



**FOR OFFICE USE ONLY**

FOOTAGE: \_\_\_\_\_ 1<sup>ST</sup> APP: \_\_\_\_\_ TU: \_\_\_\_\_ 2<sup>ND</sup> APP: \_\_\_\_\_  
 CC: \_\_\_\_\_ CHECK #: \_\_\_\_\_ DATE PD: \_\_\_\_\_ PERMIT: \_\_\_\_\_

## JONES 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 September 1.  
 Flags may be picked up at the County Engineer's office or the M&K office.*

**MINIMUM OF 300 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.*

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**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: \_\_\_\_\_