

COMMISSIONERS FOR SOMERSET COUNTY

11916 SOMERSET AVENUE, ROOM 111
PRINCESS ANNE, MARYLAND 21853
TELEPHONE 410-651-0320, FAX 410-651-0366

COMMISSIONERS

RANDY LAIRD, PRESIDENT
CHARLES F. FISHER, VICE-PRESIDENT
CRAIG N. MATHIES, SR.
REX SIMPKINS
JERRY S. BOSTON



COUNTY ADMINISTRATOR-CLERK
RALPH D. TAYLOR

COUNTY ATTORNEY
KIRK G. SIMPKINS

PERMISSION TO ENTER PRIVATE LAND FOR MOSQUITO CONTROL WORK

- I. The undersigned owner/lease holder agree(s) to allow access to his/her property by personnel of the Somerset County Mosquito Control Program to reduce the population of mosquitoes.
- II. The owner/lease holder understands and agrees to the following conditions:
 - a. Mosquito control spraying may take place in the early morning hours.
 - b. A path for the spray truck on the property must be kept free of obstruction.
 - c. The owner/lease holder is responsible for locating and marking well pipes, septic tanks, drain fields, or other possible below-ground hazards and showing the spray truck driver the location of these hazards.
 - d. The insecticide used to control mosquitoes is toxic to honeybees and will not be used within 300 feet of a domestic hive without consent of the hive(s) owner.
 - e. The insecticide used to control mosquitoes when applied according to label directions will not harm crabs, fish or other aquatic life in marshes, creeks, rivers, or other natural habitats. However, when confined to artificial containers, crabs and fish are under abnormal stress and suffer a higher than normal rate of mortality which may be exasperated by the spray drift. Therefore, no spraying will be done within 300 feet of a crab shedding operation or other aquaculture facility without the written consent of the owner.
 - f. A sample of the insecticide label is available upon request.
- III. The undersigned agrees that the Somerset County Mosquito Control Program is not responsible for damages caused by failure of the undersigned to carry out his/her responsibilities in Part II above.

Name (Please Print)

Signature

Service Address

Date

City State Zip

Telephone Number

Account Number