

**ARIZONA DEPARTMENT OF TRANSPORTATION**  
**DAILY DUST PALLIATIVE**  
(ENGLISH)

PROJECT NUMBER \_\_\_\_\_

DATE \_\_\_\_\_

CONTRACTOR \_\_\_\_\_

REPORT NO. \_\_\_\_\_

**PART I - TO BE FILLED IN BY CONTRACTOR**

HAUL UNIT	PLACEMENT LOCATION	NO. OF LOADS	MGAL./ LOAD	TOTAL MGALS.
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**TOTAL USED THIS DATE**

MGAL  
'(1)

I HEREBY CERTIFY THAT THE WATER SHOWN AS A TOTAL WAS USED AS DUST PALLIATIVE ON THIS PROJECT AND THE LOAD COUNT IS CORRECT TO THE BEST OF MY KNOWLEDGE. I ALSO CERTIFY THAT NO HAUL UNITS WERE ADDED TO THIS LIST WITHOUT PRIOR KNOWLEDGE OF THE DEPARTMENT, ALL HAUL UNITS HAVE HAD THEIR HAULING CAPACITY CERTIFIED, AND THE MAXIMUM ALLOWABLE WAS NOT EXCEEDED WITHOUT PRIOR APPROVAL.

\_\_\_\_\_  
CONTRACTOR'S REPRESENTATIVE

**PART II - TO BE FILLED IN BY THE DEPARTMENT**

PREVIOUSLY ESTABLISHED MIXIMUM DAILY PALLIATIVE

MGAL

CONDITIONS PROVIDING PLUS OR MINUS AMOUNTS FOR DUST PALLIATIVE (EQUIPMENT WORKING IN AN ISOLATED AREA, RAIN, WIND, ETC.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TO BE ADDED TO OR SUBTRACTED FROM THE ESTABLISHED AMOUNT  
(AMOUNTS OVER THE ESTABLISHED AMOUNT MUST BE APPROVED BEFORE USE)

MGAL

ONE TIME ONLY	NEW ESTABLISHED
---------------	-----------------

**TOTAL ALLOWABLE**

MGAL  
'(2)

REMARKS (SPOT CHECK PERFORMED, ETC.) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

DEPARTMENT REPRESENTATIVE

PAY LESSER OF TOTAL ALLOWABLE OR TOTAL USED (1) OR (2)

MGAL

