

APPENDIX L

Objector to Spraying - Option Selection Form

The Pennsylvania Department of Conservation and Natural Resources, Bureau of Forestry, (DCNR) conducts an annual project to suppress outbreak populations of the gypsy moth (Lymantria dispar) in cooperation with the USDA Forest Service and county and other local governments. Residential properties are included in the project only at the request of the individual impacted landowners and with their knowledge and approval. All residential properties are treated with the biological insecticide, Bacillus thuringiensis (Bt), which is manufactured from a naturally occurring organism. Bt has the highest known degree of safety to human health and the environment of any insecticide currently on the market.

Property owners, who may be included in a proposed treatment area because of a request submitted by a neighbor but who object to spraying, can elect to have their property deleted from a proposed treatment area as provided under the procedures used by DCNR to conduct the project. There are two options for the objecting landowner to consider:

- Option 1 - If the objecting landowner so requests, DCNR will provide a 500 foot no-spray zone around the objecting landowner's property.
Option 2 - If the objecting landowner is agreeable, DCNR will treat up to the objecting landowner's property boundary with the understanding that some unavoidable drift of insecticide may still occur onto the objecting landowner's property. Insofar as technically possible, every effort will be made to limit the amount of insecticide drift onto the objecting landowner's property. Also, ample notification of the application time will be supplied to the landowner.

I, the undersigned, owner of the following described property, do hereby object to having my property treated under the gypsy moth suppression project proposed for the year \_\_\_\_\_. According to the operating procedure under which DCNR conducts this project, I elect to utilize the following option (select one) as described above:

Option 1 \_\_\_\_\_ Option 2 \_\_\_\_\_

Name (please print): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

County: \_\_\_\_\_ Township: \_\_\_\_\_

Landowner Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_

Phone: \_\_\_\_\_

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