

# Rural Municipality of Arborfield No. 456

<b>Title:</b> <u>Dust Control Policy</u>	<b>Policy No:</b> <u>TS-002</u>
<b>Effective Date:</b> <u>July 14<sup>th</sup>, 2021</u>	<b>Resolution No:</b> <u>2021-134</u>
<b>Revision Date:</b> _____	<b>Amended Resolution No:</b> _____

## 1 PURPOSE

- 1.1 This policy is intended to advise individuals applying dust control, that the Municipality does not coordinate a dust control program.
- 1.2 Individuals or independent coordinators of dust control must adhere to and be advised of the following conditions and deadlines.

## 2 SCOPE

- 2.1 The Rural Municipality of Arborfield No. 456 allows dust control on the municipal roads.
- 2.2 If individuals choose to apply a dust suppression product on the roadway fronting their residence/business, they may do so at their own cost.
- 2.3 The RM reserves the right to grade the dust controlled portion of the road any time that the municipality deems necessary.
- 2.4 Dust control is meant to control dust on the roadways, not to eliminate it completely.

## 3 NOTICE

- 3.1 Ratepayers that wish to apply dust control products on roads passing by their property must send in an Application for Dust Control Product to the R.M. of Arborfield No. 456 administration no later than May 1 of each year of their wish to arrange for product application.
- 3.2 Flag the area that you want the dust control applied.

## 4 ROAD CONDITIONS

- 4.1 Maintenance and safety of the roads supersedes the existence of dust control through the summer season. The RM reserves the right to grade the dust controlled portion of the road any time that the municipality deems necessary.

## 5 TIMEFRAME

- 5.1 Dust control products will not be applied until after May 10<sup>th</sup> each year.
- 5.2 Dust control products cannot be applied in rainy conditions or to a saturated road surface.

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## Application for Dust Control Product

Must be received by R.M. Office by May 1<sup>st</sup> the year you wish to apply product.

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First Name

Last Name

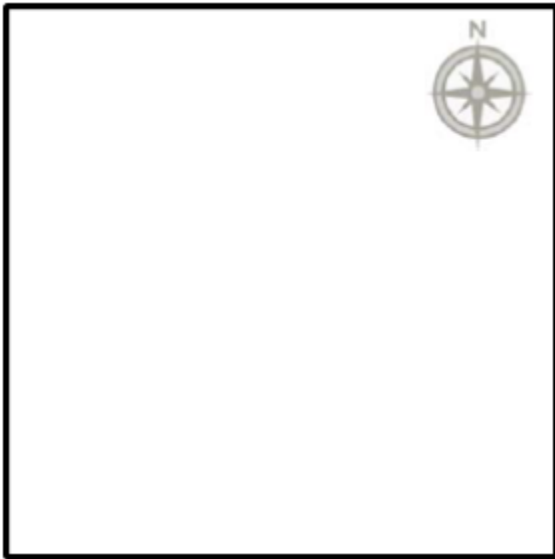
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Company Name (if applicable)

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Phone Number

Please provide the location and distance requiring dust control product in the diagram below, or attach a drawing if required.



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Quarter

Section

Township

Range

Meridian

Distance

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Date of Requested Application

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Applicant Signature

Date