

## PESTICIDE STANDARD WRITTEN NOTIFICATION

### FOR SCHOOLS, DAY CARE PROGRAMS, AND SCHOOL-AGE CHILDCARE PROGRAMS

- > The school, day care center, and/or school-age childcare program is responsible for sending this standard written notification form to employees, pupils, parents etc. to insure that they receive this information at least 2 working days prior to any pesticide use.
- > It is recommended that the Pest Management Professional use this ready-to-copy standard written notification form for the purpose of providing pesticide use information to the school, day care center, and/or school-age childcare program. The Pest Management Professional should save this form for copying.

**School:** North Andover Atkinson Elementary School

Name of School, Day care center, and/or School age childcare program

**Pest Management Company:** Northeast Mass. Mosq. Co      261 Northern Blvd Plum Island 01950  
(Please Print)      Name      Address

**Pest Management Professional:** Walter Montgomery      03337  
(Please Print)      License number

#### A. List the Approximate Dates on which the pesticide use shall commence and conclude

**Beginning Date:** August 12, 2009

**Rain Date:** August 13, 2009

**Applications will be made between the hours of 3:00 a.m. and 6:00 a.m.**

#### B. Record the specific location of the anticipated pesticide use

Greenery at edges of school playing fields

#### C. Pesticide Information (Pest Management Professional should be specific as is possible when listing product(s) to be used)

Pesticide Product Name	Pesticide Type	EPA Registration #	Description/Purpose of treatment and/or application
1. Anvil 10+10 ULV	ULV	1021-1688-832	mosquito control
2. Suspend SC	Barrier treat.	432-763	mosquito control
3.			
4.			
5.			

This standard written notification must be accompanied by the following 2 documents. These materials are available from the DAR web page [www.mass.gov/agr](http://www.mass.gov/agr). Follow the links to the Children's Protection page.

- Chemical Specific Fact Sheet(s)
- Consumer Information Bulletin for school, day care center, and/or school-age childcare program.

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**School:** North Andover Franklin Elementary School

Name of School, Day care center, and/or School age childcare program

**Pest Management Company:** Northeast Mass. Mosq. Co      261 Northern Blvd Plum Island 01950  
(Please Print)      Name      Address

**Pest Management Professional:** Walter Montgomery      03337  
(Please Print)      License number

#### A. List the Approximate Dates on which the pesticide use shall commence and conclude

**Beginning Date:** August 12, 2009

**Rain Date:** August 13, 2009

**Applications will be made between the hours of 3:00 a.m. and 6:00 a.m.**

#### B. Record the specific location of the anticipated pesticide use

Greenery at edges of school playing fields

#### C. Pesticide Information (Pest Management Professional should be specific as is possible when listing product(s) to be used)

Pesticide Product Name	Pesticide Type	EPA Registration #	Description/Purpose of treatment and/or application
1. Anvil 10+10 ULV	ULV	1021-1688-832	mosquito control
2. Suspend SC	Barrier treat.	432-763	mosquito control
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**FOR SCHOOLS, DAY CARE PROGRAMS, AND SCHOOL-AGE CHILDCARE PROGRAMS**

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**School:** North Andover High School  
 Name of School, Day care center, and/or School age childcare program

**Pest Management Company:** Northeast Mass. Mosq. Co 261 Northern Blvd Plum Island 01950  
 (Please Print) Name Address

**Pest Management Professional:** Walter Montgomery 03337  
 (Please Print) License number

**A. List the Approximate Dates on which the pesticide use shall commence and conclude**

**Beginning Date: August 12, 2009**      **Rain Date: August 13, 2009**  
**Applications will be made between the hours of 3:00 a.m. and 6:00 a.m.**

**B. Record the specific location of the anticipated pesticide use**

Greenery at edges of school playing fields

**C. Pesticide Information (Pest Management Professional should be specific as is possible when listing product(s) to be used)**

Pesticide Product Name	Pesticide Type	EPA Registration #	Description/Purpose of treatment and/or application
1. Anvil 10+10 ULV	ULV	1021-1688-832	mosquito control
2. Suspend SC	Barrier treat.	432-763	mosquito control
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**School:** North Andover Kittredge Elementary School  
Name of School, Day care center, and/or School age childcare program

**Pest Management Company:** Northeast Mass. Mosq. Co 261 Northern Blvd Plum Island 01950  
(Please Print) Name Address

**Pest Management Professional:** Walter Montgomery 03337  
(Please Print) License number

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**Beginning Date:** August 12, 2009 **Rain Date:** August 13, 2009  
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**B. Record the specific location of the anticipated pesticide use**

Greenery at edges of school playing fields

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Pesticide Product Name	Pesticide Type	EPA Registration #	Description/Purpose of treatment and/or application
1. Anvil 10+10 ULV	ULV	1021-1688-832	mosquito control
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**School:** North Andover Middle School

Name of School, Day care center, and/or School age childcare program

**Pest Management Company:** Northeast Mass. Mosq. Co      261 Northern Blvd Plum Island 01950  
(Please Print)      Name      Address

**Pest Management Professional:** Walter Montgomery      03337  
(Please Print)      License number

#### A. List the Approximate Dates on which the pesticide use shall commence and conclude

**Beginning Date: August 12, 2009**

**Rain Date: August 13, 2009**

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Greenery at edges of school playing fields

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Pesticide Product Name	Pesticide Type	EPA Registration #	Description/Purpose of treatment and/or application
1. Anvil 10+10 ULV	ULV	1021-1688-832	mosquito control
2. Suspend SC	Barrier treat.	432-763	mosquito control
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**School:** North Andover Thomson Elementary School  
 Name of School , Day care center, and/or School age childcare program

**Pest Management Company:** Northeast Mass. Mosq. Co      261 Northern Blvd Plum Island 01950  
 (Please Print)      Name      Address

**Pest Management Professional:** Walter Montgomery      03337  
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Greenery at edges of school playing fields

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<b>Pesticide Product Name</b>	<b>Pesticide Type</b>	<b>EPA Registration #</b>	<b>Description/Purpose of treatment and/or application</b>
1. Anvil 10+10 ULV	ULV	1021-1688-832	mosquito control
2. Suspend SC	Barrier treat.	432-763	mosquito control
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**School:** North Andover Annie L. Sargent Elementary School  
Name of School, Day care center, and/or School age childcare program

**Pest Management Company:** Northeast Mass. Mosq. Co 261 Northern Blvd Plum Island 01950  
(Please Print) Name Address

**Pest Management Professional:** Walter Montgomery 03337  
(Please Print) License number

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