



FOR OFFICE USE ONLY

FOOTAGE: _____ 1ST APP: _____ TU: _____ 2ND APP: _____
 CC: _____ CHECK #: _____ DATE PD: _____ PERMIT: _____

BENTON COUNTY | 2026 APPLICATION

NAME: _____ PHONE: _____
 STREET: _____ CITY: _____ ZIP: _____
 EMAIL: _____ TOWNSHIP: _____ SECTION: _____

CUSTOMERS ARE REQUIRED TO PROVIDE A DESCRIPTION OF THE SERVICE AREA

Use the reverse side of this form to draw or diagram the location of the dust control application.

Applicant must mark off the area with **ORANGE FLAGS**. If not flagged, The M&K driver will use their own judgment. Our spray trucks are equipped with a measuring device. If the flagged distance exceeds the number of feet paid for, the M&K driver will only spray the number of feet paid for.

*Flags must be placed by May 1 and remain posted until October 31.
 Flags may be picked up at the County Engineer's office or the M&K office.*

MINIMUM OF 400 FEET REQUIRED BY COUNTY GUIDELINES

Please use this worksheet to calculate your payment.

1. Choose your desired dust control product and number of applications.
2. Enter the number of feet to be treated.
3. Multiply that number by the cost and place that number on the subtotal line.
4. Multiply the subtotal by 0.07 to calculate sales tax, then add to determine the total.

TWO (2) APPLICATIONS

| PRODUCT | FEET | PRICE | SUBTOTAL |
|---------|-------|------------|----------|
| LIGNIN | _____ | x \$2.45 = | _____ |
| MAG CHL | _____ | x \$2.20 = | _____ |

ONE (1) APPLICATION

| PRODUCT | FEET | PRICE | SUBTOTAL |
|---------|-------|------------|----------|
| LIGNIN | _____ | x \$1.40 = | _____ |
| MAG CHL | _____ | x \$1.25 = | _____ |

IMPORTANT:

After May 1, all prices increase by \$0.10 per foot. If the increased price is not accounted for in your payment, an invoice will be sent for the difference.

Subtotal \$ _____
 Tax multiply subtotal by 0.07 \$ _____
TOTAL \$ _____

PAYMENT OPTIONS:

Check Enclosed
 Visa Mastercard Discover *(3% processing fee applied to credit card payments)*
 CC Number: _____ Exp. Date: _____ 3 Digit #: _____
 Name on Card: _____ Signature: _____ Date: _____

PLEASE RETURN COMPLETED APPLICATION, COPY OF PERMIT, AND PAYMENT BEFORE APRIL 17



DRAW A DIAGRAM AND/OR DESCRIBE THE LOCATION OF THE APPLICATION AREA
Ex: "from 200' N of driveway to 100' S of driveway", "centered on house", or "LP tank to fence line"

PLEASE DO NOT WRITE "SAME AS LAST YEAR".
Be specific with landmarks and/or clear directions.

WEATHER, TRAFFIC, AND SOIL CONDITIONS AFFECT TREATED ROAD SURFACES. M&K DUST CONTROL CANNOT GUARANTEE THE APPLIED DUST CONTROL PALLIATIVE WILL LAST TO THE STANDARD OF THE APPLICANT.

M&K DUST CONTROL RESERVES THE RIGHT TO SUBSTITUTE PRODUCT DEPENDING ON MARKET CONDITIONS AND AVAILABILITY.

DATES GIVEN FOR PRODUCT APPLICATION ARE ESTIMATES, AS WEATHER AND COUNTY RESPONSIBILITIES MAY AFFECT SCHEDULING.

By signing and accepting this contract, I agree to abide by all of the conditions provided. I acknowledge disclaimer statements and agree not to hold M&K Dust Control liable for conditions beyond their control.

SIGNATURE: _____ DATE: _____