



PROJECT DUST CONTROL PLAN NO. _____

PROJECT NAME _____

LOCATION _____

PROJECT DESCRIPTION _____

_____ START DATE _____

SIZE OF PROPERTY _____ SOIL TYPE(S) _____

PROPERTY OWNER _____

name

address

contact person

phone

email

GENERAL CONTRACTOR
OR BUILDER

name

address

contact person

phone

email

SITE DEVELOPER
OR EXCAVATOR

name

address

contact person

phone

email

24-HOUR CONTACT PERSON

name - please print

phone numbers

email

DESCRIBE THE DUST PREVENTIVE REASONABLE PRECAUTIONS YOU WILL USE, INCLUDING METHOD OF APPLICATION, SPECIFIC TO EACH AREA, SUCH AS, SPOILS PILES, ALLEYWAYS, EMPLOYEE PARKING, ACCESSES, ETC.

PROJECT DUST CONTROL PLAN NO. _____

DESCRIBE CONTINGENCY MEASURES YOU WILL IMPLEMENT IN THE EVENT ANY OF THE PREVENTIVE CONTROL MEASURES BECOME INEFFECTIVE.

LIST THE NAME AND PHONE NUMBER OF A PERSON AVAILABLE 24 HOURS A DAY TO MITIGATE ANY EPISODES OF DUST IN THE EVENT PREVENTIVE MEASURES BECOME INEFFECTIVE.

name - please print	phone numbers	email
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I, THE UNDERSIGNED, ACCEPT DIRECT RESPONSIBILITY FOR THE IMPLEMENTATION OF THE ABOVE DUST CONTROL PLAN.

signature	company/title	date
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I, THE UNDERSIGNED, ACCEPT TRANSFER OF DIRECT RESPONSIBILITY FOR ALL OR PART (circle one) OF THE ABOVE PROPERTY AND FOR THE IMPLEMENTATION OF THE DUST CONTROL PLAN. IF YOU CIRCLED "PART", INDICATE BELOW FOR WHAT PORTION OF THE SUBJECT PROPERTY YOU ARE ACCEPTING RESPONSIBILITY.

signature	company/title	date
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