

**MASSACHUSETTS MOSQUITO CONTROL
ANNUAL OPERATIONS REPORT**



2010 Year of Report Date of Report: 12/14/10

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:

ORGANIZATION SETUP:

Please list your Commissioner's names:

WALLY TERRILL, CHAIRMAN
DAVID COLBURN

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: 2

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 JAKE JURGENSON
- 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) BECOMIST LONDON-AIR

Larval control equipment (list type)

Other (please be specific):

Comments: _____

How many cities & towns in your service area? 7

Please list: CLARKSBURG, HINSDALE, OTIS, PITTSFIELD, 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 NUISANCE MOSQUITOES IN DISTRICT MEMBER COMUNITIES

Please give the time frame for this program: APRIL THRU MID SEPTEMBER

Describe the areas that this program is used: VERNAL, MARSHES, FLOOD PLAINS, PERMANENT WATER SWAMPS + BOGS

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 WSP PACKETS # 2724-448
 VECTOLEX WSP PACKETS # 73049-20
Containers: VECTOBAC G # 275-50
Other (please list):

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

Wetlands: 4LBS PER ACRE
Catch basins: 1 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: 3-5 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 ADULT MOSQUITOES IN DISTRICT MEMBER TOWNS

Please give the time frame for this program: JUNE 1ST THRU SEPTEMBER 15TH

Describe the areas that this program is used: PARKS, SUMMER CAMPS, CAMPGROUNDS, RESIDENTIAL DEVELOPMENTS, DISTRICT TOWN STREETS AND EVENTS

Do you use:

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

Comments: _____

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

- 1). DUET 1021-1795-8329
- 2). ANVIL 10+ 10 # 1021-1688-83290
- 3).
- 4).
- 5).
- 6).

Please list your application rates for each product:

- 1). .62 OZS. PER ACRE
- 2). .62 OZS. PER ACRE
- 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 3-5 MOSQUITOES PER MINUTE
- Light trap data - please list trigger for application
- Complaint calls - please list trigger for application
- Arbovirus data
- Best professional judgment

Comments: OUR SERVICE AREA IS MOSTLY RURAL WE SOMETIMES RECEIVE A REQUEST FROM ONLY HOUSE ON STREET, SO WE USE PROFESSIONAL JUDGMENT ON TRIGGER OF APPLICATION

***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: IF CONTAINERS/TIRES ETC. ARE FOUND AT SERVICE REQUEST AREA WE WILL REMOVE, TREAT, OR INFROM HOME OWNER

What time frame during the year is this method employed? JUNE TRHU SPETEMBER

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 SWAWS, CHAIN SAWS**

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 4,040 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.**

MONITORING (Measures of Efficacy)

Please describe monitoring efforts for each of the following:

Aerial Larvicide – wetlands:

Larvicide – catch basins:
Larvicide-hand/small area
Ground ULV Adulticide:
Source Reduction:
Open Marsh Water Management:
Other (please list):

PRE AND POST DIPPING
PRE AND POST LANDING RATES

Provide or list standard steps, criterion, or protocols regarding the documentation of efficacy, (pre and post data) and resistance testing (if any):

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? Yes

Please list the number (not location) of MDPH traps in your service area: 0

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 ₂ | <input type="checkbox"/> Canopy |
| <input checked="" type="checkbox"/> ABC light traps | <input type="checkbox"/> Canopy |
| <input type="checkbox"/> ABC light traps w/CO ₂ | <input type="checkbox"/> Canopy |
| <input type="checkbox"/> NJ light traps | <input type="checkbox"/> Canopy |
| <input type="checkbox"/> NJ light traps w/CO ₂ | <input type="checkbox"/> Canopy |

Other (please describe):

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

THE CITY OF PITTSFIELD JOINED THE PROGRAM 7/1/10 AND REQUESTED ADULT TRAPPING DATA. LIMITED TRAPPING WAS DONE THIS YEAR AND MORE WILL BE DONE NEXT YEAR.

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

Other (please list):

Do you participate in the MDPH Arboviral Surveillance program? Yes

How many pools do you submit weekly on average? 2

THE CITY OF PITTSFIELD BOH REQUESTED MOSQUITO POOLS SENT TO MDPH THIS PAST SEASON, LIMITED POOLS WERE SENT IN. THIS WILL INCREASE NEXT SEASON .

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? Choose one

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?

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: A EDUCATION/PUBLIC OUTREACH PROGRAM WILL BE PUT IN PLACE THIS WINTER AS REQUESTED BY THE PITTSFIELD BOH.

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:

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

What time frame during the year is this method employed? YEAR ROUND

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 collaboration with academia, industry, environmental groups, etc.? Please select

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 ANNUAL MEETING.

Please list the certifications and degrees held by your staff: PESTICIDES LICENSES/ CERTIFICATION AND APPLICATOR

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 applies):

Product Name: ALTOSID WSP PACKETS
EPA Reg. #: 2724-448
Application method: HAND
Targeted life stage: Larvae
Total amount of concentrate applied: 1.13 LBS..
Comments: _____

Product Name: VECTOLEX WSP PACKETS
EPA Reg. #: 73049-20
Application method: HAND
Targeted life stage: Larvae
Total amount of concentrate applied: 6.07 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: 14.6 GALS..
Comments: _____

Product Name: DUET
EPA Reg. #: 1021-1795-8329
Application method: TRUCK MOUNTED ULV SPRAYERS
Targeted life stage: Adult
Total amount of concentrate applied: 46.4 GALS..
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 web link if possible. WE DO HAVE LARGE AREAS OF PRIORITY HABITAT AND CONSULT GIS MAPS BEFORE TREATING THOSE AREAS. DUE TO LACK OF RESOURCES STAFF, FUNDING ETC. 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 NOTIFY DPW OFFICIALS IF CLOGGED CULVERTS OR BROKEN TUBES/PIPES ARE FOUND AND WE REMOVE BLOCKAGE IF POSSIBLE OR DPW WILL CORRECT PROBLEM

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

If yes, please elaborate:

Did you conduct or participate in any cooperative research or restoration projects?

If yes, please elaborate:

Did you or participate on any **State/Regional/National workgroups or panels or attend any meeting pertaining to the above?**

If yes, please elaborate: YES NMCA EXECUTIVE BOARD NMCA ANNUAL MEETING

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 OR 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: BUDGET FISCAL YEAR 2010

AO1	SALERIES INCLUSIVE	\$ 65,505
A08	OVERTIME PAY	\$ 2,943
B02	IN STATE TRAVEL	\$ 180
BO5	TRAINING, REGISTRATION + MEMBERSHIP	\$ 412
D09	FRINGE BENEFITS (HEALTH INS, MEDICARE ETC)	\$ 14,126
D20	RETIREMENT ASSESSMENT	\$ 11,213
E01	OFFICE + ADMINISTRATIVE EXPENSES	\$ 301
E02	PRINTING EXPENSES + SUPPLIES	\$ 91
E06	POSTAGE	\$ 352
E13	ADVERTISING EXPENSE	\$ 75
E19	LICENSES, INS. VEHICLE/LIABILITY, TOLLS	\$ 12,525

EE2	CONFERENCE TRAINING + REGISTRATION	\$ 205
F09	CLOTHING + FOOTWEAR	\$ 156
F11	CLEANING SUPPLIES	\$ 78
F24	MOTORIZED VEHICLE EQUIPMENT, REPAIR	\$ 929
G01	SPACE RENTAL	\$ 15,072
G03	ELECTRICITY	\$ 1,274
G05	FUEL FOR VEHICLES	\$ 6,500
G11	NATURAL GAS	\$ 1,444
K11	HEAVY EQUIPMENT	\$ 44
L44	MOTORIZED VEHICLE MAINTENANCE + REPAIR	\$ 1,124
N50	MONITOR ALARM SYSTEM	\$ 240
N52	FACILITY MAINTENANCE + REPAIR	\$ 110
N64	PESTICIDES + SUPPLIES	\$ 28,468
U02	TELECOMMUNICATIONS SERVICES	\$ 1,587
FY10	TOTAL EXPENSES	\$ 165,140
FY 10	ORIGINAL BUDGET SUBMITTED	\$ 154,678
	ROLLOVER FUNDS 2009 BUDGET	\$ 12,686
	FINAL FY 2010 BUDGET	\$ 167,364