

## MOSQUITO ABATEMENT NO TREATMENT REQUEST FORM

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 landowner's property only and is still subject for mosquito development 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. Attach all signed "agreements" with adjacent landowners concerning setbacks.
- 4. Submit signed copy of all forms and agreements by mail, fax or email PDF to:

Ada County Mosquito Abatement District Fax: 208.577.4631 975 E. Pine Ave. Office: 208.577.4646

Meridian, ID 83642 Email: wpm@adacounty.id.gov

	For Department Use:  — Parcel #	
Name		
Street Address	Request #	
City, State, Zip code	Received Date	
Phone   Check to receive text notices		
Email address		
Size of Property acres		
Please Note: This form is valid through the end of this calendar year. A new annually to keep your no-spray status. Also, if a mosquito trap he one square mile of your location, it could be necessary to treat the at the importance of public health. We will notify you if this occurs with	as tested positive for West Nile virus within urea to reduce the risk of disease exposure for	

Date \_

# ADA COUNTY MOSQUITO ABATEMENT NO TREATMENT REQUEST FORM

Are you a certified organic producer with Idaho State De	epartment of Agriculture? Yes/No
Please provide:	
Certification number	
Effective date of certification	
Are you registered with any other organic growers organic	nization? Yes/No
Please provide:	
Organization name	
Certification number	
Effective date of certification	
mosquitoes, and agreed to the Mosquito Control Plan?  Please list all adjacent owners below:	Y/N
Name	For Department Use
Street Address	Parcel #
Name	For Department Use
Street Address	Parcel #
Name	For Department Use
Street Address	Parcel #
Name	For Department Use
Street Address	Parcel #
Name	For Department Use
Street Address	Parcel #
*Please note that signed "Adjacent Property Setback from all adjacent property owners and submitted with	Agreements" and "Mosquito Control Plans" must be obtained h this application.
Company	Data

### 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 organic grower.	mosquito abatement within the setback area requested by the said
Signatures of all owners of record are required.	
Name	
Address	
Phone Number	
	Date
Name	
Address	
Phone Number	
Signature	Date
Name	
Phone Number	
	Date
Name	
Phone Number	
Signature	Date
Name	
Address	
Phone Number	
Signature	Date

#### Sample Mosquito Control Plan

#### ORGANIC FARM/GARDEN

**Description of land**: 10-acre certified organic farm and home. (Example only)

I/We Will Use the Following Mosquito Controls:

#### 1. Mosquito source reduction

- a. I/We will schedule irrigation to minimize standing water in fields and in yard at house and permit ground to dry adequately between watering.
- b. I/We will maintain drainage to minimize standing water in fields.
- c. I/We will encourage neighbors who share our drain ditches to maintain their drain ditches.
- d. I/We will inspect irrigation canal and work with local officials to ensure flow is not obstructed.
- e. I/We will change water for pets in outdoor bowls daily.
- f. I/We will remove vessels (buckets, toys, tires etc.) that collect water.
- g. I/we will change, or treat with BTI, water in watering troughs weekly.
- h. I/We will clean gutters.

#### 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 repellents when active in yard at dawn and dusk.
- c. Mosquito repellents will be provided to farm help.

#### 3. Potential development site monitoring (ponds, wetlands)

- a. I/we will monitor pond areas for mosquito larva using the dip method. Monitoring will be conducted weekly, or after four days if five or more larvae are found.
- b. I/We will monitor standing water that may have accumulated in low spots using the dip method. Monitoring will be conducted weekly.

#### 4. Larva control

a. If five or more larvae are found during the next test, I/We will change our practices and retest for presence of larvae. If larvae are present after 2 tests (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.

#### 6. No Spray Zone Marking

a. I/We will mark the property with conspicuous No-Spray Zone signs.

#### 7. No Spray Buffer Zone Establishment

- a. I/We will request that Ada County Mosquito Abatement District provide a No-Spray buffer of 300 feet when ground spraying and agreement has been reached with neighboring property owners, to meet the requirements of the National Organic Program Standards that certified organic crops not be sprayed. This will be accomplished by calling/writing/emailing the mosquito abatement district.
- b. If abatement district monitoring shows an unacceptable level of mosquitoes in the approved no spray area, the abatement district will notify the landowner of the situation. If the landowners fails to follow the plan or does not provide adequate control measures, the abatement district may abate the mosquitoes.

Name	Date
Name	Date