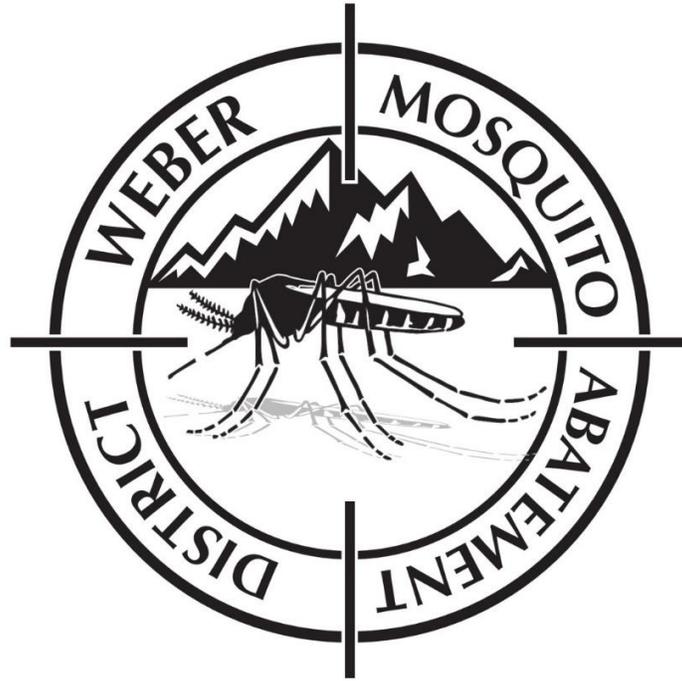


NO SPRAY ZONE POLICY AND PROCEDURES



Weber Mosquito Abatement District

Adopted January 14, 2019

SECTION I: NO SPRAY ZONE POLICY

1. **GENERAL POLICY.** Weber Mosquito Abatement District (Weber MAD), or the District, has chosen to grant courtesy “No Spray Zone” requests from individuals within the jurisdiction of the District by not conducting ultra-low volume (ULV) adulticide spraying (fogging) with ground application equipment within approximately 300 feet of the approved location. Weber MAD will make every effort to not spray within the approved zone subject to the exceptions specified in this policy. It is the policy of Weber MAD to consider all requests without regard to race, color, religion, gender, age, physical or mental disability, national origin, sexual orientation, gender identity, or veteran status.
2. **SUPERVISOR RESPONSIBILITIES.** The Director, or designee, will ensure that Weber MAD is in compliance with the District’s “No Spray Zone” policy and procedures. Additionally, the Director, or designee, will ensure that each employee receives a copy of the NO SPRAY ZONE Policy and Procedures and that the employee signs and dates a Policy Statement and Acknowledgement Form stating receipt of the policy annually.
3. **EMPLOYEE RESPONSIBILITY.** Employees are responsible for informing themselves about the policy, practices, and operations set forth in Weber MAD’s NO SPRAY ZONE Policy and Procedures by reading it and, if necessary, asking that it be explained to them. Additionally, all employees are required to review, sign, and date a Policy Statement and Acknowledgement Form stating receipt of this document annually.

SECTION II: APPLICATION FOR “NO SPRAY ZONE”

1. **GENERAL POLICY.** Owners can make an application for a “No Spray Zone” to be placed on the District’s “No Spray” list. This list is for those who have requested that the District not ground adulticide by their residence, beehive, crop, or other property when the District is spraying for adult mosquitoes. Once approved, an approximate 300-foot radius buffer zone, or “No Spray Zone”, will be set around the property.
2. **APPLICATION.** Owners must submit the completed Weber MAD “No Spray Zone” Request Form annually for the “No Spray Zone” to be considered and granted.
 - a. **Applicant.** For purposes of the NO SPRAY ZONE Policy and Procedures, “Owner” is defined as the owner of record or a leasee with a current lease agreement of 12 months or more. Only the Owner may apply for the “No Spray Zone.”
 - b. **Application.** Owners wishing to request a “No Spray Zone” must complete and submit a “No Spray” request to the Weber MAD. “No Spray” requests can be made during any part of the year; however, requests must be renewed on an annual basis by the Owner. Please allow 2 weeks for the “No Spray Zone” to take effect.
 - i. All applications received for a “No Spray Zone” will be forwarded to the District Director, or designee. Upon receipt, each application will be marked with the date it was received, and, if approved, will be added to the District’s Geographic Information System (GIS) database.
 - ii. Owners of denied applications will be notified and the decision for denial may be discussed. If adjustments can be made to make the no spray request more feasible to accommodate, these will be discussed with staff and further reviewed.

iii. Weber MAD reserves the right to cancel any “No Spray Zone” at any time and to conduct mosquito control measures as deemed necessary pursuant to Utah Code Ann. § 17B-2a-703.

3. **DISTRICT APPROVAL.** All “No Spray Zone” requests are not guaranteed. The District’s foremost obligation is to protect the public health and comfort of all residents within the jurisdiction of the Weber MAD. Weber MAD must take all precautions to prevent an outbreak of a mosquito-borne disease such as West Nile Virus, St. Louis Encephalitis, Western Equine Encephalitis, or Zika Virus.
- a. **Approval Agent.** Only the District Director, or designee, is authorized to approve a “No Spray Zone.”
 - b. **“No Spray Zone” Size.** If the “No Spray Zone” is approved and granted, it shall extend approximately 300 feet from the desired protection area, such as a residence, beehive, or crop, and not the property line. Generally, for a residence, the 300 feet extends out from a center point on the house.
 - c. **High Impact Areas.** There are areas within the jurisdiction of the District which are considered critical areas for mosquito control. These areas have high mosquito production and high adult mosquito infestations. Requests for “No Spray Zones” in these critical control areas will be held to a higher level of scrutiny before granting the request.
 - d. **Owner Responsibilities.** Should Weber MAD agree to the “No Spray” request, the Owner shall be responsible for controlling all mosquito sources on their property, i.e. standing water, so as to not impact neighboring properties in the “No Spray Zone.”
 - i. In the event that the Owner does not control all mosquito sources adequately, Weber MAD will conduct the control measures needed by any and all means necessary.
 - ii. Owners must submit the Weber MAD “No Spray Zone” Request Form on an annual basis for consideration to be included and/or remain on the “No Spray Zone” list. If the District is not informed by Owners on an annual basis, all property will be removed from the “No Spray” list and the “No Spray Zone” will be removed from the GIS database.

District Responsibilities. Weber MAD will, to the best of its abilities, avoid applying adulticides to any land that has a current “No Spray Zone” in effect, provided that all requirements of this policy are met by the Owner to the satisfaction of Weber MAD. Notwithstanding, Weber MAD will not guarantee that, depending on weather conditions, no adulticide applied on roads, trails, and fields in surrounding areas will not drift onto or enter upon the property designated as a “No Spray Zone.”

SECTION III: QUALIFICATION

1. **GENERAL POLICY.** The Weber MAD recognizes that some residents may not wish to have adult mosquito control in their area, including those with health concerns, beekeepers, organic farmers, and others with legitimate concerns about the use of pesticides. The District will honor “No Spray Zone” requests within approximately 300 feet of the area the Owner wishes to protect as requested, to the extent possible.
2. **QUALIFICATIONS.** These requests will be reviewed on a case by case basis by the District and accommodated to the best extent feasible and practicable.

- a. **Health-Related Issues and Concerns.** Weber MAD will consider requests for creation of a “No Spray Zone” for situations or circumstances where a resident might have substantial medical complications or adverse impacts from exposure or contact with pesticides and/or adulticide sprays. Individuals with special medical problems, possibly attributed to pesticide exposure, may be asked to obtain a physician’s written opinion acknowledging pesticide sensitivity, and such individuals will be given consideration by the District to the extent feasible and practicable.

Most people having health-related concerns can satisfactorily minimize these concerns by closing doors, windows, and vents in their homes between sunset and sunrise during mosquito season (April – October) when adulticide spraying occurs. Because all pesticides are registered by the Environmental Protection Agency and are applied safely according to label instructions, the majority of the public will not need to take any special precautions. It is the policy of the Weber MAD to comply with the provisions set in the pesticide label.

- b. **Beehives.** A “No Spray Zone” for beehives will be given consideration by the District to the extent feasible and practicable. Only the Owner as defined in this policy, not the owner of the beehive, can apply for the “No Spray Zone”.
- c. **Organic Crops.** Organic farmers registered with UDAF are requested to provide a copy of their license. The District Director, or designee, will review the license agreement and the circumstances surrounding the need for the “No Spray Zone” and the request will be given consideration by the District.
- d. **Pesticide Aversion.** People with a pesticide aversion can complete an application for a “No Spray Zone” and will be provided consideration by the District to the extent feasible and practicable. Only the Owner may submit the application.

3. **“NO SPRAY ZONE” REDUCTION OR REMOVAL.** The District reserves the right to remove or modify the “No Spray Zone” at any time as needed.

- a. Once West Nile Virus or any other arbovirus/pathogen transmitted by mosquitoes is detected in the area serviced by Weber MAD or a neighboring mosquito abatement district, the “No Spray Zone” may be reduced or eliminated on a case by case basis.
- b. If the Utah State Department of Health or the Weber–Morgan Health Department declares a public health emergency related to mosquitos, flies, or other insects, all “No Spray Zones” will be removed for the remainder of the calendar year ending December 31st.
- c. If invasive mosquito species, such as *Aedes aegypti*, *Aedes albopictus*, or *Aedes japonicus*, are detected in the area and extra adult mosquito control efforts are required, the “No Spray Zone” will be removed.
- d. When the “No Spray Zone” reduction or removal is necessary, the Weber MAD will notify Owners by email and/or phone.
- e. Once the “No Spray Zone” has been reduced or removed, it will remain so for the remainder of the calendar year.
- f. Applications for the “No Spray Zone” must be renewed for the following calendar year.



Weber Mosquito Abatement District

“No Spray Zone” Request Form

NAME _____

PHONE NUMBERS Home _____

Mobile _____

Work _____

EMAIL ADDRESS _____

CONTACT ADDRESS

ADDRESS FOR “NO SPRAY ZONE” (if different)

ADDRESS _____

ADDRESS _____

CITY _____

CITY _____

ZIP CODE _____

ZIP CODE _____

REASON FOR REQUEST (Please indicate one)

MEDICAL/HEALTH ORGANIC FARM BEEKEEPER OTHER CONCERNS

Please attach any additional documents (doctor’s note, organic crop license, map, etc.) as needed.

Additional comments: _____

SIGNATURE _____

DATE _____

Please send completed form to:

Keith Hill
Weber Mosquito Abatement District
505 West 12th Street
Ogden, Utah 84404
Email: keith@webermad.org