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
   975 E. Pine Ave.
   Meridian, ID 83642
   Fax: 208.577.4631
   Office: 208.577.4646
   Email: wpm@adacounty.id.gov

   For Department Use:
   Parcel #__________________________
   Request # ________________________
   Received Date ____________________

   Please Note:
   This form is valid through the end of this calendar year. A new form must be signed and submitted annually to keep your no-spray status. Also, if a mosquito trap has tested positive for West Nile virus within one square mile of your location, it could be necessary to treat the area to reduce the risk of disease exposure for the importance of public health. We will notify you if this occurs within the time that your request is active.

   Signature ______________________________________ Date ______________________
ADA COUNTY MOSQUITO ABATEMENT
NO TREATMENT REQUEST FORM

Are you a certified organic producer with Idaho State Department of Agriculture? ______ Yes/No

Please provide:
- Certification number ____________________________
- Effective date of certification ____________________

Are you registered with any other organic growers organization? ______ Yes/No

Please provide:
- 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 # __________________________

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 # __________________________

Name ____________________________________ For Department Use
Street Address ___________________________ Parcel # __________________________

Name ____________________________________ For Department Use
Street Address ___________________________ Parcel # __________________________

*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 ________________________

Name _______________________________________________________________________________________
Address _____________________________________________________________________________________
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 ______________________