



SECONDARY ROADS DEPARTMENT

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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: _____

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.

