

PONDERA COUNTY ROAD DEPARTMENT

20 4th Avenue SW
Conrad, MT 59425
Ph: 406-279-3651

INDEPENDENT CONTRACTOR DUST ABATEMENT PERMIT APPLICATION
Contractor must apply for permit.

Applicants Name: _____	Title: _____
Business Name: _____	Business Phone: _____
Address: _____	City: _____ State: _____ Zip: _____
Email: _____	

DUST ABATEMENT AREA IDENTIFICATION

Property Owner: _____	Phone: _____
Address: _____	City: _____ State: _____ Zip: _____
Road to be Prepared: _____	Planned Application Date: _____
Specific Limits of Dust Palliative Application (Area must be marked): _____	

Type of Palliative to be applied (MSDS for Palliative must be submitted with Permit): _____	

CONDITIONS OF PERMIT:

Permit Applications will be accepted between February 15th and September 15th. Prior to permitting, the applicant must have a current Material Safety Data Sheet for the palliative being utilized and said palliative must be approved by Pondera County.

The Pondera County Road Department will prepare roads for Dust Abatement as part of routine maintenance activities. The permittee will be notified immediately after the requested road has been prepared. **Once notified, the permittee must apply the specified dust palliative within five (5) calendar days.** Failure to do so will render the permit null and void. Re-issuance of a duplicate permit for the site may not be possible due to work load and scheduling.

The permittee must be specific when describing areas to be prepared for treatment. The area to be treated must be clearly marked in order to direct the grader operator.

The Pondera County Road Department has an obligation to maintain roads and road rights-of-way any time road conditions deteriorate for the safety of the traveling public, regardless of when dust palliatives have been applied. After September 15th, all roads will be subject to preparation for winter maintenance. If there is any maintenance to be done prior to September 15th, the road department will notify the landowner before the work is done.

Permits are valid for one application of dust palliative. Contractors must provide a copy of this permit to the landowner.

All information provided above is correct to the best of my knowledge. I have read and understand all conditions of this permit, written or implied.

Contractor Signature: _____ Date: _____

Property Owner Signature: _____ Date: _____

Pondera County Commissioner: _____ Date: _____