



ADA COUNTY 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.

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 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

Fax number 208-577-4631
Office number 208-577-4646
E-mail weedandpest@adaweb.net

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.

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

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 repellants when active in yard at dawn and dusk.
 - c. Mosquito repellants will be provided to farm help.
3. Potential breeding 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 larva is 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 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 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 and Date

Name and Date

Name and Date