

Dust Control Treatment Property Owner Agreement

Upload this form when submitting your online application.
Questions? Contact us at roadpermits@co.washington.or.us
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I,	(print name) ("Own	er"), do hereby declare that I am the owner or lawful occupant
of the property located at (address) Washington County and that I hereby agree privately funded dust control program along the		("Property") in ement and the CONDITIONS required to participate in the renced property:
Road to be Treated:	· · · · · · · · · · · · · · · · · · ·	Proposed Treatment Date:
Location of Treatment:		
Starting Point		Ending Point
Length of Treatment (feet):	Cross Street:	
Do you need "DUST CONTROL" signs?	Yes No	
What product do you intend to use?	Lignin Sulfonate	Magnesium Chloride
Other		Unknown
Upon execution of this Agreement and until to comply with all the following conditions of		S ed or expires by its terms, the Owner shall be responsible
 The application of diesel fuel, stove oil, m 	otor oil, etc. for dust abater	ment purposes is STRICTLY PROHIBITED by law.
 Install and maintain, at each end of the tre operators that area has been treated with 		d "DUST CONTROL" signs to alert County grader
 Owner will not take action against the Commaintenance activities or the activities of 		tual loss of function of dust control material due to County which dust control material was applied.
 Contractor applying dust control product product prior to applying dust control product 		must obtain a right-of-way permit from Washington
may be shorter depending on the traffic volume	es and weather conditions. C	ormally only through the dry season in which it is applied and owner further understands the County WILL NOT maintain a grading and rocking the road as needed in accordance with
of my knowledge. I further understand that pen Washington County, its Board of Commissione because of any injuries or damages received of	nalties are provided for furnislers, its officers and employee or sustained by any person, oglect or misconduct. I under	ertify that the statements are complete and correct to the best ning false information. I agree to indemnify and save harmless is from all suits and actions; or claims of any character brought or property on account of the placement of dust control stand and agree that I will assume all risk of loss, damage or st control material in the right-of-way.
Property Owner		Contractor
Printed Name		Business Name CCB/License Number
Mailing Address (if different than site address)		Contact Name
Phone		Mailing Address
Email		Phone
Signature (Print name)	 Date	Email

Approved as to Form: /s/ Cortney Duke-Driessen Assistant County Counsel Date: November 7, 2019

Expiration Date

County Use Only

Agreement Date

Agreement #