



BENTON CLEAN AIR AGENCY

PROJECT DUST CONTROL PLAN

A. General Site Information

Project Name _____
Location _____
Project Description _____
(attach site map) _____
Start Date _____ Project Area _____ (Lots,Acr)
Soil Types _____

Property Owner _____
Name _____
Address _____
Contact Person _____ Phone _____

Party responsible
For dust control _____
Name _____
Address _____
Contact Person _____ Phone _____

Operator _____
Name _____
Address _____
Contact Person _____ Phone _____

Party responsible
For dust control _____
Name _____
Address _____
Contact Person _____ Phone _____

Describe contingency measures you will implement in the event any of the preventive control measures become ineffective.

NOTE: You are responsible for implementing additional dust control measures any time the current control measures become ineffective.

Provisions for record-keeping that will be used to document effective use of control measures.

C. Provide name and phone number of person(s) responsible for planning and implementing dust control measures and who can be contacted 24 hours a day in the event of a dust complaint or observed fugitive dust emissions.

Name	_____	Phone Number	_____
		Cell Phone	_____
Name	_____	Phone Number	_____
		Cell Phone	_____

CHECKLIST

- Each individual dust source has been identified
- Control measures for each dust source have been described
- A schedule, rate, calculations, or some means of identifying how often, how much, and when control measures will be used has been provided
- Contingency plan in the event preventative control measures become ineffective
- A site map or drawing showing coverage of control measures is attached
- Provisions for record-keeping

I, the undersigned, accept direct responsibility for the implementation of the above dust control plan.

Name

Signature

company/title

Date