

Alternative Abatement Processes for Property Owners Who Request Limited Fogging, Regardless of Their Reason:

The GCMAD will advise individuals who request limited application of mosquito control agents on their property about techniques they can initiate that are appropriate for minimizing mosquito problems.

Procedures and Responses for Individuals Requesting Limited Fogging:

Individuals requesting limited applications will be considered on an individual basis. Citizens making a request for limited applications must submit, each year, a completed "Spraying Limitation Request Form", a detailed "Mosquito Control Plan" for controlling mosquito development areas and adult mosquito populations on their property, and a map of the property denoting all areas that hold water longer than three (3) day intervals. The "Mosquito Control Plan" shall outline, in detail, the following:

- 1) The landowner's irrigation practices (e.g. flood, pivot sprinkler, rolling sprinkler, etc.).
- 2) The landowner's method of survey to ensure mosquitoes are not developing in sources on the property or harboring on the property.
- 3) The landowner's method of abatement for sites found to be producing mosquito larvae.
 - a. To include specific details about development source mitigation.
 - b. And, if necessary, methods of control to include registered brand names and types of control agents used.
- 4) The landowner's method of abating adult mosquitoes emerging from or harboring within sites on property.
 - a. To include specific details about methods of control including registered brand names and types of control agents used.
- 5) Inspector requirements for site inspection (i.e. does inspector need clean/unused boots, dipper cup, etc. to enter property).

Each request must be submitted to the GCMAD before each mosquito season (within 30 days after receiving the registered reminder letter from the GCMAD). This "Letter of Request" must include any certifications or documentation supporting the request. After reviewing the request and discussing it in the next regular public meeting, the GCMAD Board will issue a letter of response. In that response letter the Board will convey the following restrictions:

- The landowners requesting limited spraying must be able to control all aspects of mosquito problems on their property. The GCMAD will not supply these individuals with any chemicals.
- The GCMAD must be able to enter upon that property to check, monitor, and document this control on a regular basis. If the "Mosquito Control Plan" set forth by the landowner is not being implemented or adult or larval mosquito populations become a concern, the GCMAD will issue a certified letter of non-compliance. The landowner has five (5) days, after receiving the certified letter, to notify the GCMAD, in writing, that they are aware of the mosquito problem. The landowner then has another five (5) days to correct the problem. The GCMAD will then enter onto the property to check, monitor, and document the progress. If the landowner does not correct the problem area or if the landowner cannot show a good cause for an extension of time, the GCMAD will take necessary measures to correct the problem using any and all methods that are effective (Idaho Code 39-2804 (f)). The GCMAD will provide to the Gem County Commissioners copies of correspondence and documentation between the individuals requesting not to be sprayed and the District on a monthly basis.

Property owners will be responsible for all drainage water, ditches, ponds, and other mosquito breeding areas and for controlling water from backing up or flowing on to adjacent properties. If water is not being controlled, the GCMAD will issue a certified letter of non-compliance of mosquito control. The landowner has five (5) days to notify the GCMAD, in writing, that they are aware of the water problem. The landowner then has another five (5) days to correct the problem. The GCMAD will again check, monitor, and document the problem area for compliance. If the problem is not corrected by the landowner, or if the landowner cannot show a good cause for non-compliance, the GCMAD will take all measures to correct the problem using any and all methods that are effective (Idaho Code 39-2804 (f)).



Gem County Mosquito Abatement District
6846 W. Hwy 52
Emmett, ID 83617
(208) 365-5628

Mosquito Control Treatment Exclusion Request Form

A. Applicant Information

Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

B. Location of Property

Provide a map of sufficient scale and detail indicating the location of the property where call before spraying / treatment exclusion zone is being requested. Map must also indicate location of your residence on the property.

Address of property where request is being made (if different than above):

Address: _____

C. Reason(s) for call before spraying / treatment exclusion request

D. Mosquito Control Plan

E. No-spray zone request (check all that apply)

_____ Ground (truck, atv) applied adult mosquito control products for your property.

_____ Aerial (airplane) & ground (truck, atv) applied **LARVAL** mosquito control products on your property.

F. AERIAL ADULTICIDE

Gem County Mosquito Abatement uses Aerial Adulticides as a means of control in response to Vector Mosquito thresholds, the prevalence of West Nile Virus and the prevention and spread of WNV. Due to the nature of the aircraft, those located within the treatment block may **NOT** be excluded from these treatments.

Organic farms registered through Idaho Department of Agriculture and listed in the USDA Organic Integrity Database are the only exceptions.

G. Nearby property owner or resident information

Indicate on Attachment 1 the names, addresses, and telephone numbers of all property owners or residents whose property borders the requested treatment exclusion zone, including those located immediately across the road from the requested zone.

H. Application Submitted By

I understand that by requesting that no mosquito control insecticides be used in this area, **I am now responsible for the mosquito management** on the above-described portion(s) of this property. I also understand that in the event of a mosquito borne disease outbreak (West Nile Virus, Western Equine Encephalitis, etc.) I will be notified of mosquito control applications however all no-spray zones may be rescinded.

Signature_____

Date_____

Return completed form and attachments to:

Gem County Mosquito Abatement District
6846 W. Hwy 52
Emmett, ID 83617

Attachment 1

**Nearby Property Owner / Resident Information for
Treatment Exclusion Zone**

Name: _____

Address: _____

Home Phone: _____

Cell Phone: _____

Name: _____

Address: _____

Home Phone: _____

Cell Phone: _____

Name: _____

Address: _____

Home Phone: _____

Cell Phone: _____

Name: _____

Address: _____

Home Phone: _____

Cell Phone: _____

Name: _____

Address: _____

Home Phone: _____

Cell Phone: _____

Name: _____

Address: _____

Home Phone: _____

Cell Phone: _____