

R.M. of Wolverine No. 340
Dust Suppressant Application/Agreement

Name of Yard-site/Land Owner: _____

Land Location of Yard-site/Land Involved: _____

Application Area Staked: Yes _____ No _____

Type of Dust Suppressant to be Used: Calcium Chloride _____

Lignosulphonate _____

Company Supplying Dust Suppressant: _____

Company Applying Dust Suppressant: _____

Application to Take Place (give timeline/date): _____

- The applicant agrees to submit this application for approval at least 10 days prior to the date of suppressant application.
- The applicant agrees to stake the application area prior to the RM's Public Works Supervisor viewing and inspecting the location.
- The applicant agrees to facilitate and contract directly with the dust suppressant supplier and will be responsible for all purchase and application of costs of the product
- The applicant agrees to use only the approved products which are calcium chloride or lignosulphonate.
- The municipality agrees to prep the area after consulting with the applicant and prior to application of the dust suppressant.
- The applicant understands that the application area will not be graded by municipal forces after the dust suppressant has been applied unless requested to do so by the applicant or if the application area is deemed to be a hazardous driving surface/area. In the event that the area is deemed to be hazardous, the municipality will advise the applicant prior to the grading, unless time is of the essence.
- The applicant will save harmless the municipality in the event of any liability issues that may arise/caused by the application area.
- The applicant agrees and understands that the municipality is not able to guarantee or warranty the quality of the dust suppressant.
- This application only pertains to the current year and must be re-applied for each year as required.
- If application is approved by the municipality it will form the Dust Suppressant Agreement between the Municipality and the applicant and will be binding on both parties.

Signed this _____ day of _____, 20__.

Applicant

Applicant

For Office Use Only:

Approved: Yes _____ No _____ Date Applicant Notified: _____

Signed on Behalf of the Municipality: _____
Name Title