

BINNS & STEVENS DUST CONTROL

WE ARE TAKING ORDERS IN HAMILTON COUNTY FOR 2017.

PHONE - 800-451-1744

Check out our website at www.binnsandstevens.com

When you spread LIQUIDOW™ Liquid Calcium Chloride
on unpaved roads, a lot of problems clear up.

*™ Trademark of Occidental Chemical Corporation

CALCIUM CHLORIDE ATTRACTS MOISTURE; THIS IS WHAT MAKES IT AN EXCELLENT DUST CONTROL AGENT. IT IS PRODUCED FROM NATURAL BRINE DEPOSITS FOUND UNDERGROUND SO IT IS SAFE TO THE ENVIRONMENT.

IF YOU WOULD LIKE TO HAVE DUST CONTROL APPLIED IN HAMILTON COUNTY THE PERMIT MUST BE FILLED OUT COMPLETELY, AND SIGNED, THEN SENT TO BINNS & STEVENS, P.O. BOX 1005 OSKALOOSA, IA. 52577 (WITH PAYMENT) BEFORE APRIL 17, 2017.

LATE APPLICATIONS WILL NOT GET DUST CONTROL UNTIL A LATER DATE

DUE TO WEATHER, ROAD, & TRAFFIC CONDITIONS 2 APPLICATIONS ARE RECOMMENDED

A MINIMUM LENGTH OF 500' IS REQUIRED
PRICES FOR THE 2017 SEASON (TAX INCLUDED)

1 APPLICATION 500' – CALL FOR PRICING
2 APPLICATIONS 500' – CALL FOR PRICING

THERE IS A \$25.00 FEE ON ALL RETURNED CHECKS* *\$50.00 FEE IF A SMALL CLAIM IS FILED

PLEASE HAVE AREA TO BE TREATED CLEARLY FLAGGED AT EACH END FOR THE ENTIRE SEASON. EXPLAIN ON THE PERMIT WHERE TREATMENT IS TO BE PLACED. IF FLAGS ARE NOT VISIBLE DRIVERS WILL USE THEIR OWN JUDGMENT FOR LOCATION. **PLEASE NOTE:** ALL SPOTS WILL BE MEASURED. **ANY FOOTAGE FLAGGED OVER AMOUNT ORDERED WILL BE BILLED TO CUSTOMER.** IF YOU ARE NOT SURE OF FLAG DISTANCE AND DO NOT WANT MORE THAN ORDERED PLEASE WRITE IT ON THE PERMIT.

HAMILTON COUNTY SECONDARY ROADS
PERMIT FOR SURFACE APPLICATION OF MATERIALS FOR DUST CONTROL
GENERAL PROVISIONS

1. The County Engineer shall be informed at least five days prior to application by the company so the road surface can be prepared for the dust treatment or in the event the particular road is scheduled for granular resurfacing, spot resurfacing can be applied by the County prior to the dust treatment. (Engineer's phone number 515-832-9520).
2. The County shall continue to perform the necessary maintenance and construction functions required within and upon the treated roadway, and if potholes or other roughness develops, the surface will be bladed to fill the depressions and smooth the surface. Any damage, or apparent damage, of the treated roadway resulting from any operation by Hamilton County shall in no way obligate Hamilton County for its repair or restoration.
3. Applicants shall make arrangements with the supplier and applicator of their choosing, and financing of the work shall be the sole responsibility of the applicant.
4. The only materials, which may be used on the roadway for dust control, are calcium chloride, lignin sulfonate, or soybean oil.
5. The company applying the dust control material shall hold Hamilton County harmless for the company's actions and shall provide the county with a certificate of insurance indicating coverage of the company for Public Liability Insurance in the amount of at least \$750,000. In addition, Hamilton County shall be included as an additional insured party, or a separate owner's protective policy shall be filed showing Hamilton County as an insured party.
6. The company applying the dust control material is to provide all signing and traffic control in accordance with the manual on Uniform Traffic Control Devices.
7. The applicant shall obtain the permit form from the County Engineer's office or directly from their preferred supplier, **fill the form out completely, and submit to the company they select to apply the dust control material.** The company shall also sign the permit and submit to the Hamilton County Engineer for final approval and road preparation.

Dust Control Permit No. _____

Expiration Date _____

**PERMIT APPLICATION FOR
SURFACE APPLICATION OF DUST CONTROL MATERIAL
IN HAMILTON COUNTY, IOWA**
March 12, 2007

Applicant Name: _____ **Tele. #:** _____

Address: _____ **Cell #:** _____

City, State, Zip: _____ **Fax #:** _____

E-Mail Address: _____

Location (Township, Section): _____

Location (E-911 System): _____

Number of Applications Desired _____ **Footage** _____

Special Instructions _____

Contractor Name: Binns & Stevens **Tele. #:** 800-451-1744
(If different from applicant)

Address: P.O. Box 1005 **Cell #:** _____

City, State, Zip: Oskaloosa, Iowa 52577 **Fax #:** 641-673-3512

PERMIT PROVISIONS

1. The contractor does agree in order to protect itself, as well as Hamilton County, to have in force a general liability insurance policy during the time of construction in the amount of at least Seven-hundred, fifty-thousand dollars (\$750,000). **A Certificate of Insurance will be provided to Hamilton County prior to any construction.**
2. Traffic control devices, procedures, layouts, signing, and pavement markings installed within the limits of this permit shall conform to the "Manual on Uniform Traffic Control Devices

(SIGNATURE MUST BE ON BACK SIDE)

