



**WILL COUNTY HEALTH DEPARTMENT
LARVICIDE REQUEST FORM
2021**

AGENCY: _____

CONTACT NAME: _____

Name of licensed applicator: _____

NPDES PERMIT NUMBER: _____

CONTACT PHONE #: _____

CONTACT EMAIL: _____

OF CASES REQUESTED*: _____

**WCHD will be providing Natular XRT in 2021.*

Larvicide requests must be received by this department by March 31st
**YOUR LARVICIDE WILL BE AVAILABLE FOR PICKUP
BY APPOINTMENT ONLY. 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
CURRENT 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: _____