



Date: March 14, 2024

To: Political Subdivisions

From: Chad Brown, Licking County Health Commissioner

RE: Mosquito Control

The Licking County Health Department is offering the opportunity to contract for mosquito control for the upcoming mosquito season, which typically runs May through October. We are doing so in an effort to reduce nuisance mosquito populations and to control mosquito-borne diseases such as West Nile Virus and LaCrosse Encephalitis.

The cost of spraying to kill adult mosquitoes will be \$28.00 per mile of public roadway. Spraying will be focused on areas near known mosquito breeding sites and areas with high population densities. The political subdivision should assist in identifying areas to be sprayed. Spray schedules will be determined based on input from the designated local official, citizen complaints, and mosquito surveillance data. The political subdivision may wish to determine the frequency of application, or the maximum funding level for the season. Weekly applications may be appropriate if mosquitoes are present in significant numbers. Our department can deploy mosquito traps in order to determine mosquito population levels upon request.

If you would like to participate in this program please complete the attached agreement and return it to the Licking County Health Department at 675 Price Road Newark, Ohio 43055. If you have any questions, please contact our office at (740) 349-6535 or environmental@lickingcohealth.org

Licking County Health Department

Mosquito (Vector-Borne Disease) Control Program

Public Entity Contract for services

_____ hereby requests mosquito control services from the Licking County Health Department. Mosquito control will include application of an EPA registered pesticide approved for mosquito control. The application will be performed following product labeling by health department staff in compliance with Ohio Dept. of Agriculture pesticide applicator regulations.

Term: April 17, 2024 through October 31, 2024.

Rate: Adulicide Spraying: \$28.00/mile of public roadway
Larvicide: \$1.50/100 sq.ft. of water surface treated

Schedule:

Upon request of _____ only.
name(s)

On the following dates or weeks only _____

As determined by the Health Dept. based on surveillance data.

Not to exceed \$ _____ for the season.

Areas to be treated _____

Authorized Representative: _____

Billing Address: _____

E-mail: _____ Phone _____

Signature: _____ Date _____