade through this dust control area or add rock. I am also aware that in October my dust control area may be bladed and/or rocked in preparation for winter. I am aware that proper flags must be up and visible for the duration of this agreement.

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

For Office Use Only

Checked and Approved by Decatur County (Initial):