

West Virginia Department of Agriculture (WVDA)
GYPSY MOTH COOPERATIVE SUPPRESSION PROGRAM
Egg Mass Survey Request Application

_____ **COUNTY**

Instructions: Proposed spray blocks must be a minimum of **50 contiguous acres**. Attach a copy of a 7-½ minute topographic map with the **property boundary clearly marked** on it. A plat map should be provided to verify boundaries. A Farm Service Agency aerial photo can be used to mark fields that need omitted. An ESRI shape file, projected in UTM Zone 17, NAD 83 Datum, can be provided by the forest industry.

Use one application for each separate block of 50 acres or more.

Fill out the information below and on reverse and return, along with map, to your county extension agent.

Applicant Information

Applicants Name					

Development or Business Name					
_____		(____) _____		(____) _____	
Applicant's Mailing Address		Home Phone		Work Phone	
_____		(____) _____		(____) _____	
City	State	Zip	Cell Phone	Fax	

E-mail address					

Local Contact Information

_____		(____) _____		(____) _____	
Local Contact for Absentee Landowner		Home Phone		Work Phone	
_____		(____) _____		(____) _____	
Local Contact's Mailing Address		Cell Phone		Fax	
_____		City		State Zip	
_____		City		State Zip	

E-mail address					

Remarks _____

Applicant's Signature: _____
Date: _____

APPLICANT, PLEASE COMPLETE SITE SPECIFIC INFORMATION ON REVERSE:

Applicant Site Specific Information

General Property Location (e.g.) 4 miles South of New Creek on Rt. 220 – Turn left on Valley View Road - 500 feet on right

- (1) Total block acres _____
- (2) Total forested acres _____
- (3) Total exclusion acres _____
(Exclusion minimum is 10 acres)
- (4) Total spray acres _____
- (5) Have you applied for treatment through the WVDA in the past? Yes No. _____ Last year applied
- (6) If yes, do you wish to use the same property boundaries as previously submitted? Yes No
- (7) Was your property treated last year? Yes No. _____ Spray material used
- (8) Percentage of preferred host trees in proposed treatment block _____ %
e.g. % of oak, birch, alder, apple, aspen and basswood on property
- (9) Percent forest canopy cover in proposed treatment block _____ %
- (10) Forest type is (check one) Wooded, no permanent residences
 Wooded residential, permanent residences
 Wooded recreational, e.g. state park, state forest, resorts
- (11) Number of property owners included in proposed spray block _____
- (12) Is property gated? Yes No Combination Lock # _____ *Please note that keys must be provided with this application unless the gate will be left unlocked when contacted by the WVDA.*
- (13) Is any portion of the property restricted? Yes No. If yes explain _____
- (14) Check or list any potential hazards such as. High antennas or towers
 High power lines
 Open bodies of water.
Other _____

Official use only

Arcview # _____ - _____ - _____ Egg Masses per Acre _____

Date Surveyed ____/____/____ Surveys Completed _____ Blow-in-Potential yes no

Surveyed by: _____ Qualify for Treatment yes no

Presence of Virus yes no Presence of Fungus yes no EM Size dime nickel quarter

Quad 1 _____ Quad 2 _____ Quad 3 _____ Quad 4 _____