2025 DUST CONTROL PROGRAM

Seward County Roads Department
529 Seward Street
Seward, NE 68434
402-643-3170

To provide relief from dusty roads to residents of Seward County we have established a program whereby residents pay to apply dust control treatment.

- The resident's cost for a single application will be at a minimum of 500 linear feet $660.00 then $1.32 for each additional linear foot.
- Payment must be received in the Seward County Roads Department by September 26th, *2025. Applications will not be accepted after this date.*
- Please make checks payable to Platte River Dust Control.

Any county resident that desires dust control must complete the request form below and pay the total amount in advance. Residents are required to mark the area to be treated (flags, post, etc.) showing the starting and ending points of the application beginning at a specified reference point. ***The total feet of dust control must be continuous per request area. The treatment site must be accessible and able to accommodate an 18-wheel semi with a tanker trailer throughout the approach and application route.***

To provide for the maximum effectiveness of the dust control application, dust control will be applied between ***October 1st and October 31st, 2025.*** based upon weather conditions, availability of the materials, and scheduling.

Seward County will maintain the roadway, as it deems necessary, regardless of application of dust control.

PLEASE NOTE: The effectiveness of the dust control treatment may vary with weather conditions and traffic and the county will not be held responsible for its performance.

2025 Dust Control Application Request:

TOTAL FOOTAGE	**CONTACT INFORMATION:**
Minimum Required: 500ft/ $660.00 **Additional footage: _____ x $= $ _____** **(Min.) + $ 660.00** **Footage total: _____ TOTAL $ _____** **Receipt Requested ____**	**Print Name _____** **Email Address _____** **Phone/ Cell #_____** **Mailing Address: _____**

PLEASE PRINT ANY DETAILS INDENTIFYING THE LOCATION TO BE TREATED:
(Identify a starting point with landmarks or a flag)

TERMS: A signature is required to process this request. By signing below, the applicant acknowledges that they understand and accept the terms of the dust control program and agrees to hold harmless Seward County and its agents from any claims or damages arising from the application or effectiveness of the dust control treatment.

_____ **Date_____**

Signature of Applicant

TOTAL FEET _____