RESOLUTION NO. 2178A

A RESOLUTION
REPLACING RESOLUTION 2178
AMENDING THE POLICY
FOR THE ADMINISTRATION OF
THE DUST CONTROL COST SHARE PROGRAM

WHEREAS, the Board of County Commissioners of Flathead County, Montana, adopted Resolution No. 2178 on the 2nd day of December, 2008, and now deems it necessary to amend Resolution No. 2178;

WHEREAS, Resolution No. 2178 is a policy for the administration of the Dust Control Cost Share Program;

WHEREAS, Flathead County has determined that it is in the best interests of the citizens of Flathead County to discontinue the use of petroleum based dust palliative, commonly known as black oil, from the program; and

NOW THEREFORE BE IT RESOLVED, by the Board of County Commissioners of Flathead County, Montana, that Resolution No. 2178 adopted on the 2nd day of December, 2008, is hereby discontinued and replaced with the following:

POLICY

of the
Flathead County, Montana
Road & Bridge Department
for the administration of

The Dust Control Cost Share Program

STATEMENT

The Dust Control Cost Share Program is undertaken to allow residents of Flathead County, in areas outside incorporated cities and towns, to apply dust suppressant to County maintained gravel roads. The Board of County Commissioners wish to make available a method of financial assistance that does not require the formation of a rural special improvement district. The Board of County Commissioners recognize that Flathead County residents want an alternative method to pay for the application of dust suppressant which enables costs to be shared by the County. To this end, the Board of County Commissioners hereby adopts the following procedures and guidelines for the administration of a Dust Control Cost Share Program.

SECTION 1: DEFINITIONS

The following definitions and abbreviations are used throughout this policy in order to save space and avoid the need for continued defining of common terms.

BOARD shall mean the Board of County Commissioners of Flathead County.

COUNTY shall be used to refer to the political subdivision of the State of Montana known as Flathead County, its agents, and employees.

DUST CONTROL shall refer to the application of magnesium chloride to a gravel road for the purpose of mitigating airborne dust.

APPLICANT shall collectively refer to those residents and property owners near the certain County road identified in the application.

RESIDENCE shall refer to a building or portion thereof providing complete, independent and permanent living facilities for one family. A RESIDENT is one adult person who dwells at a residence.

SECTION 2: APPLICATION

It shall be the policy of the Board that the applicant is responsible for completing and submitting a Dust Control Cost Share Program Application ("application") by the application deadline. The application must be completed in its entirety by the deadline set forth by the Flathead County Road Department ("Road Department").

SECTION 3: ROADS CONSIDERED FOR THE DUST CONTROL COST SHARE PROGRAM

It shall be the policy of the Board to utilize the Dust Control Cost Share Program for County maintained gravel roads. Roads must be public roads maintained by the Road Department and shall not include any portion of any road within the boundaries of any city or incorporated town. Each section of proposed dust control on a road must be a minimum of 0.5 mile in length, or the entire length of the road, whichever is less. The County may require a proposed section of dust abatement on a road to adjoin existing or other proposed sections of dust abatement, pavement, or intersections with other roads, unless separated by a minimum of 1320 lineal feet.

The Road Department will rank each road considered for the Dust Control Cost Share Program utilizing existing average daily trips. Roads with the highest ranking will receive funding until funding for the Dust Control Cost Share Program is exhausted. The County may deny or delay dust control due to pending road improvements, availability of staff, or current road conditions. Roads considered for the Dust Control Cost Share Program must have a health and safety benefit to the residents, a road maintenance benefit to the County, and be considered in the best interests of the general traveling public.

SECTION 4: COUNTY SHARE

The County may share in the cost of dust control in an amount not to exceed fifty percent (50%) of the total costs of the improvements including labor, materials, money, contingencies or any combination thereof for magnesium chloride. The County's contribution shall not include costs associated with preparing the road for application of the dust suppressant. Dust suppressant will only be applied to a road or a section of any road through the Dust Control Cost Share Program once per calendar year.

SECTION 5: GUARANTEE OF PRIVATE CONTRIBUTIONS

Applicant must provide payment for the resident's portion of the cost share by the deadline established by the Flathead County Public Works Director, or his designee. Such payment shall be in the form of cash, cashier's check, money order or personal check.

SECTION 6: COUNTY RESPONSIBILITIES

The Road Department will have authority to create forms and procedures necessary to administer the Dust Control Cost Share Program. The Road Department will provide an application for the Dust Control Cost Share Program and will institute deadlines for application acceptance, payment by the applicant for the resident's portion of the cost share, and dust suppressant application. The Flathead County Road and Bridge Superintendent has authority to accept, evaluate, and authorize applications for the Dust Control Cost Share Program. The Road Department will prepare any necessary bid documents required to utilize a contractor for dust suppressant application. The Road Department will coordinate with the contractor to determine the exact schedule for application of dust suppressant.

After dust suppressant is applied, the County shall continue to maintain the road when necessary at the County's discretion.

SECTION 7: DISCLAIMER

The Road Department is not financially or otherwise responsible for the effectiveness of the dust suppressant.

SECTION 8: COMPLIANCE

It shall be the policy of the Board to insure that the requirements of this policy be followed. Failure of applicant to do so is grounds to deny further action on the inclusion in the Dust Control Cost Share Program. Exceptions to the procedures set forth in this policy will only be made by the Flathead County Public Works Director, or his designee, in instances where the provision of the policy cannot be met due to circumstances beyond the control of the petitioner or County.

ADOPTED this 3rd day of March, 2010.

BOARD OF COUNTY COMMISSIONERS
Flathead County, Montana

By: _____
Joseph D. Brenneman, Chairman

By: _____
Dale W. Lauman, Member

By: _____
James R. Dupont, Member

STATE OF MT. -SEAL OF FLATHEAD COUNTY- CLERK & RECORDER

ATTEST:
Paula Robinson, Clerk & Recorder

By: _____
Deputy

2011 COST SHARE DUST CONTROL PROGRAM

Applications must be received at the Flathead County Road Office at 1249 Willow Glen Dr. Kalispell by 4 pm on March 4, 2011.

Road Information:

- Road Name:_____
- Start point and direction of the dust control: *(i.e. intersection w/ Burnt Road proceeding north)*_____

_____

- End point of the dust control: *(i.e. beginning of pavement)*_____

_____

- Distance:_____ *(minimum length is 1/2 mile or entire length of road whichever is less).*

The attached sheet(s) for the Cost Share Participants information must be completed.

Contact Information:

Name: _____

Mailing Address:_____

_____

Phone Number: _____

The County will accept applications for dust control of magnesium chloride through the Cost Share Program only on County maintained gravel roads. Each road must be applied for separately and the proposed dust control for each road must be a minimum of a 1/2 mile (2,640 feet) in length (or the entire length of the road, whichever is shorter). The County requires the proposed dust control to adjoin other sections of dust control, or intersection(s) with other roads, unless separated by at least 1/4 mile (1,320 feet). You may submit a map with the application if you feel it will be helpful. It is the responsibility of the Contact Person to submit a complete and accurate application. Incomplete applications will not be processed.

The Residents portion of the cost of dust control will be half the bid cost per lineal foot for the application of magnesium chloride. DO NOT SUBMIT PAYMENT AT THIS TIME. After the County has received bids from the palliative contractor the County will notify the participant contact informing them they are included in the program year. The applicant will then receive an invoice to submit the required funding before the start of the application program. It is anticipated that payment will be required by May 31, 2011. *There is no minimum ADT requirement for the Dust Control Program, however funding is limited and not all roads may be approved.*

Dust Control may be denied or delayed due to pending road improvements or annexations, availability of funds, weather, road conditions, and/or the availability of the Road Department or the Applicator to participate. After dust suppressant is applied, the County will continue to maintain the road as needed. The County will only participate in dust control application once per section of road per year. Magnesium Chloride is a temporary product that is not guaranteed to completely suppress dust. Please contact the Road Department at 758-5790 if you have questions.

COST SHARE PARTICIPANTS

1. Printed Name: _____ Signature: _____
   Street Address: _____ Date: _____
   Mailing Address: _____ Telephone: _____

2. Printed Name: _____ Signature: _____
   Street Address: _____ Date: _____
   Mailing Address: _____ Telephone: _____

3. Printed Name: _____ Signature: _____
   Street Address: _____ Date: _____
   Mailing Address: _____ Telephone: _____

4. Printed Name: _____ Signature: _____
   Street Address: _____ Date: _____
   Mailing Address: _____ Telephone: _____

5. Printed Name: _____ Signature: _____
   Street Address: _____ Date: _____
   Mailing Address: _____ Telephone: _____

6. Printed Name: _____ Signature: _____
   Street Address: _____ Date: _____
   Mailing Address: _____ Telephone: _____

7. Printed Name: _____ Signature: _____
   Street Address: _____ Date: _____
   Mailing Address: _____ Telephone: _____

8. Printed Name: _____ Signature: _____
   Street Address: _____ Date: _____
   Mailing Address: _____ Telephone: _____

9. Printed Name: _____ Signature: _____
   Street Address: _____ Date: _____
   Mailing Address: _____ Telephone: _____

10. Printed Name: _____ Signature: _____
    Street Address: _____ Date: _____
    Mailing Address: _____ Telephone: _____