

**CEDAR COUNTY SECONDARY ROAD DEPARTMENT
DUST PALLIATIVE PERMIT FOR DUST CONTROL**

You are hereby authorized to put dust palliative on a portion of a public highway located:

911 ADDRESS: _____, DISTRICT # _____, _____

in _____ Township, for the purpose of dust control. In accepting this permit, I agree to the following conditions, and I understand that Cedar County has no obligation and will assume no responsibility for the work, or liability resulting from such.

CONDITIONS OF PERMIT:

1. Permittee must comply with Cedar County's Maintenance policy for the application of dust control, on reverse side of this form.
2. Dust palliative must be placed at least 20 feet in width and 400' in length.
3. Following application of palliative, grader operators will be instructed to avoid blading the roads until October 15th, unless potholes over 1" in depth develop. **Early blading of the road should not be necessary if the Permittee fills any depressions in their dust control area with loose rock from the side of the road. If a dust control section should become rough, the county may do corrective blading to repair the rough areas without compensation to the Permittee for damage to the treated surface. If the road has deteriorated to emergency conditions in the judgment of the patrol operator, it may be bladed.** After October 15, the county reserves the right to scarify any treated portions of the road and maintain them as rock roads.
4. Treated areas must be **flagged with County supplied BLUE flags, at the beginning and end** of the treated area. Unflagged areas that are inadvertently bladed through will not be retreated by the county. **BLUE Flags are to be maintained by permittee.** If road deterioration is deemed to be an emergency by the patrol operator or superintendent or foreman, it will be bladed.

Issued to: _____

Mailing Address: _____

Telephone: _____ Email: _____

Date: _____, 2026

Resident's Signature _____

1 application ____

2 applications ____

Length of application ____

(minimum 400') (may include contiguous neighbors)

Please Designate Name of

Service Applying: _____

Calcium Chloride ____

Lignin Sulfonate ____

Magnesium Chloride ____

Other ____

Desired application date: _____

2026 Deadlines are as follows:

Permit Deadline for Residents	Applicator's List To Cedar County	Apply dust control Start Date	Apply dust control End Date
May 1	May 4	May 9	May 15
June 5	June 8	June 13	June 19

County Representative Signature _____

Issued by Cedar County Engineer's Office
Cedar County Secondary Roads (563) 886-6102