

**MASSACHUSETTS MOSQUITO CONTROL  
ANNUAL OPERATIONS REPORT**

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2008 Year of Report

Date of Report: 4/1/09

Project/District Name: **Berkshire County Mosquito Control Project**

Address: 19 HARRIS ST

City/Town: PITTSFIELD

Zip: 01201

Phone: 413 447-9808

Fax: 413 447-7185

E-mail: bcmcp@bcn.net

**Report prepared by: JAKE JURGENSON**

If you have a mission statement, please include it here:

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**ORGANIZATION SETUP:**

Please list your Commissioner's names:

DAVID COLBURN, CHAIRMAN  
WALLY TERRILL

Please list the Supt./Director's name: JAKE JURGENSON

Please list the Supt./Director's contact phone number: 413 447-9808

Please list your Asst. Supt./Asst. Director's name:

Do you have a website? No

If yes, please list the web address here: http://

Please list your staffing levels for the year of this report:

Full time: 1

Part time:

Seasonal: 1

Other: (please describe)

Please break these down into the following areas:

Administrative staff: 1

Field staff: 2

Please check off all that apply, and list employee name(s) next to each category:

- Public relations JAKE JURGENSON
- Information technology
- Entomologist
- Wetland Scientist
- Biologist
- Education JAKE JURGENSON
- Laboratory
- Operations JAKE JURGENSON
- Facilities JAKE JURGENSON
- Other (please list)

For the year of this report, we maintained:

4 vehicles

modified wetland equipment (list type)

2 ULV sprayers (list type) LONDAN AIR XKE, BECOMIST

Larval control equipment (list type)

Other (please be specific):

**Comments:** \_\_\_\_\_

How many cities & towns in your service area? 8

Please list: BECKET, CLARKSBURG, HINSDALE, OTIS, RICHMOND, SHEFFIELD, STOCKBRIDGE, TYRINGHAM

**\*Please attach a link to a map of your service area if possible.**

### **INTEGRATED PEST MANAGEMENT (IPM):**

**DEFINITION:** a comprehensive strategy of pest control whose major objective is to achieve desired levels of pest control in an environmentally responsible manner by combining multiple pest control measures to reduce the need for reliance on chemical pesticides; more specifically, a combination of pest controls which addresses conditions that support pests and may include, but is not limited to, the use of monitoring techniques to determine immediate and ongoing need for pest control, increased sanitation, physical barrier methods, the use of natural pest enemies and a judicious use of lowest risk pesticides when necessary.

Please check off all of the services that you currently provide to your member cities and towns as part of your IPM program; details of these services are in the next sections.

- Larval mosquito control
- Adult mosquito control
- Source reduction
- Ditch maintenance

- Open Marsh Water Management
- Adult mosquito surveillance
- Education, Outreach & Public education
- Research
- Other (please list):

Comments: \_\_\_\_\_

### **LARVAL MOSQUITO CONTROL:**

Do you have a larval mosquito suppression program? Yes

If yes, please describe the purpose of this program: ELIMINATE AND REDUCE NUISANCE MOSQUITOES IN MEMBER TOWNS

Please give the time frame for this program: APRIL THRU MAY  
JUNE, JULY, AUGUST AFTER HEAVY RAINFALL

Describe the areas that this program is used: VERNAL POOLS, MARSHES, FLOOD PLAINS, PASTURES, ROADSIDE DITCHES

Do you use:

- Ground applied (includes hand, portable and/or backpack)
- Helicopter applications
- Other (please list):

Comments: \_\_\_\_\_

What products do you use in – (please use product name and EPA#)

**Wetlands:** VECTOBAC G 275-50

**Catch basins:** ALTOSID PELLETS WSP 2724-448

**Containers:** VECTOBAC G

**Other (please list):**

Please list the rates of application for the areas listed above:

**Wetlands:** 4 LBS. PER ACRE

**Catch basins:** 1 PACKET PER BASIN

**Containers:** AS NEEDED

**Other:**

What is your trigger for larviciding operations? (check all that apply)

- Larval dip counts – please list trigger for application: 5-10 LARVE PER DIP
- Historical records

Best professional judgment

**Comments:** \_\_\_\_\_

**\*Please attach a link to maps of treatment areas if possible.**

### **ADULT MOSQUITO CONTROL:**

Do you have an adult mosquito suppression program? Yes

If yes, please describe the purpose of this program: REDUCE NUISANCE MOSQUITO POPULATIONS IN MEMBER TOWNS

Please give the time frame for this program: JUNE 1 THRU SEPT. 15

Describe the areas that this program is used: PARKS, BALL FIELDS, SUMMER CAMPS, CAMPGROUNDS, RESIDENTIAL PROPERTIES, MEMBER TOWN STREETS

Do you use:

- Truck applications**
- Portable applications**
- Aerial applications**
- Other (please list):**

**Comments:** \_\_\_\_\_

Please list the names of the products used with EPA #:

- 1). ANVIL 10 + 10
- 2).
- 3).
- 4).
- 5).
- 6).

Please list your application rates for each product:

- 1). .62 OZS. PER ACRE
- 2).
- 3).
- 4).
- 5).
- 6).

Please describe the maximum amounts or frequency used in a particular time frame such as season and areas

What is your trigger for adulticiding operations? (check all that apply)

- Landing rates - please list trigger for application 5 TO 10 MOSQUITOES PER MINUTE
- Light trap data - please list trigger for application
- Complaint calls - please list trigger for application SURVEILLANCE OF PROPERTY
- Arbovirus data
- Best professional judgment

**Comments:** \_\_\_\_\_

**\*Please attach a link to maps of treatment areas if possible.**

### **SOURCE REDUCTION**

Do you perform source reduction methods such as tire/container removal? Yes

If yes, please describe your program: WE INSPECT SERVICE REQUEST PROPERTIES FOR CONTAINER + TIRE BREEDING AND IF FOUND, WE INFORM PROPERTY OWNER AND EITHER DISTRICT STAFF OR OWNER REMOVES BREEDING CONTAINERS

What time frame during the year is this method employed? JUNE THRU MID SEPT.

**Comments:** \_\_\_\_\_

### **DITCH MAINTENANCE**

Do you have a ditch maintenance program? Choose one

Please check all that apply:

- Inland/freshwater
- Saltmarsh

If yes, please describe:

Please check off all that apply INLAND DITCH MAINTENANCE:

- Hand tools**
- Mechanized equipment**

**Other (please list): BRUSH SAWS AND CHAIN SAWS8**

**Comments:** \_\_\_\_\_

Please check off all that apply **SALTMARSH DITCH MAINTENANCE:**

**Hand cleaning**

**Mechanized cleaning**

**Other (please list):**

**Comments:** \_\_\_\_\_

Please give an estimate of cumulative length of ditches maintained from the list above  
**INLAND:**

**Hand cleaning 8.255 LINEAR FEET**

**Mechanized cleaning**

**Other (please list):**

**Comments:** \_\_\_\_\_

Please give an estimate of cumulative length of ditches maintained from the list above  
**SALTMARSH:**

**Hand cleaning**

**Mechanized cleaning**

**Other (please list):**

What time frame during the year is this method employed?

**Comments:** \_\_\_\_\_

**\*Please attach a link to maps of ditch maintenance areas if possible.**

### **OPEN MARSH WATER MANAGEMENT**

Do you have an OMWM program? No

If yes, please describe:

Please give an estimate of total square feet or acreage:

What time frame during the year is this method employed?

**Comments:** \_\_\_\_\_

**\*Please attach a link to maps of OMWM areas if possible.**

## ADULT MOSQUITO SURVEILLANCE

Do you have an adult mosquito surveillance program? Choose one

Please list the number (not location) of MDPH traps in your service area:

Please check off all the types of surveillance that apply to your program:

- |  |                                 |
|--|---------------------------------|
| <input checked="" type="checkbox"/> Gravid traps           |                                 |
| <input type="checkbox"/> Resting boxes                     |                                 |
| <input checked="" type="checkbox"/> CDC light traps        | <input type="checkbox"/> Canopy |
| <input type="checkbox"/> CDC light traps w/CO <sub>2</sub> | <input type="checkbox"/> Canopy |
| <input type="checkbox"/> ABC light traps                   | <input type="checkbox"/> Canopy |
| <input type="checkbox"/> ABC light traps w/CO <sub>2</sub> | <input type="checkbox"/> Canopy |
| <input type="checkbox"/> NJ light traps                    | <input type="checkbox"/> Canopy |
| <input type="checkbox"/> NJ light traps w/CO <sub>2</sub>  | <input type="checkbox"/> Canopy |

Other (please describe):

Please describe the purpose of this program: AT TIMES BOH IN MEMBER TOWNS REQUEST ADULT MOSQUITO TRAPPING IN AREAS OF HIGH ADULT MOSQUITO ACTIVITY IN THEIR COMMUNITY.

BECAUSE OF SHORTAGE OF STAFF, WHENEVER THERE IS TIME WE DO ADULT TRAPPING

Do you maintain long-term trap sites in any of your areas? No

If yes, please describe how you chose these long-term sites.

Please check off the species of concern in your service area:

- |  |   |
|--|---|
| <input type="checkbox"/> <i>Ae. albopictus</i>                 | <input type="checkbox"/> <i>Cs. morsitans</i>             |
| <input type="checkbox"/> <i>Ae. cinereus</i>                   | <input checked="" type="checkbox"/> <i>Oc. abserratus</i> |
| <input checked="" type="checkbox"/> <i>Ae. vexans</i>          | <input checked="" type="checkbox"/> <i>Oc. canadensis</i> |
| <input checked="" type="checkbox"/> <i>An. punctipennis</i>    | <input checked="" type="checkbox"/> <i>Oc. cantator</i>   |
| <input checked="" type="checkbox"/> <i>An. quadrimaculatus</i> | <input checked="" type="checkbox"/> <i>Oc. excrucians</i> |
| <input type="checkbox"/> <i>Cq. perturbans</i>                 | <input type="checkbox"/> <i>Oc. fitchii</i>               |
| <input type="checkbox"/> <i>Cx. pipiens</i>                    | <input type="checkbox"/> <i>Oc. j. japonicus</i>          |
| <input type="checkbox"/> <i>Cx. restuans</i>                   | <input type="checkbox"/> <i>Oc. punctor</i>               |
| <input type="checkbox"/> <i>Cx. salinarius</i>                 | <input type="checkbox"/> <i>Oc. sollicitans</i>           |
| <input type="checkbox"/> <i>Cs. melanura</i>                   | <input type="checkbox"/> <i>Oc. stimulans</i>             |

- Oc. taeniorhynchus*
- Oc. triseriatus*
- Oc. trivittatus*

- Ps. ferox*
- Ur. sapphirina*

Other (please list):

Do you participate in the MDPH Arboviral Surveillance program? No

How many pools do you submit weekly on average?

Please check off the arboviruses found in your area in the past 5 years:

- West Nile Virus
- Eastern Equine Encephalitis
- Other Please list:

Did the above listed diseases cause human or horse illnesses? No

Please explain:

At what arbovirus risk level did the year begin in your area? (If more than one please list)

**WNV: REMOTE**  
**EEE: REMOTE**

At what arbovirus risk level did the year end in your area? (If more than one please list)

**WNV: REMOTE**  
**EEE: REMOTE**

What time frame during the year is this method employed? JUNE THRU AUGUST

**Comments:** \_\_\_\_\_

**\*Please attach a link to maps of surveillance areas if possible.**

### **EDUCATION, OUTREACH & PUBLIC RELATIONS**

Do you have an education/public outreach program program? Yes

If yes, please describe:

Please check off all that apply:

- School based program
- Website
- PR brochures/handouts
- Community events
- Science fairs
- Meeting presentations
- Other (please describe):

Please give an estimate of attendance/participants in this program: 500

Please list some events you participated in for the year of this report: TOWN MEETINGS

What time frame during the year is this method employed? APRIL TRHU AUGUST

Have you performed any research projects, efficacy, bottle assays, etc.? Not at this time

If yes, please elaborate on your research projects:

Are you involved in any collaborations with academia, industry, environmental groups, etc.? Not at this time

If yes, please elaborate on your collaborations this past year:

Please provide a list of technical reports, white/grey papers, publication in journal or trade magazines, etc.

Does your staff participate in educational opportunities? Yes

If yes, please list the training and education your staff received this year: CLARKE MOSQUITO WORKSHOPS, NMCA MEETING

Please list the certifications and degrees held by your staff: PESTICIDE LICENSES CATEGORY 47

**Comments:** \_\_\_\_\_

## **BIOLOGICAL CONTROL EFFORTS**

Do you have a biological control program? No

If yes, please describe:

Is this program the introduction of mosquito predators or the enhancement of habitat for native predators?

Please check off all that apply:

- Predatory fish
- Predatory invertebrates
- Other (please describe):

What time frame during the year is this method employed?

**Comments:** \_\_\_\_\_

### **INFORMATION TECHNOLOGY**

Does your program use (check all that apply):

- Computers
- GIS mapping
- GPS equipment
- Computer databases
- Aerial Photography
- Other (please describe):

Please describe your capabilities in these areas: BEGINNER

Please describe your current GIS abilities: None

Give details if possible on your GIS abilities:

Please describe any changes/enhancements in this area from the previous year:

**Comments:** \_\_\_\_\_

### **REVENUES & EXPENDITURES**

Please give a concise statement of revenues & expenditures for the prior fiscal year ending June 30.

EXPENDITURES 154,029

REVENUES \$ 154,533

**Comments:** \_\_\_\_\_

## PESTICIDE USAGE

Please total your pesticide usage with information from your Mass. Pesticide Use Report, WNV Larvicide Use records and contracted pesticide applications. Applications methods include; hand/backpack, aerial, ULV, mistblower, other (please explain)

Product Name: VECTOBAC G  
EPA Reg. #: 275-50  
Application method: HAND  
Targeted life stage: Larvae  
Total amount of concentrate applied: 2,490 LBS.  
Comments: \_\_\_\_\_

Product Name: ANVIL 10 + 10  
EPA Reg. #: 1021-1688-8329  
Application method: TRUCK MOUNTED ULV SPRAYERS  
Targeted life stage: Adult  
Total amount of concentrate applied: 85.1 GALLONS  
Comments: \_\_\_\_\_

Product Name: ALTOSID WSP PELLETS  
EPA Reg. #: 2724-448  
Application method: HAND  
Targeted life stage: Larvae  
Total amount of concentrate applied: 3.3 LBS.  
Comments: \_\_\_\_\_

Product Name:  
EPA Reg. #:  
Application method:  
Targeted life stage: Choose one  
Total amount of concentrate applied:  
Comments: \_\_\_\_\_

Product Name:  
EPA Reg. #:  
Application method:  
Targeted life stage: Choose one  
Total amount of concentrate applied:  
Comments: \_\_\_\_\_

Product Name:  
EPA Reg. #:  
Application method:  
Targeted life stage: Choose one  
Total amount of concentrate applied:

Comments: \_\_\_\_\_

Product Name:

EPA Reg. #:

Application method:

Targeted life stage: Choose one

Total amount of concentrate applied:

Comments: \_\_\_\_\_

Product Name:

EPA Reg. #:

Application method:

Targeted life stage: Choose one

Total amount of concentrate applied:

Comments: \_\_\_\_\_

Product Name:

EPA Reg. #:

Application method:

Targeted life stage: Choose one

Total amount of concentrate applied:

Comments: \_\_\_\_\_

## **LARGE AREA EXCLUSIONS**

Do you have large areas of pesticide exclusion, such as estimated or priority habitats?  
Yes

If yes, please explain, and attach maps or a weblink if possible. WE DO HAVE LARGE AREAS OF PROIORITY HABITAT, DUE TO LACK OF STAFF WE ARE UNABLE TO TREAT THESE AREAS.

## **SPECIAL PROJECTS**

Do you perform any inspectional services such as inspections at sewage treatment facilities or review sub division plans? No

If yes, please elaborate

Do you work with DPW departments or other local or state officials to address stormwater systems, clogged culverts or other areas that you have identified as man-made mosquito problem areas? Yes

If yes, please elaborate: WE CONTACT DPW OFFICIALS CLOGGED CULVERTS, BROKEN TUBES ARE FOUND AND EITHER THEY OR US REMOVE BLOCKAGE

IF POSSIBLE.

Have you worked with these departments on long term solutions? No

If yes, please elaborate:

### **CHILDREN AND FAMILIES PROTECTION ACT**

Is your program impacted by the Children and Families Protection Act? Yes

If yes, please explain: WE NO LONGER ADULTICIDE SCHOOL PROPERTY, DAY CARE CENTERS

If you have data on compliance with this Act and your program, please list here:

If you had difficulties with implementation of your program due to this law, please elaborate here:

Comments:

### **GENERAL COMMENTS**

Please list any comments not covered in this report: \_\_\_\_\_