

BINNS & STEVENS DUST CONTROL

WE ARE TAKING ORDERS IN JOHNSON COUNTY FOR 2021

PHONE – 641-672-2566

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. DUST CONTROL IS NOT TOTAL DUST ELIMINATION.

IF YOU WOULD LIKE TO HAVE DUST CONTROL APPLIED IN JOHNSON 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 MAY 14, 2021.

PERMITS RECEIVED LATE WILL NOT GET DUST CONTROL WITHOUT COUNTY APPROVAL.

2 APPLICATIONS ARE REQUIRED BY JOHNSON COUNTY

SINGLE APPLICATIONS WILL NOT BE ALLOWED NOR WILL A THIRD/ “TOUCH UP” TREATMENT, WITHOUT SPECIFIC APPROVAL FROM THE JOHNSON COUNTY SECONDARY ROAD DEPARTMENT.

A MINIMUM LENGTH OF 500’ IS REQUIRED
PRICES FOR THE 2021 SEASON (TAX INCLUDED)

CALL FOR PRICES

THERE IS A \$25.00 FEE ON ALL RETURNED CHECKS* *\$100.00 FEE IF A SMALL CLAIM IS FILED

PLEASE HAVE THE AREA TO BE TREATED CLEARLY FLAGGED AND VISIBLE AT EACH END WITH BLUE FLAGS (FOR THE ENTIRE SEASON MAY TO OCTOBER). FLAGS ARE AVAILABLE AT THE JOHNSON COUNTY SECONDARY ROAD DEPARTMENT. 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.**

**PERMIT TO APPLY DUST ALLEVIATION PRODUCT
ON JOHNSON COUNTY SECONDARY ROADS**

Please complete this form, sign and mail to your selected applicator by the due date. The company will forward the form to the Johnson County Secondary Road Department for approval. After approval, the County will prepare your designated area for dust alleviation treatment by grading and/or rocking the road surface.

APPLICANT NAME (Please Print): _____

APPLICANT'S MAILING ADDRESS including street number, city and zip code: _____

APPLICANT'S PHONE: _____

LOCATION OF AREA TO BE TREATED: If different than mailing address, please indicate the location by listing township name, section and range number. _____

Is the area to be treated with dust alleviation product marked with flags?: _____

LENGTH OF APPLICATION TO BE APPLIED: (New applications must have 500 feet minimum. All chip seal treatments following the initial application must be a minimum of 150' or more, as required per Johnson County):

NAME OF CONTRACTOR PROVIDING SERVICE: Binns & Stevens

NUMBER OF APPLICATIONS REQUIRED: CHIP SEAL (Mid-Summer) ONE (1)
ALL OTHER APPLICATIONS TWO (2)

PLEASE DRAW A MAP ON THE BACK SIDE INDICATING THE LOCATION OF THE PROPOSED TREATED AREA.

I, the applicant, have contracted with the above-mentioned contractor to apply a dust alleviation product to the above-mentioned Johnson County Secondary Road. I have read the County's dust alleviation policy(s) attached and am aware that the County may, at any time it deemed necessary, add rock, blade the road or revert back to gravel my dust alleviation area. **During the month of October, all calcium chloride, magnesium chloride, and lignin sulfonate applications will be graded and/or rocked in preparation for winter road maintenance. Chip Seal surfaces, depending on the condition, may also be graded back to gravel in preparation for winter road maintenance.**

SIGNATURE OF APPLICANT: _____

DATE: _____

(For Office Use Only)

CHECKED & APPROVED BY JOHNSON COUNTY (INITIAL): _____

PLEASE DRAW A MAP INDICATING THE LOCATION OF THE PROPOSED TREATED AREA.
ALSO, PLEASE INCLUDE THE ROAD NAME AND E-911 ADDRESS IF APPLICABLE.

