

# Rural Municipality of South Qu'Appelle No. 157

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## DUST CONTROL PROGRAM APPLICATION FORM

The Rural Municipality offers the application of dust control each year to ratepayers. The ratepayer is responsible for the full cost of application provided to the specified area of their choosing. The application of the dust control may be completed by either a hired contractor of the RM's choosing or the Municipality. The product used is a *Liquid Magnesium Chloride Dust Suppressant*.

The Rural Municipality of South Qu'Appelle No. 157 has the following dust control policy:

- The R.M. accepts no liability and can grade the road where the dust control is placed at any time should it be needed.
- All dust control areas must be well marked for maintenance operators to see from a grader.
- Roads with dust control will be graded and graveled if needed any time after October 1<sup>st</sup>.

The dust control sites may become rough, or develop potholes/ruts over the summer months causing a road hazard to the traveling public. In these circumstances, the R.M. operators will grade the road which may affect the dust controls effectiveness. Please note that the RM will not be responsible for reapplication if requested.

Application is completed during the month of May of each year (weather and contractor availability dependent).

Failure to pay the dust control invoice within 12 months from date of invoice will result in the fees being applied to the ratepayer's tax account.

**APPLICATION FORMS MUST BE COMPLETED AND RETURNED TO THE R.M. OFFICE NO LATER THAN AUGUST 2, 2024 IN ORDER TO BE INCLUDED IN THE DUST CONTROL LIST. THERE WILL NOT BE ANY EXCEPTIONS FOR LATE FORMS.**

Landowners Name: \_\_\_\_\_

Landowners Mailing Address: \_\_\_\_\_

Landowners Phone Number: \_\_\_\_\_

Landowners Email Address: \_\_\_\_\_

Legal Land Description of residence where dust control is to be applied: \_\_\_\_\_

Length of dust control to be applied in front of property (in meters): \_\_\_\_\_

Comments: \_\_\_\_\_

Please indicate if you would like to be contacted prior to the R.M. operators marking and staking out the dust control at your location (they will contact you at the above phone number provided). If no, the operators will mark the center of the dust control in line with the house.

YES  NO

**I hereby acknowledge the information and policy provided on this application form and wish to proceed with the dust control application.**

\_\_\_\_\_  
Landowners Signature

\_\_\_\_\_  
Date