

APPENDIX J
Objector to Spraying 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 impacted landowners and with their knowledge and approval. All residential properties are treated with the biological insecticide, *Bacillus thuringiensis* var. *kurstaki* (Bt), which is manufactured from a naturally occurring bacteria. Bt has the highest known degree of safety to human health and the environment of any insecticide currently on the market and has been in use for over 30 years.

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.

- **DCNR will provide no more than a 250 foot no-spray zone around the objecting landowner's property. The exact size and shape of the no-spray zone will be determined by DCNR on a case-by-case basis, with operational logistics and safety determining the final exclusion zone. Every effort will be made to limit the amount of insecticide drift on to 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 my property being treated under the gypsy moth suppression project proposed for the year _____. According to the operating procedures under which DCNR conducts this project, I agree to the procedures described above for excluding my property from the program:

Name (please print): _____

Address of affected property: _____

City: _____ **State:** _____ **Zip Code:** _____

County: _____ **Township:** _____

Phone: _____

Landowner Signature: _____ **Date:** _____

Please Return This Form To Your County Coordinator Within 10 Days
Make A Copy Of This Form For Your Records

Note: A GIS file or GPS coordinates of property boundaries must be provided by Cooperator to DCNR

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