

**USE REPORT FOR  
WEST NILE VIRUS (WNV) LARVICIDING WORK**

**GENERAL INFORMATION FOR ANY YEAR**

If your municipality uses any larvicide in catch basins/storm drains during the **ANY YEAR**, it is imperative to send this information to the address below at the completion of the larviciding program. Remember, it is a condition of obtaining the special time-limited permit and complies with state pesticide regulation.

Even if your municipality **did not** use larvicide during the previous mosquito season, you still must report to the address below.

*NOTE: THE NEXT YEAR permits will not be issued unless this information is received.*

**Send both Parts 1 and 2 (see below) of USE REPORT to:**

**Department of Food and Agriculture  
Pesticide Bureau, Suite 500  
251 Causeway Street  
Boston, MA 02114-2151  
ATTN: MARK S. BUFFONE, LARVICIDE USE REPORT for any year**

Application records must be kept for each separate day that applications are made. These records must list:

Name of the city/town

Name of the applicator

The pesticide applied (brand name and EPA Registration Name)

The times of the application

Method of application

Total amounts applied per day

Location (streets) where catch basins/storm drains were applied to

**AN EXAMPLE**

**City/Town:** Boston

**Applicator:** Joe Coffee **Date:** June 17, 2004 **Time applied:** 7- 10 AM 3 HOURS

**Brand Name:** Altosid Pellets **EPA REG NO:** 2724-44 **Application Method:** Hand

**TOTAL AMOUNT APPLIED FOR THE DATE:** 25 pounds (not grams etc)

Locations of applications/ basins: see attached map (or you can list the individual street names)

**USE REPORT FOR WEST NILE VIRUS LARVICIDING  
PART 1 (DON'T FORGET PART 2)**

**IMPORTANT: This form should be completed for each separate day that applications are made. This form can be reproduced.**

1. CITY/TOWN: \_\_\_\_\_

2. APPLICATOR(S): \_\_\_\_\_

3. DATE OF APPLICATION: \_\_\_\_\_

4. APPLICATION METHOD: HAND \_\_\_\_\_ OTHER \_\_\_\_\_

5. RECORD, WHICH PRODUCT (S) USED:

**Methoprene Insect Growth Regulator (IGR)**

◆ PRODUCT NAME: \_\_\_\_\_ EPA REGISTRATION NUMBER: \_\_\_\_\_

◆ PRODUCT NAME: \_\_\_\_\_ EPA REGISTRATION NUMBER: \_\_\_\_\_

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**Bacillus thuringiensis israelensis (Bti)**

◆ PRODUCT NAME: \_\_\_\_\_ EPA REGISTRATION NUMBER: \_\_\_\_\_

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**Bacillus sphaericus (Bs)**

◆ PRODUCT NAME: \_\_\_\_\_ EPA REGISTRATION NUMBER: \_\_\_\_\_

◆ PRODUCT NAME: \_\_\_\_\_ EPA REGISTRATION NUMBER: \_\_\_\_\_

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6. Provide the number of catch basins treated on this application date: \_\_\_\_\_

7. List the approximate number of hours it took to treat catch basins: \_\_\_\_\_

8. Record the TOTAL AMOUNT USED FOR THIS DATE: \_\_\_\_\_

NOTE: Do not report in grams. Clearly indicate POUNDS (LBS) (see conversion chart page 5)

9. List streets and roads where catch basins were treated **OR** Provide a map of the municipality with the streets and roads be highlighted. Note: Use a different color-marking pen for each day of application and attach map to this form.

a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

## PART 2

### SUMMARY FORM

#### USE RECORD FOR WEST NILE VIRUS LARVICIDING

(Please print and provide the following information)

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

City/Town/**ZIP CODE**: \_\_\_\_\_

The Year you are reporting that larvicide was used : \_\_\_\_\_

E-mail (NOT OPTIONAL): \_\_\_\_\_

Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

**West Nile Virus Larvicide Summary Table**

<b>City/Town Name</b>	<b>Total # Catch Basins Treated</b>	<b>Product Trade Name</b>	<b>EPA REG #</b>	<b>NAME OF ACTIVE INGREDIENT</b>	<b>Total Pounds Product Used (use conversion form to convert to LBS)</b>	<b>Range of Dates Covering Treatments</b>

NOTE: Some municipalities use two different products and/or are members of a mosquito control project. Please use the same table above to record the totals for these situations too. In other words, we need a true total of how much and what kind of larvicide was used in catch basins for the entire municipality. You may want to designate a sub total for the mosquito control project and for a particular Department in the municipality with a grand total. Also, this may be true for the case of two different Department's using materials within the same city/town too. This will help us to have an accurate picture of the total amounts of catch basins treated and the product(s) used for each municipality.

## CONVERSION CHART WITH EXAMPLE

Vectolex WSP = 10 grams

Altosid XR briquet= 46 grams

Vectolex CG =3.3 grams

Altosid 30-day briquet = 7 grams

Altosid pellets (2/3 tablespoon)=7 grams

Mosquito BTI Dunks=14.67 grams

1 Pound (lb) = 454 grams

### FORMULA FOR CONVERSION

# Of catch basins (MULTIPLIED BY) grams = total grams

TOTAL grams (DIVIDED BY) 454 grams= total lbs

EXAMPLE-3, 112 catch basins TIMES 7 grams (ONE 30-DAY BRIQUET PER CATCH BASIN) =21, 784 grams

**21,784 grams DIVIDED BY 454 GRAMS = 47.9 lbs OR 48 POUNDS**

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