



# COLORADO

Department of Public Health & Environment

Dedicated to protecting and improving the health and environment of the people of Colorado

## ANNUAL REPORT FOR DISCHARGES FROM THE APPLICATION OF PESTICIDES COG860000

Please print or type. Original signatures are required. Submission of this completed Annual Report constitutes notice that the Operator identified under item B.2 is authorized to discharge pollutants to Colorado state surface waters. To certify compliance, all information required on this form must be completed.

Email report with an appropriate electronic signature to [cdphe.wqrecordscenter@state.co.us](mailto:cdphe.wqrecordscenter@state.co.us) or mail original report with ink signatures to the following address:

Colorado Department of Public Health and Environment  
Water Quality Control Division  
4300 Cherry Creek Drive South WQCD-P-B2  
Denver, Colorado 80246-1530

Note: submission of this report constitutes a record of compliance for discharges made to state waters only. EPA administers the pesticide general permit for federal facilities. contact EPA for further information regarding federal facilities.

Year of Report       Jan - Dec 2025       Jan - Dec 2026       Jan - Dec 2027  
                                  Jan - Dec 2028       Jan - Dec 2029       Other

### A. NOTICE OF STATUS

1. Mark whether this is the first time you are certifying compliance under the Pesticide General Permit or if this is a change of information for a discharge already certified under the Pesticide General Permit. If this is a change of information, supply the Operator Name for the discharge.

- a.  First time Annual Report
- b.  Annual Report representing new information (e.g. reporting for a new discharge season)

Certification number COG860036

- c.  Annual Report Change of Information:  
Operator name \_\_\_\_\_

Please note: When selecting A.1.b above, please fill out Item number B.1 below (Decision-maker name and mailing address) and modify the pertinent fields of the Annual Report as necessary.

### B. CONTACT INFORMATION

Legal Contact (Decision Maker) CALVIN CAMPBELL

Company Name NORTH FORK MOSQUITO ABATEMENT DISTRICT

Mailing Address PO BOX 1822

City, State and Zip Code PAONIA, COLORADO 81428-1822

First Name CALVIN Last Name CAMPBELL

Title BOARD VICE PRESIDENT

Phone 970-527-6681 (voice mail only) Cell CALVIN: 970-234-3032



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E-mail Address NFMAD81428@GMAIL.COM

1. Is the Decision Maker for this Annual Report a Large Entity as defined in Part I.I of the permit?

- YES
- NO

Note that if you answered "Yes" to question B.1, you are required to develop a Pesticide Discharge Management Plan (PDMP) that reflects all pesticide uses for which you are requesting permit coverage.

2. Operator (if different from Decision Maker)

Company Name NORTH FORK MOSQUITO ABATEMENT DISTRICT

Mailing Address PO BOX 1822

City, State and Zip Code PAONIA, CO 81428-1822

First Name MIKE Last Name CLAWSON

Title OPERATIONS MANAGER

Phone 970-527-6681 (VOICE MAIL ONLY)

Cell MIKE: 970-260-2138

E-mail Address NFMADOPERATIONS@GMAIL.COM

3. Operator Type (check one):

- |   |  |
|---|--|
| <input type="radio"/> State Govt  | <input type="radio"/> Local Govt                               |
| <input checked="" type="radio"/> Mosquito Control District (or similar) | <input type="radio"/> Irrigation Control District (or similar) |
| <input type="radio"/> Weed Control District (or similar)                | <input type="radio"/> Other _____                              |

4. Facility Contact

Same as applicant

Company Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City, State and Zip Code \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Title \_\_\_\_\_

Phone \_\_\_\_\_

Cell \_\_\_\_\_

E-mail Address \_\_\_\_\_

### Additional Operator Information if applicable:

5. Authorized Reporting Agent (DMR Cognizant Official)

(i.e. person or position authorized to sign and certify reports required by the permit: DMR's, Annual Reports, C

Same as applicant



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Company Name \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 City, State and Zip Code \_\_\_\_\_  
 First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
 Title \_\_\_\_\_  
 Phone \_\_\_\_\_ Cell \_\_\_\_\_  
 E-mail Address \_\_\_\_\_

### 6. Billing Address and Contact

Same as applicant  
 Company Name NORTH FORK MOSQUITO ABATEMENT DISTRICT  
 Mailing Address PO BOX 1822  
 City, State and Zip Code PAONIA, CO 81428-1822  
 First Name ROBYN Last Name REINHARD  
 Title DISTRICT MANAGER / ACCOUNTANT  
 Phone \_\_\_\_\_ Cell ROBYN: 970-527-4222  
 E-mail Address NFMAD81428@GMAIL.COM

### C. ANNUAL REPORT REQUIRED SIGNATURE

**Signature of Operator:** The Annual Report must be signed to be considered complete. In all cases, it shall be signed as follows:

1. In the case of corporations, by a principal executive officer of at least the level of vice-president or his or her duly authorized representative, if such representative is responsible for the overall operation of the facility from which the discharge described in this form originates.
2. In the case of a partnership, by a general partner.
3. In the case of a sole proprietorship, by the proprietor.
4. In the case of a municipal, state, or other public facility, by either a principal executive officer, ranking elected official, or other duly authorized employee if such representative is responsible for the overall operation of the facility from which the discharge described in the form originates.

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. On the basis of my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."

Certifier Name (printed) CALVIN C. CAMPBELL

Certifier Title BOARD VICE PRESIDENT

Certifier Email NFMAD81428@GMAIL.COM

Certifier Signature/Responsible Official: *Calvin C. Campbell* Date Signed 12/7/25

Complete and Attach Pages 4a-4c for Each Treatment Area within the Pest Management Area

D. TREATMENT AREAS

Treatment area and Pest management area are defined in Part I.I of the permit. Pest management areas can be a large area (e.g., an entire town) or a very specific well-defined management area (e.g., a lake). Thus, a pest management area can have one or more treatment areas. **Complete this section for each Treatment Area to which pesticides are discharged.** Eligible discharges to outstanding waters must be treated as a separate treatment area.

1. Treatment Area Information: **Area # 1 of # 1** (e.g. 1 of 5), please attach additional pages as needed if you are certifying multiple areas.
2. Treatment Area Name: NORTH FORK MOSQUITO ABATEMENT DISTRICT  
Street Address, if applicable (or cross streets) 50 SQUARE MILES  
City HOTCHKISS TO PAONIA Zip Code 81419 - 81428  
County DELTA

3. Provide a map of the location showing the Treatment Area within the Pest Management Area

**\*MAP ATTACHMENT REQUIRED**

4. Size of Treatment Area 32000 Acres or \_\_\_\_\_ Linear Feet

5. Contact Information for pesticide applicator



Same as applicant

Company Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City, State and Zip Code \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Title \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_

E-mail Address \_\_\_\_\_

6. Pesticide Use Patterns to be included in this Treatment Area (Check all that apply)



Mosquito and other flying insect pest control



Forest canopy pest control



Animal pest control



Weed and algae pest control

7. Receiving Waters as applies to Treatment Area -Item 1 above (Check One)



For all state surface waters



For the following state surface waters



For all state surface waters except for:

8. Outstanding Waters

Is coverage requested for discharges to outstanding water(s) of the state?

YES  NO

Gunnison River, Creeks include Roat Cap, Jay, German, Bell, Small portions of Lerous

If YES Name of Outstanding Water(s) \_\_\_\_\_

Provide rationale for determination that pesticide discharges are short-term and have a long-term ecological or water quality benefit or clear public interest. Attach additional pages as needed.

Mosquito control is needed because of the imminent threat of the west nile virus or other mosquito-borne illnesses carried by certain species. There are vast irrigation waters and areas along the river and creeks that create mosquito breeding habitats.

9. Water Quality Impaired Waters

Operators are not eligible for coverage under this permit for any discharges from a pesticide application to state surface waters if the waters are identified as impaired by a substance which is either an active ingredient of the pesticide designated for use or is a degradate of such an active ingredient. (Check one)

Waters are NOT impaired by any substance which is either an active ingredient of a pesticide to be discharged, or a degradate of such an active ingredient.

Waters are on a current state list as being impaired by a substance which is either an active ingredient of a pesticide to be discharged or a degradate of such an active ingredient; however, evidence is attached documenting that the waters are no longer impaired.

10. Pest Evaluation

a. Identify the target pest(s) and explain why pest control is needed\*

Mosquito control is needed because of the imminent threat of the west nile virus or other mosquito-borne illnesses carried by certain species. There are vast irrigation waters and areas along the river and creeks that create mosquito breeding habitats.

\*Please attach additional pages as necessary

b. Describe pest management measure(s) implemented before first pesticide application. For example, identify if you have performed physical control techniques such as pulling weeds, removing breeding habitat, or trapping animals.\*

See Attachment

\*Please attach additional pages as necessary

c. If applicable, was this pest control activity addressed in the PDMP prior to application?

YES  NO

11. Pesticide Application Start Date May 21, 2025 End Date Sept 25, 2025

12. Name of each pesticide product used, EPA Registration number and Quantity of pesticide applied (as packaged or as formulated).\*

Product Name	EPA Registration Number	Quantity (lbs OR gallons)		Application method e.g., fixed wing aircraft, backpack sprayer
See Attachments		lb	Gal	
		lb	Gal	
		lb	Gal	
		lb	Gal	
		lb	Gal	

\*Please attach additional pages as necessary

13. Visual monitoring was conducted during pesticide application and/or post application

YES  NO

If no, describe why not:

14. Were there any adverse effects as a result of the pesticide treatment(s) that the Operator is aware of, including through visual monitoring?

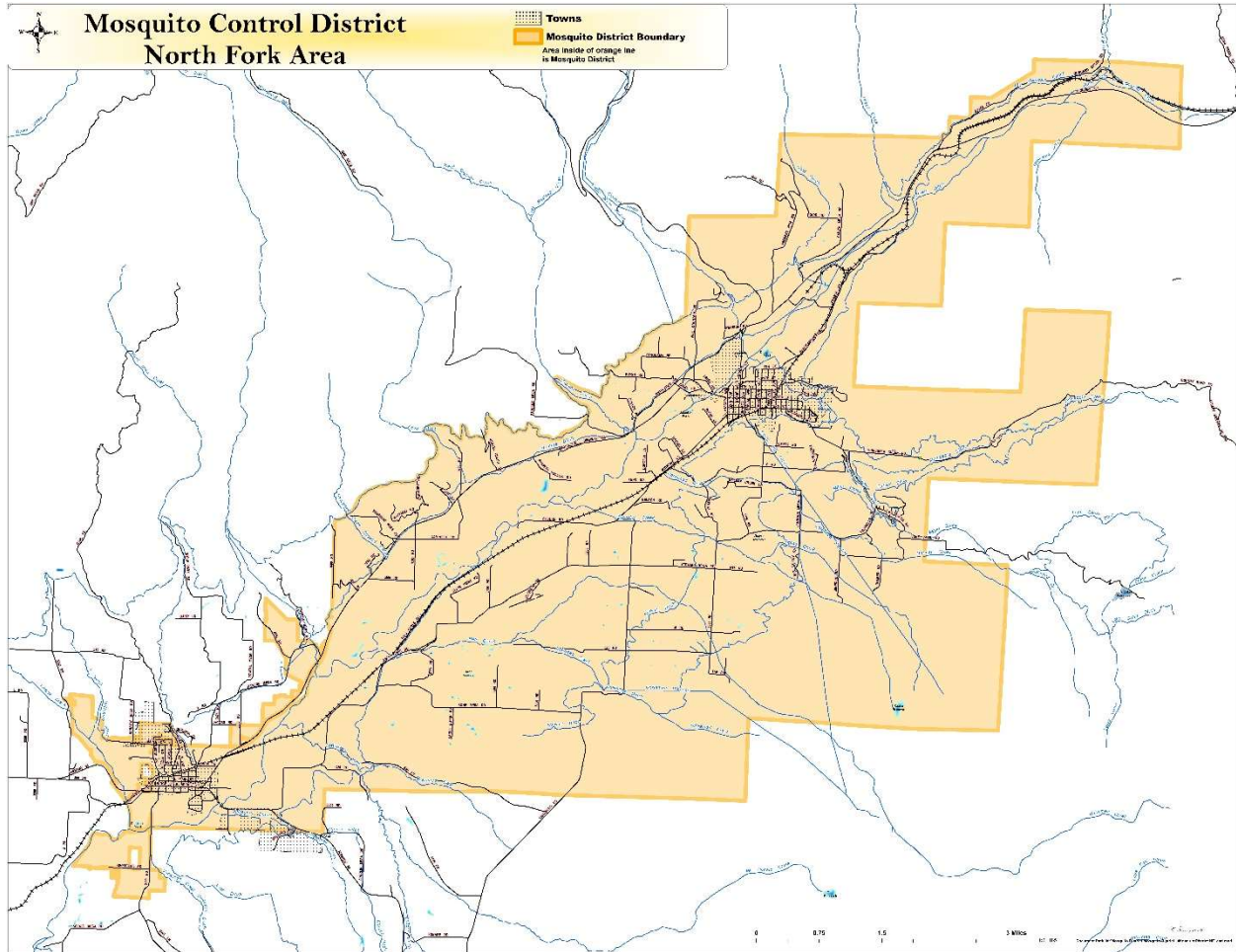
YES  NO

If yes, describe adverse effects, any applicable corrective action(s) (e.g. spill responses), and the rationale for such corrective action(s):

# North Fork Mosquito Abatement District 2025 Annual Report – C06860036

## ---- ATTACHMENTS ----

- D-3 MAPS – Map #1 (Boundary)**  
District Boundary (Hotchkiss in the lower left and Paonia towards the east)  
Encompassing 50 Miles (32,000 acres)



# North Fork Mosquito Abatement District 2025 Annual Report – C06860036

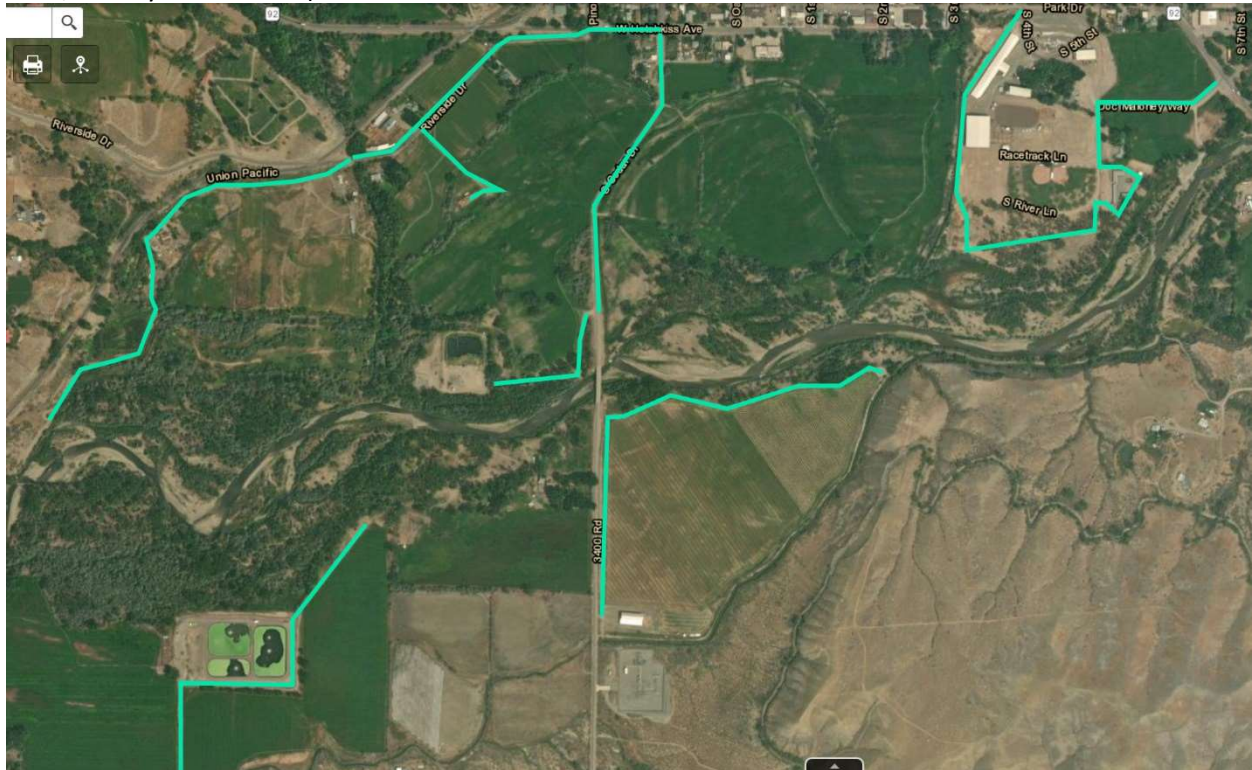
## D-3 MAPS CONTINUED - Map #2

North Hotchkiss Adulticide Routes (Willow Heights / Coal Road / Lorah Lane)



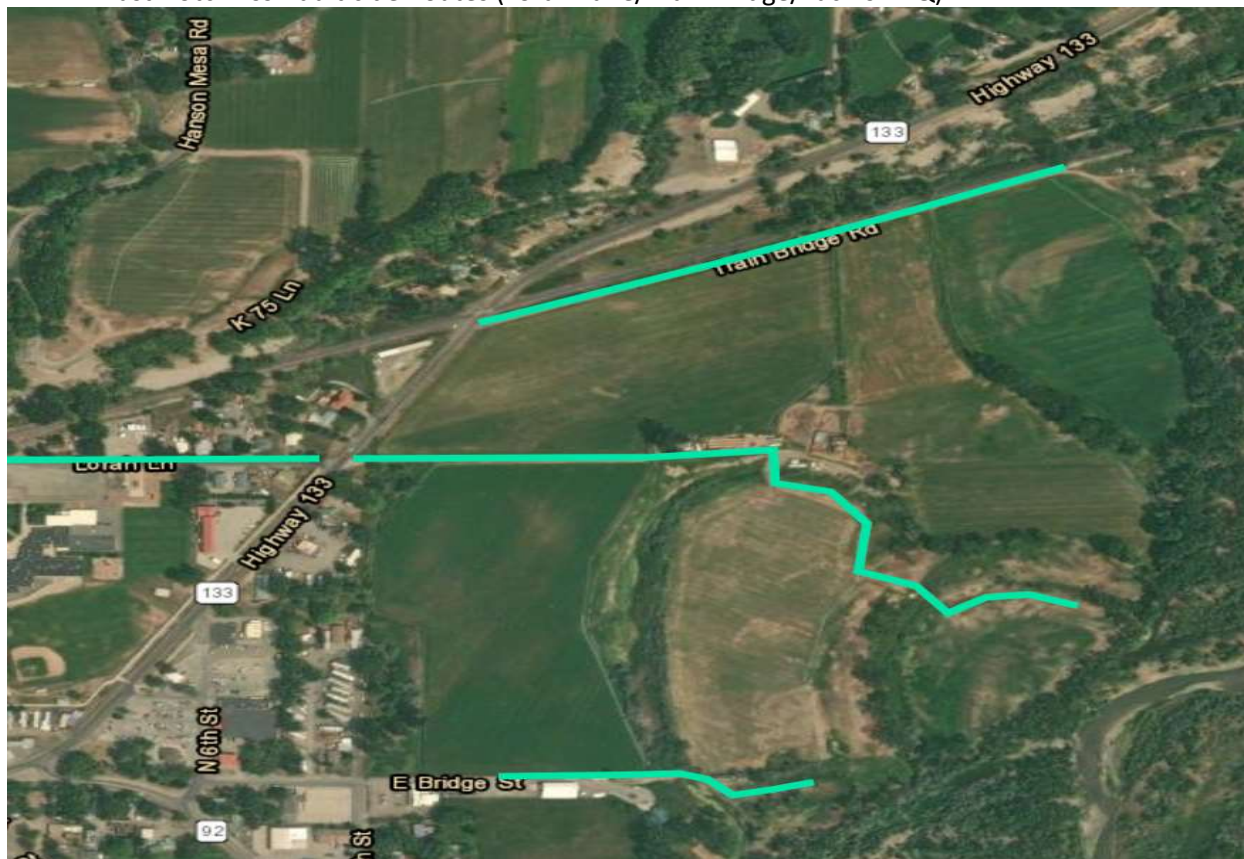
## Map #3

South Hotchkiss Adulticide Routes (Riverside Road/Becks/Old & New Sewer Plants/3400 Rd/Bridge Field/County Fair Ground)

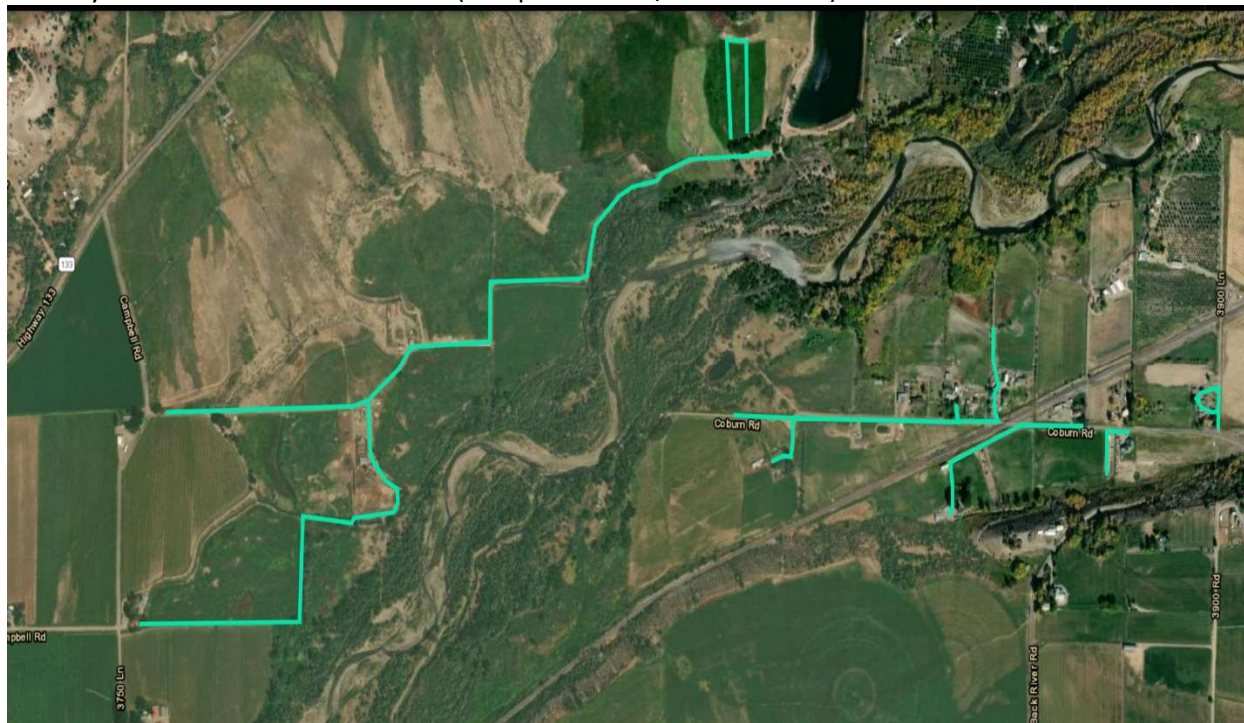


# North Fork Mosquito Abatement District 2025 Annual Report – C06860036

D-3 MAPS CONTINUED – Map #4  
East Hotchkiss Adulticide Routes (Lorah Lane/Train Bridge/Zach’s BBQ)



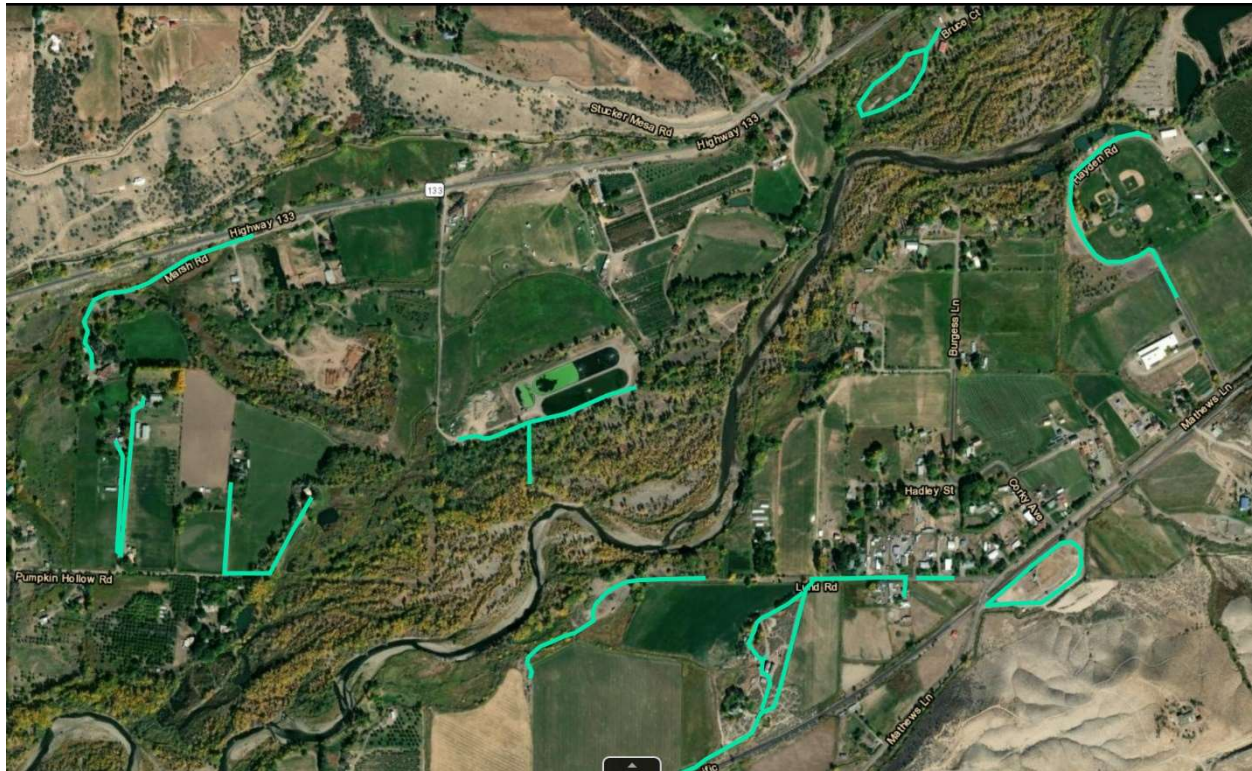
Map #5  
Midway between Hotchkiss & Paonia (Campbell Ranch/Colburn Road)



# North Fork Mosquito Abatement District 2025 Annual Report – C0G860036

## D-3 MAPS CONTINUED - Map #6

West Paonia Adulticide Routes (Marsh Rd/Pumpkin Hollow/New Sewer Plant/Redwood Arms/Volunteer Park/Rodeo Arena/Lund Road)

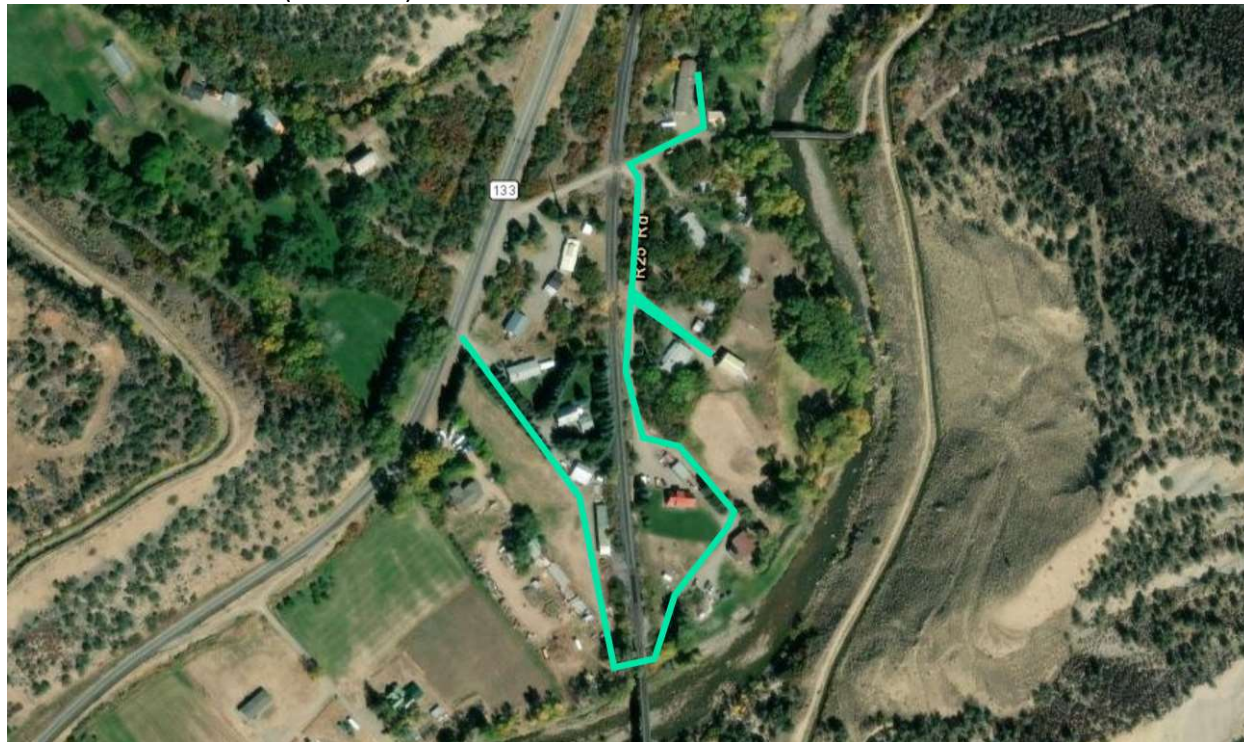


## Map #7 East Paonia #1 (Black Bridge Road)



# North Fork Mosquito Abatement District 2025 Annual Report – C06860036

D-3 MAPS CONTINUED - Map #8  
East Paonia #2 (R25 Road)



Map #9  
Back River Road (Bell Creek / Stewart Mesa / Z Pond)



## North Fork Mosquito Abatement District 2025 Annual Report – COG860036

### D-10 Pest Evaluation

#### (b) Pest Management Measures:

Prevention via education is our biggest approach in mosquito mitigation. Educating the public with actions to be taken to avoid creating mosquito habitats in areas under their personal control. Cooperative efforts between the District, and private homeowners, the towns, the county, are an integral part of successful mitigation, and ultimate eradication, of mosquito-borne illness.

The District continues to use all physical and mechanical methods available, both by paid crew and volunteers, to reduce mosquito breeding sites where possible with permission of property owners, either private or public, with the purpose of reducing pesticide usage. All mechanical and physical methods of mitigation and reduction of breeding sites in the NFMAD area are based on site evaluation and remediation planning. A full range of physical mitigation is employed, including controlled burning, weed reduction, backhoe and track hoe shifting of drainage, installation of piping, opening of irrigation canals, and more, all with the intent to get water back to the river efficiently and safely, while reducing stagnant and standing water areas that are prime breeding sites.

NFMAD will continue to work with residential property owners, farmers and ranchers, to conduct proper water management with the purpose of reducing mosquito breeding habitats. Examples of cultural methods of mitigation include allowing irrigated fields to dry down within 5 days, opening drainage to allow irrigation water to return to the river rather than becoming standing puddles, and pasturing livestock in a manner that reduces hoof prints holding water.

2025 we introduced a new adulticide product (ReMoa-Tri) to our inventory to help prevent resistance in our adulticide line-up. Our latest equipment acquisition, the A-1 Cobra Mister is proving to be a great asset in treating hard to access areas and areas that might otherwise be untreatable. The Mister applies a liquid larvicide. We continue to look for new areas to treat in order to reduce the mosquito population in our district. Hopefully we will be adding a new piece of equipment to our district for the 2026 season to enable us to treat some out of the way areas with adulticide.

## North Fork Mosquito Abatement District 2025 Annual Report – C06860036

**D-12 (1) Pesticide Applicator:** Mike Clawson 970-260-2138  
**D-12 (2) Dates of Applications:** Start: May 21, 2025 End: Sept. 25, 2025  
**D-12-(3) Products Used:**

PRODUCTS USED	QUANTITY		APPLICATION METHOD	EPA REGISTRATION #
<b>Larvicide Products:</b>				
Altosid XR Briquettes (220/cs)	ea	706	By Hand	2724-375
Altosid XR Granules (40#/Bag)	lb	39.2	By Hand / Backpack	2724-451
Altosid XR Granules Ultra (40#/Bag)	lb	24	By Hand / Backpack	89459-104
BVA 2 Larvicide (55Gal Drum)	gl	1.75	Weed Sprayer	70589-1
Mavrik Perimeter (12x8oz/cs)	oz	15.56	Weed Sprayer/Backpack	2724-478
MetaLarv XRP (800 WSP/cs)	ea	160	By Hand	73049-475
Vectobac G5/8 (40#/Bag)	lb	34	By Hand / Backpack	73049-1
Vectolex FG (40#/Bag)	lb	30.4	By Hand / Backpack	73049-20
Vectolex WDG (24x1#/cs)	lb	48	Cobra A1 Liquid Mister	73049-57
VectoPrime FG (40#/Bag)	lb	56.8	By Hand / Backpack	73049-501
<b>Adulticide Products:</b>				
Fyfanon/Sunset Ort MIXED (12.9gl)	gl	12.9	ULV Fogger	279-3622
<i>Fyfanon ULB (2x2.5gl/cs) [12.5gl]</i>	gl		ULV Fogger	279-3622
<i>Sunset Ort Oil (1gl) [0.4gl]</i>	gl		ULV Fogger	1702-0343
Permasease/Capar MIXED (50gl)	gl	12.5	ULV Fogger	86291-2-96263
<i>Permasease 30x30 (2x2.5gl/cs) [2.5gl]</i>	gl		ULV Fogger	86291-2-96263
<i>Calpar 80 ULV Oil (40gl) [10gl]</i>	gl		ULV Fogger	Non-Toxic Mineral Oil
ReMoa Tri (2x2.5gl/cs)	gl	5	ULV Fogger	73049-526