



**WILL COUNTY HEALTH DEPARTMENT
LARVICIDE REQUEST FORM
2020**

AGENCY: _____

CONTACT NAME: _____

Name of licensed applicator: _____

NPDES PERMIT NUMBER: _____

CONTACT PHONE #: _____

OF CASES REQUESTED*: _____

**WCHD will be providing Altosid XR in 2020.*

Larvicide requests must be received by this department by March 30th.
YOUR LARVICIDE WILL BE AVAILABLE FOR PICKUP AFTER THE SEMINAR BY APPOINTMENT. DUE TO CONSTRUCTION ON CAMPUS, THE WCHD WILL CONTACT YOU TO SET UP A TIME, DATE & LOCATION TO PICK UP. It will not be shipped to you.

Larvicide will not be awarded unless this Department has a copy of your agency's NOI or NPDES permit application submitted to the IEPA. NPDES permits are valid for 5 years.

<http://www.epa.state.il.us/water/permits/pesticide/forms.html>

FOR OFFICE USE ONLY:

OF CASES PROVIDED BY WCHD: _____