ADA COUNTY MOSQUITO ABATEMENT NO TREATMENT REQUEST FORM

This form is a no-spray request for mosquito applications only.
Weed control herbicide applications are **not** covered under this request.

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
975 E. Pine Ave.
Meridian, ID 83642

(or) Fax: 208-577-4631
e-mail: weedandpest@adaweb.net

Name_____

Street Address_____

City, State & ZIP_____

Size of Property_____acres

For Department use:

Parcel no._____

Request no._____

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. _____
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.

_____ Date _____
Signature

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

SMALL ACREAGE OR MULTI-UNIT DWELLING

Please provide description of land: Residential home on_____acres (>2 acres) with flood irrigation, a pond, and a water trough. **(example only)**

I/We Will Use the Following Mosquito Controls:

1. Mosquito source reduction
   a. I/we will schedule irrigation to ensure that water is standing for less than 72 hours. Will allow ground to dry adequately between watering.
   b. I/we will remove vessels (buckets, toys, tires etc) that collect water.
   c. I/we will change water in birdbath at least every third day.
   d. I/we will change water for pets in outdoor bowls daily.
   e. I/we will change, or treat with BTI, water in watering troughs weekly.
   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 will wear long sleeves and long pants and/or use mosquito repellants when active in yard at dawn and dusk.

3. Potential breeding site monitoring
   a. I/we will monitor low spots in land where water from flood irrigation might collect.
   b. I/we will monitor pond for mosquito larva using the dip method. Monitoring will be conducted weekly.
4. Larva control
   a. If larvae are found during an inspection (individual or Ada County), I/We will change our practices and reinspect for presence of larvae. If larvae are present after 2 inspections (at least four days later), I/We will consider other steps (agitation, more frequent draining, or larviciding).

5. 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.

_____
Name and Date

_____
Name and Date

_____
Name and Date