## Aerial Treatment Proposal Form

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| Locality: |  |  | Year:  |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| BlockNumber | Forested Acres | EM/Acre | No. Survey Plots | Block Category | Percent Cover | Percent Preferred Host | Insecticide | If Bt.BIU/Acre |
|       |       |       |      |  |     |     |  |  |
| Quad(s) | Open Water In Block(Y/N) | Total No. Dwellings | No. Schools in Block | No. of Churches in Block | Previous Treatment |  Comments: |
|       |  |  |  |  | Block Treated Y/N | Number of Acres |       |
|  |  |       |     |     |    |       |  |
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# AERIAL TREATMENT PROPOSAL FORM INSTRUCTIONS

**Locality**: Enter the name of your county or city.

**Year**: Enter the treatment year. Example: for proposals made in November of 2023, the year is 2024.

**Block Number**: Prior to submitting a proposal, number the proposed spray blocks on the maps according to the system described under the section, **Numbering the Blocks.** Enter the appropriate block number in this space. This number should be a unique block reference number. It will be used to track the block throughout the project. Use numbers only. Do not use letters or decimal points. If block is located in more than one quad, assign block number from the quad that contains the majority of block.

**Forested Acres**: Enter the number of acres of forested area within the proposed block that is to be sprayed.

**EM/Acre**: Enter the average number of egg masses based on 1/40th acre plot surveys conducted in proposed treatment area. Pre-treatment egg mass density must be collected using 1/40th acre plots distributed within the treatment block. See Appendix A for procedures determining egg mass density.

**No. Survey Plots**: Indicate the number of plots within the spray block. Minimum number of survey sites for various block sizes is given in Appendix A: Egg Mass Survey Procedures.

**Block Category**: Enter A, B, C or D for the spray block category based on egg masses per acre and number of inhabitants in the spray block. Select and enter only one category which best describes the situation for the entire proposed spray block. See Classification of Treatment Areas for description of spray block categories.

**Insecticide**: Insecticide proposed at time of form submission. Choose Dimilin, Foray, Mimic or Gypcheck. Insecticide changes will be accepted until January 15. No changes will be accepted after this date.

**If *Bt*, BIU/Acre**: enter either 25.3 or 38 BIU/acre (Note: BIU = CLU. The Foray (*Btk*) label will refer to application rate in CLUs). If Dimilin or Mimic is the selected insecticide, leave this blank.

**Quad(s)**: Enter the Quad Code for the quad where the treatment block is located. Use the Quad Name found on the USGS topographic map and cross reference with the Quad Code in Appendix I. If the block is located in more than one quad, enter the quad where the majority of the block is located first, then list other quad codes. A maximum of three quads can be listed. If the spray block is in more than three quads, enter the remaining quad code in the Commentssection.

**Percent Cover**: Enter the percentage of the crown area, when viewed from above that is covered.

**Percent Preferred Host**: Enter the percentage of host canopy cover. See Forest Definition under Biological Assessment for information on percent host canopy required. See Appendix C for list of major host species.

**Open Water In Block (Y/N)**: “Y” if Yes. “N” if No. “UNK” if unknown. Areas of water are considered in the proposed treatment block if there is no canopy cover over the water during treatment time. Water is considered in the block if it is within a 500-foot buffer area around the block and should also be designated on the submitted map outlining the treatment block. If these areas are not designated on the map, mark in with blue pencil or fine tip pen.

**Total No. Dwellings**: Enter the total of both seasonal and permanent dwellings.

##### **No. of Schools in Block**: Self-explanatory

**No. of Churches in Block**: Self-explanatory

**Previous Treatment**: **Pertains to treatments in the previous year** **only**.

**Block Treated in 2023 (Y/N)**: “Y” if Yes. “N” if No.

**Number of Acres**: List number of acres in this block that were treated in 2023.

Comments: Use this section for information that is useful for further evaluation of the block.

Each spray block must be entered separately on the **Aerial Treatment Proposal Form**. Four spray blocks can be entered on the same form.

If spray block changes are made, a new proposal form must be completed and submitted to the VDACS regional office documenting such changes. A new topo map showing the redrawn block must be submitted with the new form. Fill in all required information on the form as explained, ensuring that all sections for each block are completed.