



EDWIN J. DAY
 County Executive

SAMUEL RULLI, PE
 Director, Environmental Health

Stormwater Facility / Mosquito Breeding Suppression Application

Project Information:

Project Name: _____ Address: _____ Section /Block/ Lots: _____

Owner Information:

Name: _____ Mailing Address: _____

Phone: _____ Email Address: _____

Local Contact Name and phone number if different than owner: _____

Engineer Information:

Engineering Firm: _____ Address: _____

Contact Name: _____ Phone Number: _____ Email Address: _____

Project Details:

Structure:	# To be installed	Fee/Structure	Total Fee
First Infiltration/Retention/Detention/Sedimentation Basin		\$320	\$
Additional Infiltration/Retention/Detention/Sedimentation Basins		\$130	\$
Catch Basins () / Dry Wells () / Field Inlets () / Trench Drains () / Rain Gardens () / Bio Swales ()		\$35	\$
No Structures to be installed (must indicate as "0" to be installed)		\$0	\$0
Total for all structures			\$

Checks are to be made to "Commissioner of Finance" and mailed "Attention: Mosquito Control" to the address shown above.

*****E-MAIL your form(s) and plans and any questions you have to: MBSP@co.rockland.ny.us*****

All submissions must include application form, plan(s) and appropriate fee(s), if applicable.

Incomplete submissions will be returned.

Catch Basin/Field Inlet/Trench Drain/Dry Well treatments will be performed by the Rockland County Department of Health at no additional cost, the treatment is included with your application fee.

Infiltration/Retention/Detention/Sedimentation basins, etc. Article 19 of the Rockland County Sanitary Code requires **owners** to control mosquito breeding at these locations. Please indicate below what control actions will be implemented.

Circle all that apply: (Chemical treatment) (Fish Stocking) (Aeration) (Basin dry within 5 days) (Exclusion) (Other*) _____ or (Contract with County for an additional fee)

By submitting this completed application, you are granting permission for this office to perform inspections at the noted location. Please remember, if mosquito breeding is identified in an area that the owner is required to maintain, it will be documented as a violation and treatments may be made to eliminate mosquito breeding. Do not wait for our inspection to take action to gain compliance.

Form Completed by _____ / _____ Title _____ Date _____
 (Print) (Signature)