

ASH TREE TREATMENT AND PERMIT

Following an analysis of all Ash Trees located in the rights-of-way and the park systems, the City has determined the majority of those Ash trees will need to be removed due to the Emerald Ash Borer. The City will only treat the trees deemed to be in excellent condition by the IDNR forester.

If you (property owner) desire to have an Ash Tree treated that is in the right-of-way, the City will evaluate it and if it falls within normal to excellent condition, the City will place this tree on the list to be treated at your expense. Ash trees are required to be treated for the life of the tree (every 2-3 years) in order to save the tree. Treatment does not 100% guarantee the tree will not become a hazard due to Emerald Ash Borer or other conditions (drought, lightning, etc). The City maintains the right to remove any tree that becomes a hazard, even if it has been treated.

Fraxinus (ash) trees on private property or in the public rights-of-way (ROW) may be chemically treated at the expense of the property owner. The use of a soil drench or basal spray shall be prohibited. Direct trunk injection will be allowed with a permit. Permits will be available at City Hall. The permit shall only be taken out by a licensed commercial pesticide applicator. The commercial pesticide applicator shall have a current license with Endorsements 3O or 3OT issued by the Iowa Department of Agriculture. The licensed applicator must be on site for the duration of the application treatment.

The chemical application permit fee shall be set by resolution. A site map of trees and structures on the property shall be submitted with the permit application. Diameter at breast height and distances from two approximate property corners shall be required on the site map.

Permits to chemically treat Ash trees shall only be available from April 15th to August 1st unless special authorization from the Street Superintendent is given in writing.

Property Owner's Name: _____

Address/Location of tree: _____

Phone # _____

Date: _____

NEEDS TO BE FILLED OUT EACH TIME TREE IS TREATED

Contractor: _____

Address: _____

Phone # _____

Treatment method: _____

Treatment date: _____

Location of Tree on Property

Date Permit Granted: _____

Signed: _____

Street Superintendent