



# ADA COUNTY MOSQUITO ABATEMENT NO TREATMENT REQUEST FORM

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This application and the sample control plan that follows is provided in accordance with Idaho Code §39-2804(10). All landowners seeking to opt-out of the Ada County Mosquito Abatement District's Integrated Management Plan must provide a written mosquito control plan that details the alternative control methods they intend to deploy on their property. Please be sure to follow the instructions for this process carefully.

This form requests a no fog treatment for the landowners property only and is still subject for mosquito breeding source inspections.

## INSTRUCTIONS:

1. Fill in all appropriate blanks on the request form.
2. Attach the abatement plan for the affected properties using the sample plans as a guideline. Please address all items in the sample plan.
3. Submit signed copies of all forms and agreements by mail, fax, or e-mail PDF to:

Ada County Weed, Pest and Mosquito Abatement (or) Fax: 208-577-4631  
975 E. Pine Ave. e-mail: [weedandpest@adaweb.net](mailto:weedandpest@adaweb.net)  
Meridian, ID 83642

Name _____	For Department use:
Street Address _____	Parcel no. _____
City, State & ZIP _____	Request no. _____
Size of Property _____ acres	
Signature _____	Date ____ / ____ / ____

Failure to submit a signed copy of this form to Ada County Mosquito Abatement annually will result in the loss of no-spray status.

# ADA COUNTY MOSQUITO ABATEMENT NO TREATMENT REQUEST FORM

Name \_\_\_\_\_ For Department use;  
Street Address \_\_\_\_\_ Parcel no. \_\_\_\_\_  
City, State & Zip \_\_\_\_\_ Request no. \_\_\_\_\_  
Size of Property \_\_\_\_\_ acres

Are you registered organic with Idaho State Department of Agriculture? \_\_\_\_\_ Y/N  
Please provide your  
Certification Number \_\_\_\_\_  
Effective date of certification \_\_\_\_\_

Are you registered with any other Organic growers organization? \_\_\_\_\_ Y/N  
Please provide the:  
Organization name \_\_\_\_\_  
Certification Number \_\_\_\_\_  
Effective Date of certification \_\_\_\_\_

If your abatement plan includes adjacent properties, have all adjacent property owners agreed not to be treated for mosquitoes and agreed to the Mosquito Control Plan? \_\_\_\_\_ Y/N  
Please list all adjacent owners below:

Name _____	For Department use;
Street Address _____	Parcel no. _____
Name _____	For Department use;
Street Address _____	Parcel no. _____
Name _____	For Department use;
Street Address _____	Parcel no. _____
Name _____	For Department use;
Street Address _____	Parcel no. _____
Name _____	For Department use;
Street Address _____	Parcel no. _____

If more spaces are needed please use back of form.

\*Please note that signed "Adjacent Property Setback Agreements" and "Mosquito Control Plans" must be obtained from all adjacent property owners and submitted with this application.

\_\_\_\_\_  
Signature

Date \_\_\_\_\_

# ADJACENT PROPERTY SETBACK AGREEMENT

I own property adjacent to, \_\_\_\_\_, an organic grower, and do hereby  
(name of organic grower)

agree to participate in a “no treatment plan” for mosquito abatement within the setback area

requested by the said organic grower.

Signatures of all owners of record are required.

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

# Sample Mosquito Control Plan

## AVERAGE URBAN YARD

**Please provide description of land:** Residential home on less than 2 acres with sprinkler and drip irrigation, birdbath and a water fountain. **(example only)**

### **I/We Will Use the Following Mosquito Controls:**

1. Mosquito source reduction
  - a. I/we will schedule irrigation to prevent standing water in yard and will allow ground to dry adequately between watering.
  - b. I/we will walk property and remove vessels (buckets, toys, etc) that collect water.
  - c. I/we will maintain constant agitation and flow through water fountain to prevent standing water.
  - d. I/we will change water in bird bath at least every three to four days
  - e. I/we will change water for pets in outdoor bowls daily.
  - f. I/we will clean gutters.
  - g. I/we will check and drain uncovered boats.
  - h. I/we will check and maintain swimming pools, ponds, hot tubs, and underground trampolines
  - i. I/we will maintain ditches for constant flow and reduce vegetation to prevent mosquito breeding habitat.
  
2. Personal protection
  - a. I/we will inspect window screens and repair or replace screens with holes.
  - b. I/we can wear long sleeves and long pants and/or use mosquito repellants when active in yard at dawn and dusk.
  
3. Mosquito predation
  - a. I/we will make a special effort to provide and maintain habitat for wildlife (birds, bats, frogs) that eat mosquitoes and mosquito larvae.

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Name and Date

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Name and Date

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Name and Date