

INTRODUCTION

- Pursuant to M.G.L. Chapter 252, Section 2A, municipalities may opt out of spraying, including aerial or other mosquito control spraying, conducted by the State Reclamation and Mosquito Control Board (“SRMCB”). To opt out of any spraying conducted by the SRMCB, a municipality must have an alternative mosquito management plan (“Plan”) approved by the Executive Office of Energy and Environmental Affairs (“EEA”).
- Approval of a Plan allows a municipality to opt out of spraying (including both aerial or wide-area) conducted by the SRMCB under M.G.L. c. 252, Section 2A. It does not extend to any spraying conducted by a mosquito control project or district (“MCD”) of which a municipality may be a member. Any questions related to services provided by an MCD should be directed to its attention.
- A Plan must be approved in order for the SRMCB to recognize any municipality’s request to opt out of spraying.
- This process applies only to municipalities. Any other requests to opt out of spraying or exclude private property must be made in accordance with M.G.L. c. 252 or 333 CMR 13.00. More information on these options is available on the SRMCB website at <https://www.mass.gov/how-to/how-to-request-an-exclusion-or-opt-out-from-wide-area-pesticide-applications>.
- A Plan shall be effective from the date of approval through December 31st of the year in which it was approved.

PROCESS

The following steps must be completed prior to submitting a Plan to EEA for its review:

1. The municipality must hold a meeting of the City Council or Select Board, at which a vote must be taken indicating the municipality’s intention to opt out of spraying (including aerial or other mosquito control spraying) conducted by the SRMCB.
 - a. This meeting should include input on the Plan from the local board of health and allow for public comment.
 - b. The vote should include the following:
 - i. The date and time of the public meeting
 - ii. That the board of health was consulted;
 - iii. That public comment was allowed;
 - iv. Whether the municipality is opting out of all spraying or only certain spray activities, such as aerial spraying. If a vote does not include that it is for a specific type of spraying, the vote will cover all spray activities conducted by the SRMCB under M.G.L. c. 252, Section 2A; and
 - v. That the vote to opt out will only be honored if **an alternative mosquito management plan** is submitted and approved by EEA.
2. The municipality must include a copy of the certified vote must be included as part of the application for approval of a Plan.
3. The municipality must complete this application for approval of a Plan and submit it to EEA at the following address: EEAopt-out@mass.gov
4. All applications must be received by end of day on the issued deadline.

CONTACT INFORMATION

Please provide contact information for your municipality:

- Town/City:
- County:
- If your municipality is currently a member of a Mosquito Control District or Project, please enter the Project/District Name:
- Point of contact:
 - Name: _____ Title: _____
 - Email: _____ Phone: _____
- **A copy of the certified vote** (must be submitted along with this application)

Is the person responsible for overseeing the work outlined in this plan different than the point of contact above? **Yes** **No**

If yes, please enter their information below:

- Point of contact:
 - Name: _____ Title: _____
 - Email: _____ Phone: _____

MOSQUITO CONTROL SERVICES

Who is providing services? Check all that apply:

- MCD (If this box is checked, skip to the **MOSQUITO HABITAT** section on page 6)
- Contractor
 - Contractor name and contact information, if available:
 - Number of staff to be provided: Full-time: _____ Part-time: _____ Contract: _____
- Municipal Staff
 - Number of staff to be provided: Full-time: _____ Part-time: _____ Contract: _____
 - Description of staff roles, licenses held to perform work, etc.

SERVICES TO BE PROVIDED

Check off all that apply:

- Education, Outreach & Public education (REQUIRED)**
- Source reduction (tire removals)**
- Water Management/Ditch maintenance**
- Larval mosquito control**
- Larval mosquito surveillance**
- Adult mosquito control**
- Adult mosquito surveillance (species ID and populations counts only)**

- Adult mosquito arbovirus testing (For EEE, WNV, etc.)**
- Research**
- Other (please list):**

Comments:

EQUIPMENT

Equipment needed for mosquito management, to be provided by contractor or in-house (if any):

- Modified wetland equipment (Number: and type:)
- Larval control equipment (Number: and type:)
- ULV sprayers (Number: and type:)
- Vehicles (Number:)
- Other (please describe):

SOURCE REDUCTION

If you plan to conduct tire removals or other methods of source reduction, please fill out the section below.

Please describe your program:

What time frame during the year will this method be employed?

Comments:

WATER MANAGEMENT/DITCH MAINTENANCE

If you plan to have a water management or ditch maintenance program, please fill out the section below, or skip ahead to the next section.

Please check all that apply:

- Inland/freshwater habitats
- Saltmarsh/coastal habitats

Please describe your program:

Check off all planned maintenance types that apply:

- Culvert cleaning (Freshwater Saltwater)
- Hand cleaning (Freshwater Saltwater)
- Mechanized cleaning (Freshwater Saltwater)

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- Stream flow improvement
- Other (describe):

Comments:

What time frame during the year would this work be done?

If available, please attach a map of ditch maintenance areas (or a website link to that map).

LARVAL MOSQUITO CONTROL:

*If you plan to have a larval mosquito control program, please fill out the section below. **NOTE THAT THE USE OF PESTICIDES IS UNDER THE JURISDICTION OF M.G.L. c. 132B, THE MASSACHUSETTS PESTICIDE CONTROL ACT, AND THE REGULATIONS PROMULGATED THEREUNDER AT 333 CMR 2.00 THROUGH 14.00 ET SEQ.***

Describe the purpose of this program:

What months will this program be active?

Describe the types of areas where you intend to use this program:

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

- Best professional judgment
- Historical records
- Larval dip counts – please list trigger for application:
- Other (please describe):

Comments:

What control methods will you use (check all that apply):

- Ground application of larvicide (hand, portable and/or backpack, etc.)
- Aerial applications of larvicide (typically helicopter)
- Catch basin treatments
- Other (please list):

Comments:

ADULT MOSQUITO SURVEILLANCE

If you plan to have an adult mosquito surveillance program, please fill out the section below, or have the contractor provide this information if a contractor has already been selected.

Describe the purpose of this program:

What months will this program be active?

List all trap types you intend to employ (CDC light traps, gravid traps, ovitraps, etc.):

ADULT MOSQUITO CONTROL

*If you plan to have an adult mosquito control program, please fill out the section below, or have the contractor provide this information. **NOTE THAT THE USE OF PESTICIDES IS UNDER THE JURISDICTION OF M.G.L. c. 132B, THE MASSACHUSETTS PESTICIDE CONTROL ACT, AND THE REGULATIONS PROMULGATED THEREUNDER AT 333 CMR 2.00 THROUGH 14.00 ET SEQ.***

Describe the purpose of this program:

What is the time frame for this program?

Describe the types of areas where you intend to use this program:

What methods of control will you use? Check all that apply:

- Aerial applications (typically helicopter)
- Portable applications (ex. Backpack sprayers)
- Truck applications (ultra-low volume (ULV) sprayers, misters, etc.)
- Other (please list):

Comments:

What will your trigger be for adulticiding operations? Check all that apply:

- Arbovirus data
- Best professional judgment
- Complaint calls (Describe trigger for application:)
- Landing rates (Describe trigger for application:)
- Trap data (Describe trigger for application:)

Comments:

ASSESSMENT OF MOSQUITO MANAGEMENT PLAN EFFICACY

Describe efforts for assessing the efficacy of your mosquito management program, if your plan involves any of the following:

- Aerial Larvicide – wetlands:
- Ground ULV Adulticide:
- Larvicide – catch basins:
- Larvicide-hand/small area:
- Source Reduction:
- Other (please list):

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

INFORMATION TECHNOLOGY (IT)

Does your program intend to use (check all that apply):

- Aerial Photography
- Databases
- Dataloggers (monitoring for temperature, etc.)
- GIS mapping (Describe: _____)
- GPS equipment
- Smartphones
- Tablets/Toughbooks
- Other (please describe):

Comments:

MOSQUITO HABITAT

Has any potential mosquito habitat been identified in your municipality? **Yes** **No**

If so, how? Please indicate all that apply:

- Mapping of wetlands
- Mapping of catch basins
- Past surveillance, done by:

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- DPH
- Mosquito Control District
- Contractor
- Municipality

MOSQUITO TESTING AND ARBOVIRUS

Indicate below which arboviruses have been found in your area during the last five years. If the box is checked please provide number of positive mosquito pools, equine (horse) and human cases. Information available from your MCD, or at: <https://www.mass.gov/lists/arbovirus-surveillance-plan-and-historical-data>

Arbovirus	Positive Mosquito Pools	Equine Cases	Human Cases
<input type="checkbox"/> Eastern Equine Encephalitis (EEE)			
<input type="checkbox"/> West Nile Virus (WNV)			
<input type="checkbox"/> Other (please list):			

Comments:

EDUCATION, OUTREACH & PUBLIC RELATIONS

All municipalities are required to have an education/outreach program.

Provide a 1-2 paragraph narrative of the proposed outreach plan:

Check off all education/outreach methods that you intend to employ:

- Development/distribution of brochures, handouts, etc.
- Door-to-door canvassing (door hangers, speaking to property owners, etc.)
- Social media accounts (Facebook, Twitter, or other social media):
- Mailings (Describe target audiences):
- Media outreach (interviews for print or online media sources, press releases, etc.)

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- Presentations (in-person or virtual)
- School-based programs, science fairs, etc.
- Tabling at events (local events, annual meetings, etc.)
- Website (URL: _____)
- Other (please describe): _____

Select the audience types you intend to target from the list below:

- Residents (homeowners, apartment dwellers, etc.)
- Landlords (for large apartment or condominium complexes)
- K-12 (teachers, students, camps, etc.)
- Municipal staff (highway dept., parks and recreation, board of health, conservation commission, etc.)
- State/Federal land managers (state parks, national wildlife refuges, etc.)
- Transportation industry (Busing companies, commuter rail, truck/rest stops, etc.)
- Recreational venues (fairgrounds, sports complexes, ballfields, etc.)
- Other land owners/managers (please describe): _____
- Other (please describe): _____

Additional Comments:

List a minimum of 3 education/outreach activities you plan to execute for the upcoming mosquito season:

- 1.
- 2.
- 3.
- 4.
- 5.

OTHER COMMENTS

Please use this section to add any comments here on topics not covered elsewhere in this report:

REPORTING REQUIREMENTS

Municipalities that receive approval of alternative mosquito management plans from EEA are required to submit an annual report for all activities conducted during the mosquito season **by January 31st.**

Annual reports must be submitted to: EEAopt-out@mass.gov

ACKNOWLEDGEMENT

Please mark each check box indicating your acknowledgement of the items below, and sign and date the application before submitting it.

- The Municipality acknowledges that any work performed will be subject to applicable local, state, and federal regulations, ordinances, and statutes and all necessary permits, licenses, approvals, or other permission must be obtained prior to the commencement of any work. The approval of this Plan does not constitute work under M.G.L. c. 252 or authorize any exemption provided for work conducted under said chapter, unless otherwise expressly provided for by law.
- The municipality acknowledges that approval of a Plan allows it to opt out of spraying conducted by the SRMCB under M.G.L. c. 252, Section 2A. It does not extend to any spraying conducting by a mosquito control project or district (“MCD”) of which a municipality may be a member.
- The municipality acknowledges that it has conducted the required public meeting, that a vote is included with this Plan, and that any vote to opt out of spraying performed under M.G.L. c. 252 is subject to the approval of this Plan. No such opt out will be honored without an approved Plan.

Signature and Title (Sign or Type Signature)

Date